

Mr Murphy Cole

Regional Care Peterborough

Inspection report

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Tel: 01733838380

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12 July 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Regional Care Peterborough is a domiciliary care agency providing personal care to 80 older and younger adults at the time of the inspection.

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.

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

People were happy with the service and the staff that provided their care.

People felt safe using the service because staff knew what they were doing and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and equipment was checked to make sure it was safe to use. There were enough staff to support people safely. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff used protective equipment, such as disposable masks, gloves and aprons to help prevent the spread of infection.

A complaints procedure was in place and people knew who to contact if they were not happy. Staff kept care records up to date but more detail was needed about what people could do for themselves and people's end of life wishes.

We have made a recommendation for guidance about end of life information.

Staff worked well together, they understood the registered manager's aim to deliver good quality care, which helped people to continue to live as independently as possible. Systems to monitor how well the service was running were carried out. Changes were made where issues had occurred, so that the risk of a similar incident occurring again was reduced. People were asked for their view of the service and action was taken to change any areas they were not happy with.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regional Care Peterborough on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Regional Care Peterborough

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 Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the 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. This was we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 16 June 2021 and ended on 12 July 2021. We visited the office location on 12 July 2021.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to obtain all of the required information and checks for new staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager completed required checks of prospective staff prior to them starting work. This included checking gaps in employment histories and obtaining disclosure and barring service checks (criminal records checks).

At our last inspection the provider had failed to ensure the deployment of staff provided people with care and support when they needed it. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to support people. People told us they had regular staff who arrived on time. One person told us, "Sometimes I have regular staff, always on time and never miss a visit." Another person told us staff were "very accommodating" when they needed to move the time of the visit
- The registered manager showed us how they had reduced the number of late calls and how this had continued to reduce. Since the beginning of 2021 the number of late and missed calls has reduced a further 4%. This means that nearly 93% of visits to people were carried out on time. People told us they had only experienced late calls occasionally but not frequently enough for it to be a problem.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff from the service. This was for a variety of reasons; one relative said their family member had consistent staff, which was good for the person's memory.
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as for moving and handling. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified.
- Staff completed risk assessments in relation to the environment. These included those for fire safety and equipment, such as for moving and handling. They told us the checks they undertook and how this made sure equipment was working correctly. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Using medicines safely

- Guidance was in place for staff about how to give people their medicines and included 'as required' medicines. The registered manager had developed a body map and guidance for staff who administered medicines through patches applied to the skin. One person told us, "Staff help me with this and always give the correct [tablets]."
- Staff had received training and competency checks in how to safely give medicines. They told us senior staff had watched them give medicines and assessed their competency to do this.

Preventing and controlling infection

- People and relatives told us staff always wore personal protective equipment (PPE), including masks, gloves and aprons, when coming into their home and supporting them with care. This helped prevent the spread of infection.
- The registered manager told us staff had received infection control training and they had arranged further training from the NHS, which reinforced training staff had already received. We sent the registered manager information about putting on and taking off PPE, so that staff had the most up to date guidance.

Learning lessons when things go wrong

- The registered manager told us how they had worked to improve issues that had been raised, including from our previous inspection in 2019. Following a missed call, they adapted their electronic call monitoring system to show late to visit notifications. These were displayed on computer screens during office hours and emails to on call staff and the registered manager out of office hours. Staff followed up this information with a call to the person and a visit by another staff member or an explanation of the situation.
- The registered manager told us these changes were discussed and implemented in the office during weekly meetings. They fed back to staff about actions taken, through supervisions, which were key when things went wrong, especially with the staff involved in the issue. Information was also shared through communication and messaging platforms so that all staff were aware of changes and new ways of working.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; End of life care and support

At our last inspection the provider had failed to ensure there were written plans to guide staff on how to meet people's care needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care needs were met and they were happy with the care they received. Staff did what people asked them to do. One person told us, "[Staff] are always nice," and another person said, "[Staff] know exactly what they need to do."
- People had care plans in place, which contained personalised information about them. They gave staff most guidance on how to meet people's needs effectively and safely. However, further information about what people could do for themselves was needed, so that staff were able to support people to remain as independent as possible. There was information about health conditions, although staff did not have responsibility for meeting these health needs.
- Each person's care plan was reviewed regularly unless there were any changes before that time. Relatives told us plans reflected the care their family members needed and staff always recorded in visit notes the care people had been given.
- There was no information about people's end of life wishes, although no-one was in need of this care at the time of our inspection. We spoke with the registered manager about the need for this information and why it was important that these conversations occurred if people were happy to discuss their wishes. They told us they would develop a strategy for asking these questions.

We recommend the provider consider current guidance on having conversations about end of life with people and recording their wishes, and take action to update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and planned for, and staff had guidance about how to meet these needs. Staff told us how they communicated with people. The registered manager told us how they had one person's care plan translated into their native language. They also provided the person with staff who spoke their native language.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they or their family member received. One person told us, "I've got a number for Regional Care and if I'm not happy I give them a ring and straight away the controller sorts it out. Had to do this once and it was sorted straight away."
- A complaints procedure was in place for people to follow.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure there was written plans to guide staff on how to meet people's care needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Processes to assess and check the quality and safety of the service were completed. Senior staff carried out monitoring visits and spot checks to each person, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way. The provider had recently introduced electronic monitoring of medicine administration records. This identified when medicines had not been given or had not been supplied by pharmacies. Staff took action when one person's medicine had not been delivered to make sure the person received the medicine as prescribed.
- We found the registered manager worked with other agencies to put processes in place that allowed appropriate monitoring of the care provided. Actions were identified and the registered manager ensured these were taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to providing good care and support. They told us they attended training and their work was checked to make sure they provided care in the way the person wished. One staff member told us, "I would recommend working for the service," and went on to say, "The [registered] manager is really supportive, every time we have an issue, she's there for us." Another staff member said, "[Registered manager] is really nice and really, really helpful."
- Staff told us that office staff communicated well with them and they had regular contact, which provided them with the opportunity to discuss any concerns or issues.
- The registered manager told us they made sure people were put at the forefront of their care. They did this by finding out what was important to people and making sure care staff were aware of this. The registered manager acted as an advocate for one person with changing care needs. The ensured they received enough funding for staff to support them regardless of their care needs.

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

- The provider had not displayed the service's rating from our previous inspection on their website, although the website was still under construction. We have sent the provider guidance to make sure they do this.
- The registered manager understood the requirements to submit notifications and the circumstances when these were required. They also understood the requirements to adequately monitor and improve the service.
- Staff understood their roles and any extra responsibilities they had, such as responsibilities for checking equipment. The registered manager told us staff were made aware of their responsibilities as soon as they started working for the service. Information was shared with staff through a variety of ways, including newsletters and meetings.

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

- People and staff had completed satisfaction surveys about different aspects of the service, which showed mostly positive responses from people to questions. This assured the registered manager that people were happy with the service they received and there had been improvement in the way the service was run. The registered manager said they had taken action to discuss with staff and people where they were not happy, so they could best address the issues raised.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they, or their family member, received.
- Staff told us meetings occurred regularly, which they attended if they were able. The registered manager said staff also had regular supervision meetings during which they were asked if there were any improvements that could be made. This gave them regular support and information to keep them up to date and was shared quickly with them.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority, continuing healthcare, GPs and pharmacies. The registered manager explained how they had worked with a multi-agency group after they and District Nurses had concerns about one person's risk of self-neglect. This ensured that although the person declined further support, the service was able to develop clear guidance about how to best support the person. The registered manager and senior staff also worked closely with the local authority and health commissioners to improve the service provided following our previous inspection.