

Royton Limited

# Royton Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Royton Limited is a domiciliary care agency. They provide personal care to people and children living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 3 people were receiving personal care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### People's experience of using this service and what we found

#### Right Support

Medicine administration records required improvement. Staff used different and incorrect codes to record when medicines were given by a relative and as required medicines did not always have the information required to ensure it was given as prescribed.

Staff recruitment procedures needed to be embedded to ensure all staff had the correct checks to work with vulnerable people and children.

People were protected from potential abuse. Staff received training and understood the signs and symptoms to be aware of. Records were completed if an injury was identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

People were supported by staff who knew them well and had the skills and knowledge to support them safely. Staff arrived on time and stayed the allocated amount of time. People had a consistent staff team.

Staff wore appropriate personal protective equipment to protect people from risks of infections.

Care plans held person-centred information within them to ensure staff had the information to support people in line with their assessed needs and individual wishes.

People's health needs were assessed. Referrals were made as appropriate to healthcare professionals. People were supported with oral care.

#### Right Culture:

Systems and processes to ensure good management oversight required embedding into practice. The registered manager was open and transparent throughout the inspection and implemented changes based on feedback.

People and relatives described staff as "lovely, kind, caring, amazing." Staff were committed to offering good quality, personalised care. Relatives told us staff always treated people with dignity and respect.

People's communication needs were recorded and detailed. This supported staff to communicate effectively with people.

Staff felt supported in their roles. People, relatives and staff were asked to feedback on the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 October 2020, and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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 well led.

Details are in our well led findings below.

**Good** ●

# Royton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 October 2023 and ended on 20 October 2023 We visited the location's office on 12 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 relatives of people who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 3 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

### Using medicines safely

- Medicine management required improvement. When people had 'as required' (PRN) medicine prescribed, there were no PRN protocols in place to advise staff on when the medicine should be administered for what reasons and the maximum dose allowed in a 24-hour period. When staff recorded PRN medicines had been administered there was not always a reason recorded. However, we found no evidence of harm.
- People's medicine administration records (MAR) did not always record a consistent code to identify when a relative had administered a medicine. For example, some MAR had a dash recorded, some had nothing recorded and some recorded F to evidence the medicines were administered by someone other than Royton staff.
- People were supported with their medicines by staff who had been trained. Relatives told us staff administered the medicines as prescribed.

### Staffing and recruitment

- Some improvements were required to ensure safe recruitment procedures were consistently followed. Although all staff had references and Disclosure and Barring service (DBS) checks to ensure staff did not have any criminal convictions and were suitable to provide support for adults, 1 staff member's DBS check did not include working with children. Another staff member did not have a DBS check to work for Royton Limited. These checks had been started but were not in place. The registered manager completed a risk assessment and mitigating strategies were implemented immediately.
- People were supported by a consistent staff team who arrived on time. One relative told us, "Staff always turn up on time. The staff we have, know [person] really well."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed. However, 1 person did not have a detailed risk assessment which included how they presented during periods of anxiety or distress and the strategies were not person centred to mitigate the risk of harm. However, staff knew people well.
- The provider had completed risk assessments to cover any environmental risks or any potential risks from equipment.
- The registered manager learnt from previous incidences and ensured strategies were put in place to reduce future reoccurrence. Trends and patterns were reviewed as required and shared with staff.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against potential abuse and harm. The provider had policies and procedures in place to ensure staff knew how to record and report any concerns.

- Staff received safeguarding training for both adults and children and understood the signs and symptoms of abuse. Staff were confident in raising any concerns either internally or externally to the service.
- Staff recorded any injuries a person may have to ensure any injuries could be investigated if needed and to ensure injuries were healing as expected.

#### Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE) when supporting people with personal care to reduce the risk of cross infections.
- Staff received training in infection prevention and control (IPC). The provider had up to date policies and procedures in place regarding IPC.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. This helped the registered manager ensure staff had the right skills and knowledge to meet people's needs.
- Staff knew people well and understood their holistic needs. Care plans held person-centred information including a person's goals and objectives. Information on any needs including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.
- Staff told us the care plan held sufficient information, and any changes to a person's needs was always communicated to staff. One staff member told us, "We (staff) are kept updated on any changes in a person's needs by handovers, meetings or a phone call."
- People and their relatives were involved in ensuring information was relevant and up to date. Relatives told us they had all seen the care plans and relevant people such as social workers were involved in reviewing care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff were appropriately induced into the service. Staff completed shadow shifts, training and an induction pack, before lone working.
- Staff were trained to meet people's individual needs. Training included manual handling, fire safety, health and safety, basic life support and any health needs a person may have. The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff told us they felt supported within their roles. One staff member told us, "Staff work well as a team. We have supervisions meetings 6 monthly and appraisals are conducted yearly. We also have regular meetings." The provider had clear procedures for team working and peer support that promoted good quality care and support.

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

- People's likes and preferences were recorded in their care plans. Where possible, staff encouraged people to choose healthy eating options.
- Staff received training in food safety, and when required, they supported people to prepare their own meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- When people needed referring to other health care professionals such as GP's, district nurses or specific

professionals, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.

- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff ensured people or their relatives, if appropriate, were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People's capacity was assessed as required, and the outcome recorded. People and their relatives as appropriate were asked for consent.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, around people's culture, religion and ethnicity.
- People were supported staff who knew them well and treated them with dignity and respect. One relative told us, "I trust the staff completely. They are open and honest. Staff always support [person] with dignity and respect."
- Relatives told us staff were kind, caring and professional. One relative said, "Staff are kind, polite, open and honest, caring, and well organised." Another relative told us, "Staff are reliable, very friendly, qualified and competent."

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

- People and relatives were involved in all aspects of their care and support. Staff supported people and their families to engage with the service. Care plans were completed with people or their relatives and were signed to evidence people, or their relatives agreed to the contents.
- People were well matched with their staff and as a result, people were at ease, happy, engaged and stimulated. Staff were mindful of individual's sensory perception and processing difficulties.
- Staff told us how they always asked for consent before completing any tasks. People and relatives also confirmed consent was requested. One relative told us, "They (Staff) always ask [person] if [person] is OK with what they are doing."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives were consistently positive about the care and support they received from Royton Limited. One relative told us, "They are so responsive and flexible. The registered manager is amazing and always helps us out." Staff supported people in line with their assessed needs and personal preferences.
- Staff were able to offer person centred care as care plans held detailed information about the person. Care plans recorded people's history, likes, dislikes, routines, preferences, religion, and communication needs. The staff met the needs of people using the service, including those with needs related to protected characteristics.
- Staff shared information to ensure all care offered was person centred and the most up to date information was known. One staff member told us, "I always read care plans, we are given time to read and digest them to make sure we understand the person's needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. The registered manager understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, large print or translating into another language.
- Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. We found complaints had been managed effectively and within the providers time frames. One staff member told us, "I received thorough and great communication, actions and outcome around the issue I raised. "
- People, relatives and staff knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.

- If anyone required end of life support the registered manager would ensure all staff had support and they would liaise with the appropriate health care professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to ensure good management oversight required embedding into practice.
- Medicine records were audited and reviewed monthly. However, as the registered manager knew people and relatives really well, the issues we found with medicines had not been identified as the registered manager understood the situations that contributed to the medicine's records being incomplete.
- Care plans and risk assessments were reviewed monthly by the registered manager and relatives were regularly involved in the reviews. The issue we found with behaviour strategies not being identified, had not been identified prior to the inspection. However, the relative of the person involved was very complimentary about staff and stated staff knew the person really well and had no concerns over the person's safety.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise to people, and those important to them, when things went wrong.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were positive about the support offered by Royton Limited and the outcomes reached for people. One relative said, "Royton is the best company, they support us as a family. The staff are reliable and safe. The company is 100% amazing."
- The registered manager completed spot checks on staff to ensure they provided good quality person centred care.
- Staff felt supported. Staff had supervisions and team meetings to share information and discuss any concerns. One staff member told us, "[Registered manager] is approachable and friendly. I can always ask for help." Another staff member told us, "[Registered manager] is lovely always available to help out as needed."

- People, relatives and staff had asked to feedback on the service. The responses received were all positive. The registered manager used feedback to develop the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service and was open and transparent throughout the inspection and implemented changes based on the feedback given.
- People and relatives were kept up to date on the service and any changes to people's needs had been shared with the relevant people.
- The registered manager kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.