

Rest Assured Homecare (UK) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Rest Assured Homecare (UK) Limited is a domiciliary care agency providing personal care support to 14 people. This service is provided to both younger and older adults, those living with dementia, a physical disability or people with mental health needs. 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 felt safe having their care provided by staff at the service. This support gave people reassurance. Risk assessments were in place to identify risks to people's health and well-being. The service was monitored to review the quality of the service provided and identify areas needing improvement. A new computerised care record system was about to be introduced soon, so that even more individualised detail to guide staff about people's risks could be recorded. There would also be clearer guidance for staff around people's 'as required' medicines. Staff told us they had time and made time to read and understand people's care plans and risk assessments. This would help ensure safe and effective care was given.

The registered manager was aware of the incidents required to be notified to the CQC. They told us that to date no incidents had occurred.

Staff were punctual, people told us, and staff stayed at the care call visits for the correct amount of time or longer. Most people administered their own prescribed medication. Where staff assisted with medicines there were no concerns. People's end of life wishes were recorded.

Staff had a complaints process to follow if a complaint or concern was raised. The nominated individual told us there had been no formal complaints about the service. People confirmed that if they made a suggestion or had a minor concern these were resolved quickly and to their satisfaction.

Staff had a series of recruitment checks completed to try to ensure they were of a suitable character to support people. Staff had induction training and specialist training to develop their skills and knowledge. Staff had supervisions and workplace observations to check their confidence and competency. Appraisals for staff were in the process of being completed.

Staff helped people maintain their independence as far as practicable. This was helped by using equipment and technology. Staff promoted and maintained people's privacy and dignity. Staff were kind and listened to and respected people's wishes. People were asked for their feedback on the staff who supported them, and staff were also asked for their feedback on the service.

The nominated individual and registered manager worked in conjunction with up to date guidance from external health and social care organisations. They also worked with external health and social care

professionals to try to ensure a person's well-being. People's personal information was held securely within the office. Information was available in different formats to help aid with people's understanding. People and their relatives told us communication with staff who supported them, staff in the office and the registered manager was good. They confirmed they felt involved in decisions around their family members care.

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.

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

Rating at last inspection

This service was registered with us on 3 September 2019 and this is the first inspection.

Why we inspected

This is the first inspection since the service registered with the CQC on 3 September 2019.

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?

The service was safe.

Details are in our safe findings below.

Good 

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 

Rest Assured Homecare (UK) Ltd

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

This inspection was carried out by one 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 and specialist housing.

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 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 19 April 2021 and ended on 22 April 2021. We visited the office location on 22 April 2021.

What we did before the inspection

We reviewed information we had received about the service since it had registered with the CQC. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, the registered manager, and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and risk assessments and two medication administration records. We looked at records in relation to staff training dates, staff supervision dates and workplace observations dates. We also looked at records relating to the management of the service. This included policies and procedures.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had training in safeguarding people from poor care or harm. Staff were able to describe to us the different types of harm people could experience.
- Staff said they would not hesitate to whistle-blow to their registered manager if they had concerns. A staff member told us, "I would have no concerns whistle-blowing poor care. I have done so where I worked previously."
- People and their relatives said that having consistent staff supporting them helped them and their family member feel reassured. A relative said, "Staff are kind and patient and communication is good."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to guide staff. However, it had already been identified that the current computerised system being used could be improved in areas such as body maps. This is where staff would document a person's poor skin integrity and, or where prescribed creams should be placed. A new more detailed computerised system was about to be launched, which would help improve people's records even further.
- Staff said they had time to read people's care plans and risk assessments prior to them delivering care and support to the person. A staff member said, "I think they are clear enough (people's records), I make sure I read them for any new clients or if I haven't been for a while."

Staffing and recruitment

- Staff described to us the checks they went through when recruited. One staff member said, "I had three references, one from my previous employer. A health declaration (check), a DBS (criminal records) check, and I showed my passport and driving licence to prove my identity. The checks were in place before I started."
- People and their relatives told us staff care visits were punctual and that staff stayed for the allotted amount of time or longer if needed. A person said, "Staff timings are pretty good. On occasion they have been late, but they do let me know, so I am not left wondering if someone is going to turn up." Another person told us, "Staffs timekeeping is good."
- Staff had travel time between care call visits and staff told us they understood they needed to inform staff at the office if running late. A staff member said, "I would ring the office and ask them to ring the client, so the client is aware."

Using medicines safely

- The majority of people spoken with administered their own prescribed medication or had family support with this.

- Where staff assisted people with their medication there were no concerns. Where needed, staff also supported people with their medicines via their PEG. A relative said, "I've no concerns around the medicines support. What they need to do is all in the (care) records. Staff will ask you if they are not sure."
- Staff told us they had training to administer people's prescribed medicines safely and accurately. A staff member advised us that they thought 'as required' medicines could have more information as guidance for less experienced staff. This had already been identified as an area of improvement by the nominated individual.
- Staff were unsure whether they had their competency to administer medicines checked by a more senior staff member. Records showed this had happened during a 'workplace observation.' The nominated individual told us they were working on staffs understanding of 'workplace observations' being a formal check on competencies.

Preventing and controlling infection

- Staff told us, and records showed they had received training on infection control, handwashing and how to put on their PPE (Personal Protective Equipment) safely.
- Staff said that for each care call visit, "I wear a face mask, wash my hands and put on my gloves and apron. You change the face mask if it gets wet. . .there is a lot of (PPE) stock."
- People and their relatives told us that staff wore their PPE during the care call visit. This was fed back to the registered manager and nominated individual during our inspection. They said they would remind staff to do this.

Learning lessons when things go wrong

- Staff told us that recent learning shared with them was about the improvement of staffs' daily care call visit notes. Staff had been asked to document any additional task they had completed during their care call visits and to document the visit in full. This would then inform the next staff member visiting that person. A staff member said, "Staff get updates via a group APP re learning and what can be done better. For example, an improvement is needed on daily care call notes."

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

- The registered manager met with people new to the service to assess their needs and agree the support staff at the service could offer.
- The nominated individual and registered manager had signed up to several different external organisations to receive alerts about changes to health and social care guidance.
- People had access to, and staff worked with guidance and information from external health and social care professionals such as representatives from occupational therapists and continuing healthcare and GP's. This was to promote people's well-being and deliver effective care and support.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training. Staff were working through the care certificate which is a national programme of agreed standards and skills for staff working in health and social care. A relative confirmed, "We feel that staff are properly trained, they do everything good."
- Due to COVID-19 staff were undertaking on-line training. Although staff told us their moving and handling training was practical based training. The nominated individual told us they were introducing 'brain sparks' which were a series of questions staff had to answer following their training sessions. This would evidence whether the staff member needed some additional support with the training.
- Staff said the registered manager occasionally worked alongside them when a care call visit required two staff. They also told us they would be asked to visit the office to talk through their role with the registered manager. However, staff seemed unclear that these were 'work placement observations' to spot check their knowledge and skills and that office 'chats' were formal supervisions. The nominated individual told us they would ensure staff had a clear understanding of this going forward. Appraisals for staff were in the process of being completed.

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

- Most people spoken with did not require staffs support with their food and drink.
- People who were supported by staff with their meals and drinks had no concerns. One person said, "They made me a nice sandwich this lunchtime which I very much enjoyed."

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

- A staff member told us about how they had contacted a person's GP as they were concerned about the persons wellbeing.
- The nominated individual and registered manager worked with the occupational therapist team to help

review and assess a persons' deteriorating mobility to support their well-being.

- People were supported to live more independent lives using equipment and technology. People's care records documented the equipment they had to promote their well-being and independence. For example, adapted toilet seats, wheelchairs or walking frames. Records clearly documented who serviced the equipment, when it was last serviced, and when the next service was due.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training on the MCA 2005.
- We were told that no one using the service lacked the mental capacity to make decisions.
- Staff demonstrated their understanding to us on how and why it was important to listen and respect people's choices. Staff gave people choices. A person confirmed, "Staff will give you a choice."

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

- People and their relatives made positive comments on the way staff supported them. They said, "Staff are very helpful," and "They have a giggle with [named person] and they are great," and "Staff speak kindly, and we have a laugh."
- Staff supported people with their individual needs and support. A relative told us, "[Named person] is getting proper care now." Another said, "Staff are very sweet with [family member] and talk non-stop to her. They bring her out of her shell."

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

- Staff encouraged people and their relatives to express their views and be involved in making decisions about their, their family members care and support.
- Staff visited people and asked questions to set up their care record and risk assessments. People and their relatives said they felt involved in the process. A relative told us, "The family are involved in the care decisions and feel communicated to. We feel we can have our say."

Respecting and promoting people's privacy, dignity and independence

- People made positive comments on how staff promoted and maintained their privacy and dignity. One person said, "Staff never make me feel awkward or leave me exposed, they support my privacy and dignity." Another told us, "They help me into my nightie and are careful and modest about it."
- Staff told us how they supported people to maintain their independence. One staff member said, "I cover up (person) with towels and help wash areas, but I see what they can do for themselves."
- People's personal information was kept within their own homes and kept secure within the office.

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

- Staff involved people and their relatives in their, or their family members care and support decisions.
- The registered manager and nominated individual were working with external health and social care professionals as a person's needs were changing. This was to make sure their current individual needs could be met by staff.
- Staff gave people individualised care and support that met their needs. A person confirmed, "Staff have been very helpful and have helped me with supplying other information I needed." A relative said, "Staff will do anything for you. They are approachable and flexible."

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.

- Staff made sure that information was provided to people and their relatives in a format that helped their understanding. For example, we saw an easy read version of the service user guide. This information sets out what the staff at the service can and can't do and useful contact details.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The nominated individual had aided a person so they could receive video calls from a family member during the COVID-19 lockdown. This helped support the person's well-being by helping them maintain contact with a family member.

Improving care quality in response to complaints or concerns

- The nominated individual told us they had received no formal complaints about the service provided.
- There was a complaints process in place for staff to follow should a complaint be raised. People and their relative knew how to make a complaint if they needed to and were confident, they would be listened to. A person told us about a minor concern they had. "They said, "Well I did have a bit of a moan about this, but it all got sorted out."
- The nominated individual told us they planned to record people's minor concerns under the complaints log to demonstrate the actions taken to resolve them.

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. Staff told us formal end of life training was about to be carried out to help with their skills and knowledge.
- Staff had documented people's end of life wishes in an advanced care plan. The registered manager and nominated individual had already noted that these records could be more detailed in some areas. This would help ensure people's wishes were fully documented.

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.

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

- Staff ensured that communication was good between themselves and the people they supported and their relatives. People had a good opinion of the communication they received. One person said, "Whenever I have had to ring or email the office, communication has been good," and, "[The registered manager], visited and asked how things are going."
- Feedback was sought from people using the service and their relatives. Although some people spoken with had not yet been asked to formally feedback as they had not used the service very long. A relative confirmed, "We have been asked by the manager to feedback on staff and we have the same carers to support (family member) so as least he knows who is coming."
- Staff had completed a survey asking them to feedback on the service. The results were mainly positive with a few areas to review. One of the areas requiring improvement was the quality of daily care notes. Action had been taken to make the necessary improvements.
- All staff said they felt supported by the management team during the COVID-19 pandemic.
- The nominated individual was about to set up a well-being day for staff which would feature inspirational quotes to motivate staff using secure social media. Staff said they felt very supported by the registered manager. Staff said, "The (registered) manager is always checking on us," and "They are always on the phone checking in with me and seeing how it is going."

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

- Staff were clear about their roles and made sure they read and understood people's care records before delivering care to them.
- The nominated individual and registered manager gave examples of improvements needed and how they had learnt from these to reduce the risk of recurrence.
- The nominated individual completed audits as part of their governance process to identify areas requiring improvement. Staff daily notes had been identified as requiring improvement as had the computerised care planning system and better information around people's 'as required' medicines. Actions had been or were about to be taken to make these necessary improvements.
- The nominated individual talked us through the additional audits and checks they were going to carry out

as a result of a recent review of their governance system. These additional checks will build upon the current monitoring of the service provided and enable the checks to be more robust.

- The registered manager told us they were aware of all of the incidents they were required to notify the CQC of. To date, they said, they had not had any notifiable incidents to report.

Working in partnership with others

- The nominated individual and registered manager worked in partnership with representatives from key organisations such as continuing healthcare; clinical commissioning group, social workers, occupational health and people's GP's. This helped provide joined up care and support.