

Royale Carers Limited

Royale Carers Limited

Inspection report

Rear of 130 Hobblythick Lane
Westcliff On Sea
Essex
SS0 0RJ

Tel: 01702353547

Date of inspection visit:
29 April 2019
17 May 2019

Date of publication:
25 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Royale Carers Limited provide personal care to people living in their own houses, flats and specialist housing. This is a domiciliary care service and primarily provides a service to older people, older people living with dementia or who may have a physical disability. At the time of inspection there were 45 people using the service.

People's experience of using this service:

Feedback from people and their relatives about the care and support provided was positive. People told us staff were kind, caring, respectful and always treated them in a dignified manner. They confirmed that the care and support provided by the domiciliary care service was responsive and flexible to meet their needs. Staff ensured people were supported to eat and drink throughout the day. People received ongoing healthcare support as required.

Suitable arrangements were in place to make sure there were enough staff, so people received a reliable service. People confirmed missed and late calls were minimal. The service made sure people were involved in making decisions and choices about the care and support they received.

People told us they were safe and had no concerns about their safety and wellbeing. The service had effective safeguarding arrangements in place to protect people from harm and abuse.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered.

Safe recruitment practices were not in place. Improvements were required relating to staff training, induction and supervision arrangements. Relevant national guidelines around the administration and recording of medicines was not always followed.

Effective quality assurance arrangements were not in place as these had not identified the failings highlighted within this report.

Rating at last inspection:

Following the last inspection, the rating of the service was 'Good' (Last report published October 2016).

Why we inspected:

This was a scheduled inspection in line with our scheduled inspection methodology and based on the service's previous rating.

Follow up:

We will continue to monitor the service through the information we receive, and inspect the service, if risk is

indicated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Royale Carers Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors. An expert by experience made telephone calls to people using the service or their relative. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 29 April 2019 and ended on 17 May 2019. We visited the office location on 29 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. On 29 April 2019 an expert by experience made telephone calls to people using the service or their relative. On the 17 May 2019 telephone calls were made to staff employed at the service.

What we did:

We reviewed the information about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We contacted nine members of staff so that we could speak with them about their experience of what it is like working for the domiciliary care service. One member of staff was on holiday and five members of staff responded and contacted us. We also spoke with the registered provider and manager and the service's administrator. We reviewed five people's care files and four staff recruitment files. We also looked at the service's quality assurance arrangements, including their arrangements for managing people's medicines, staff training records, staff duty rotas, and complaint and compliment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- Recruitment practices were not safe and operated in line with the registered provider's own procedures or with regulatory requirements.
- Recruitment records showed no references were received for one member of staff and references for two members of staff were received after they commenced in post.
- A full employment history was not recorded for one member of staff and where staff were previously employed, the rationale of why that employment ended was not routinely recorded.
- One staff member's interview record stated they did not have a criminal conviction. However, their Disclosure and Barring Service [DBS] certificate showed this was not accurate. A risk assessment was not completed to show this had been discussed or how their conduct was to be monitored. One member of staff had a 'standard' instead of an 'enhanced' DBS and one member of staff's DBS was received after they commenced employment.
- No proof of identification had been sought for one member of staff and a recent photograph was not evident for three people. This would assure the registered provider and manager of the identity of the prospective employee.

The registered provider and manager must familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there were enough staff available to provide the care and support as detailed within their support plan.
- People told us staff stayed for the allocated time as detailed and agreed within their support plan.
- People told us staff were usually on time and on occasions if they were running late, they were informed by telephone.
- Since our last inspection of the service in October 2017, a new electronic system had been introduced to plan staff allocations and to monitor missed and late calls. Though this was in place, information planned and recorded was not always accurate to determine which member of staff had carried out the care and support for the person receiving a service. The registered provider advised frequent changes to the rostering planner were made by staff, but changes were not always communicated to the office.
- Most people stated they were supported by a regular team of staff to ensure continuity of care. However, people stated they did not always know which staff were to provide their care and support. Comments included, "My relative receives four calls each day, the carers mostly keep to the agreed times", "Sometimes I

have no idea which carer is going to come to see me" and, "The carers come to me three times a day. I never know who is going to come, I see a lot of different staff."

Using medicines safely

- Medication practices were not always safe and required improvement. PRN [as required medicine] protocols were not completed to evidence the specific circumstances when this medication should be offered and administered.
- One person's Medication Administration Record [MAR] showed they were prescribed PRN medication when they became anxious or distressed. This should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. Information was not sufficiently detailed to record the rationale and reasons for giving the 'as required' medication on 36 occasions between 8 and 28 February 2019. This had not been picked up by the service. We discussed this with the registered manager and they confirmed there was no formal system in place for checking and auditing people's MAR forms.
- We found that assessments to evidence staff's competence relating to medication were completed but not marked to confirm staff's level of understanding and competence. This was despite many staff having completed the training during October 2018. The registered manager stated they provided medication training to staff in October 2018, however they had not undertaken a 'train-the-trainer' qualification and therefore did not have subject matter expertise to deliver this training.

We recommend that the provider seek advice and guidance for the proper and safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Everyone spoken with told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One person told us, "I have no concerns at all about my safety or my personal possessions, I have no complaints at all." A relative stated, "I can honestly say that my relative really gets on well with the carers. I have complete trust in their [domiciliary care service] support. I trust them so much I use their 'sitting service' too. This allows me to go out and pursue hobbies and meet friends. This gives me a really good break and I know they are in really safe hands. It makes such a difference to my wellbeing."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the office and external agencies, such as the Local Authority or Care Quality Commission.
- Not all staff had completed safeguarding training. For example, an individual training record for three out of four newly employed members of staff showed no evidence of safeguarding training having been achieved.

Assessing risk, safety monitoring and management

- Risk assessments were in place relating to people's environmental and medication risks. A risk assessment relating to people's manual handling needs was not evident and other risks relating to people's health and wellbeing, for example where a person had a catheter fitted or where bedrails were in place, had not been considered.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

Preventing and controlling infection

- People told us staff wore Personal Protective Equipment [PPE] such as gloves and aprons. People told us staff washed their hands and wore the equipment as detailed above, when supporting people with their

personal care and comfort needs.

Learning lessons when things go wrong

When things go wrong, lessons are not always learned to support improvement. For example, the registered manager had not undertaken a review of the service's recruitment and medication arrangements to ensure these were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- An individual training record was completed for each member of staff. This showed most mandatory training was completed using a 'video-based' online service, with additional instruction from either the registered or deputy manager.
- Information available at the time of the inspection showed many staff employed at the service did not have up-to-date 'practical' manual handling training. Although some staff had received this training from an external organisation, the registered manager confirmed they provided practical training to staff. Staff also confirmed instruction was provided by the deputy manager. Neither the registered or deputy manager had attained a 'train-the-trainer' qualification and therefore did not have subject matter expertise to deliver this training.
- The registered manager told us one member of staff had only completed three weekend shifts for the Royale Carers Limited since commencing employment in October 2018. However, their online training record which consisted of four topics relating to dementia, person-centred care, safe administration of medication and safeguarding, recorded 'not completed'. Their recruitment file did not provide enough evidence of training achieved with their previous or current full-time employer. Therefore, we could not be assured as to their skills and competencies.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Supervisions and 'spot check visits' were not completed on a regular basis. These allow staff the time to express their views and reflect on their practice. 'Spot check visits' are where the registered provider's representative calls at a person's home during a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations and remain competent to undertake their role. Although the above was found, most staff stated they were supported by the management team.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed by the registered manager prior to the service being agreed. This ensured the service could meet the person's needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, gender

and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their dietary needs were met. One person told us, "I have my main meal at lunchtime at [name of supported living scheme], but [name of staff member] makes sure I have the right food and drink for breakfast and tea. We have a good chat about what I want, and this helps me to manage my diabetes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they would relay these concerns to the office or the registered manager for escalation and action. One person told us, "Royale [domiciliary care service] is my third agency in recent years, they are by far the best. [Name of staff member] is the carer who looks after me well. They make sure I have my tablets in the morning and at night. They [staff member] have a chat with the diabetic nurse who sees me twice a week. They all know how to look after me."
- One relative told us their family member had experienced numerous falls. Staff had responded appropriately by calling a paramedic. The staff stayed with the person until the paramedics arrived. The relative stated staff always contacted them to keep them informed of what was happening. Another relative told us, "The various health agencies work well together. The carers chat with [relative's] occupational therapist and district nurse to make sure they are encouraging them to be more active, smoke less and drink more. They take a unified approach, which is what is needed with my relative."

Adapting service, design, decoration to meet people's needs

- The domiciliary care service office operated from a permanent property. The office is on a main bus route and a short distance from two mainline railway stations. However, the office is not easily visible as it is placed behind a row of shops and residential dwellings. Though there is enough room for the management team to conduct their business, there are no training facilities available for staff and external venues are sourced for training purposes and staff meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Not all staff had received Mental Capacity Act 2005 (MCA) training or were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- Though not all staff had received this training, people told us staff always sought their consent prior to providing support and enabled people to make their own decisions and choices. For example, one relative told us, "They [staff] ask [relative] all the time what they would like them to do. They prepare their Wiltshire farm food meals, these have been a great success. The carers ask them [relative] which variety they want,

they also make snacks that appeal to them." A person using the service told us, "The carers will listen to what I want to do over the week. They [staff] support my choices to do different things."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were complimentary about the care and support provided. People told us they were treated with care and kindness, received the care and support they should and agreed as part of their care package.
- People's comments about the care they received included, "My carers never rush me. They always chat to me about what's going on. They [staff] are lovely company and I find them to be completely trustworthy and respectful", "The carers treat me really well, they are polite, kind and really respectful" and, "[Name of staff member] is my main carer, they are lovely. They are just like a member of the family. Nothing is too much trouble for them, will do little errands for me as a favour. The carers always get on and do what I ask of them. Generally, they meet my needs well."
- Relative's comments were also very positive. Comments included, "We have no issues about trust or dignity, the carers are so respectful to our relative. They [staff] are very obliging and professional. They take time and care getting them [relative] comfortable. The carers are so lovely and even buy birthday presents, they go the extra mile for them" and, "The care team are a 'god-send' to me. I don't know how they keep their patience, I would not be able to cope without their help." The relative stated the family member who was receiving the domiciliary care service could be uncooperative on occasions, but staff were adept at meeting their needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they had been involved in decisions about the care and support provided and this had been used to develop the person's support plan.
- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys. The latter were sent out in September 2018. Responses returned to the service were positive.
- People told us the domiciliary care service worked hard to involve them and their relatives in making decisions about their care. One person using the service confirmed the registered manager spoke with their relative every month to review the support package. A relative stated the registered manager regularly contacted them to check if they were happy with the level of care and support provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received good personalised care that was responsive to their needs. One person told us the care and support they received was flexible and responsive to meet their needs. They stated the day they were supported with their shopping could be flexible depending on the weather.
- Information showed where there had been requests to change visit times, efforts were made by the service to be as accommodating as possible to meet people's revised needs and preferences.
- Support plans covered most aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf.
- Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported. Most staff confirmed they had sight of a person's support plan prior to providing their care and support.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service.
- People confirmed they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. Nobody spoken with had made a complaint.
- Since our last inspection to the service, one complaint had been made. The complaint raised had been managed, investigated and responded to in a timely manner.

End of life care and support

- The registered manager told us they were not currently providing care for people who were at the end of their life. However, they advised if a person required end of life care support, the domiciliary care service would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.
- No staff had received end of life care training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People consistently stated the service was well-led and managed. The outcome of this was people received care and support that was caring and person-centred.
- People's overall experience of using the service was positive, confirming they would recommend the service to others.
- People, relatives and staff were complimentary regarding the registered manager. People consistently described the registered manager as supportive and approachable. Comments from staff included, "I would go to the manager if I had a concern or problem" and, "I would approach the manager if I had a problem and am confident any issue would be dealt with."
- Effective governance and quality monitoring arrangements were not in place. Areas which required improvement included, medicines management, recruitment practices and procedures, staff training, induction and formal supervision arrangements. These areas were not picked up by the registered provider's quality assurance arrangements. Specific information relating to the above is cited within the report and demonstrated the registered provider's and manager's arrangements for identifying and managing the above were not robust and required improvement.

We recommend that the registered provider seek advice and guidance relating to assessing and monitoring the quality and safety of the service provided to ensure this is effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people, their relatives and staff employed at the service through satisfaction surveys. Comments recorded were very positive and repeated those already cited within this report.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff confirmed there was an 'open' culture and could say how they feel.

Working in partnership with others

- Information showed the domiciliary care service worked closely with others, for example, the Local Authority and healthcare professionals and services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not established and operated to ensure appropriate checks were complied with as set out in Schedule 3 of the regulations.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure staff received appropriate training, induction and supervision.