

Respectful Care Limited

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Inspection report

St Andrews Centre
Pike Drive
Birmingham
West Midlands
B37 7US

Tel: 01217888220

Date of inspection visit:
07 October 2016

Date of publication:
24 October 2016

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

Respectful Care Ltd was inspected on 7 October 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Respectful Care Ltd is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported approximately 32 people with their personal care and employed 27 care workers.

The service was last inspected on 4 June 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough care workers to meet people's needs effectively. People received their care and support from care workers who they knew, and at the times agreed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people's safety were identified and care workers understood how these should be managed.

Care workers completed training considered essential to meet people's needs safely and effectively. Care workers completed an induction when they joined the service and had their practice regularly checked by a member of the management team.

The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support. Care workers gained people's consent before they provided personal care and respected people's decisions.

People's privacy and dignity was respected by care workers. Where possible, care workers encouraged people to be independent. People told us care workers had a caring attitude and had the right skills and experience to provide the care and support required.

People saw health professionals when needed and systems were in place to manage people's medicines

safely. Staff had received training to do this. Support was given to people who required help with eating and drinking.

People and relatives were involved in planning and reviewing their care. Care records gave care workers the information needed to ensure care and support was provided in the way people preferred. Care workers followed this information.

People and relatives told us they knew how to raise any concerns and felt these would be listened and responded to effectively. Staff told us the registered was supportive and they felt valued. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives. The provider used this feedback to make some improvements to the service where needed.

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.

People told us they felt safe with care workers and there were enough care workers to provide the support people required. People received support from care workers who understood the risks relating to their care. Care workers knew how to safeguard people from harm and understood their responsibility to report any concerns. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good ●

The service was effective.

Care workers had training and skills that matched people's needs. They were supported to further develop their skills and knowledge.. The manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered caring and respectful. Care workers respected people's privacy and dignity and encouraged people to maintain their independence. People were able to make everyday choices which were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported by care workers they knew and who understood their individual needs. Care calls were provided at the times people needed to support them effectively. People's care plans informed care workers how people wanted their care and support to be provided. People and relatives were involved in planning and reviewing care needs. People and relatives knew

how to make a complaint, and the manager responded promptly to any complaints raised.

Is the service well-led?

Good ●

The service was well-led.

People and relatives spoke positively about the service provided and felt able to speak with the manager if they needed to. Care workers were supported to carry out their roles by the manager who they considered approachable and fair. The manager and provider had effective systems to review the quality and safety of service provided. The provider welcomed feedback on the service and made improvements where necessary.

Respectful Care Ltd

Detailed findings

Background to this inspection

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

As part of our inspection we reviewed information received about the service, for example, from the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and were able to review the information during our office visit. During our visit we were able to confirm the information reflected the service provided.

Before the office visit we sent surveys to 31 people who used the service and 31 relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from 13 people and two relatives. We conducted telephone interviews with seven people who used the service and four relatives of people to obtain their views of the service they received.

The office visit took place on 7 October 2016 and was announced. The provider was given 48 hours' notice of our visit. The notice period ensured we were able to meet with the manager and staff during our inspection. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our office visit we spoke with the provider, the registered manager and two care workers. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records which related to people's care and how the service operated, including the service's quality assurance checks and records of complaints.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care workers who supported them. One person said, "I feel safe when the carers are here, the carers are respectful and kind." When asked what made them feel safe, one person told us, "...because the staff are nice to me, they speak nicely and they are gentle." Relatives confirmed they also felt their family members were safe with their care workers. One relative told us care workers always informed them if they had any concerns. The relative told us this reassured them their relative was safe. People knew who to speak to if they didn't feel safe, people told us they would speak with, "The manager, their relative or staff."

The provider protected people from the risk of abuse and safeguarded people from harm. Care workers regularly attended safeguarding training which included information about how people may experience abuse. One care worker told us, "Abuse can take many forms. For example, shouting, financial or leaving a person without heat knowing they will be cold."

Care workers told us they would report any safeguarding concerns to the registered manager, and that there were policies and procedures in place to help them do so. One care worker told us they had raised a concern and the manager had addressed it by arranging a meeting. Another care worker explained the provider had a whistleblowing policy which staff could use if they thought their concern was not being addressed. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to care workers starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the manager. One care worker told us, "I can recall waiting for my checks to be completed before I got a confirmed start date."

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us, "The company arrive on time, and stay as long as needed,.. the calls are not rushed." Another person said, "The carers have never been late...they arrive on time and if they are going to be late they let me know. I used to be a carer so I know what is expected."

The registered manager confirmed there were enough care workers to allocate all the planned and additional calls people required. They explained this was because they had a reliable and stable staff team who were available to provide cover when needed. The registered manager added, "We don't use agency staff because we would never send a carer who the client did not know." The provider told us, "The recruitment of care workers at the moment is not a problem. If we needed to recruit we have a waiting list of

possible candidates from people who have expressed an interest in working for us."

There were procedures to identify potential risks related to people's care, such as risks in the home or risks to the person. We saw risk assessments had been completed and care was planned to manage and reduce risks. For example, one person was at risk of falling, and could injure themselves. Staff followed care plans which told them how the person should be assisted to move around, the number of staff required, and what equipment should be in place to minimise the risk of them falling. Records showed care workers followed these instructions. Risk assessments were regularly reviewed and updated if people's needs changed.

Care workers demonstrated they had a good knowledge of the risks associated with people's care and how these were to be managed. One care worker told us, "Every person has risk assessments in their folder [kept in the person home]. We always read these so we know how we need to work." Another care worker told said, "Circumstances change so risk assessments are updated. If that happens we ring the office and the manager or senior come out to check things. At other times if something changes the manager rings us straight away to tell us."

Records of accidents and incidents were completed and the action taken was recorded. The provider told us they regularly reviewed accidents and incidents to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk and to minimise the potential for a reoccurrence.

People and relatives told us care workers supported them to take their medicines if this was part of their care package. One person told us, "The carers put it [medicine] out for me and stop to make sure I have taken it." Another person explained how care workers completed records at each visit to show they had supported the person to take their medicines.

Care workers told us, and records confirmed they had completed training in the management and administration of medicines. One care worker said, "We do medication training as part of our induction and then the manager observes us about every six weeks." Another care worker told us, "If we make a medication error we are not allowed to do medication until we do refresher training and another medication assessment."

We looked at three people's medication administration records (MAR) which showed medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them.

Monthly medicines audits were completed by the provider to ensure people had been given the right medicines at the right times. They told us, and records confirmed any issues identified during medicines audits were discussed in one to one meetings with care worker and actions were agreed. This ensure care workers continued to have the skills and knowledge need to administered people's medicines safely.

Is the service effective?

Our findings

People and relatives told us care workers who visited them had the skills and knowledge needed to support them effectively. One person said, "Oh yes, the carers are trained and the care is very good." A relative commented, "Yes, they [Care workers] must be trained. An assessor was here [Persons home] the other day to watch them [Care workers]."

Care workers completed an induction when they started work at the service. This included working alongside the registered manager, an experienced care worker, and completing training the provider considered essential to meet the needs of people using the service. One care worker told us, "Even though I had been a carer before, I really enjoyed my induction because it brought it all back, the importance of safety, respect and I learnt exactly what was expected of me. It also meant I met the people I would be supporting and other carers."

The provider told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

On-going training was planned to support care workers continued learning. Care workers told us they completed face to face and e-learning training on the computer which they said had given them the skills and knowledge to do their job. Care workers spoke positively about the training they received. One said, "All the training we do is really informative."

Care workers told us training was also linked to people's specific needs which enabled them to support people effectively. For example, care workers had undertaken training about how to support people who lived with dementia. One care worker described how they now used the learning from this training in their day to day work. They told us, "I learnt how easy it is to overstep the mark by speaking for people. Now I understand I need to give people time to finish what they are saying instead of finishing the sentence for them." When discussing staff training and knowledge one relative told us, "It's good. I think the carers know more about dementia than I do."

The provider maintained a training record for each care worker. Records showed training for all staff was up to date and training which refreshed people's knowledge and skills was completed when required. Care workers told us the provider also invested in their personal development because they were supported to achieve nationally recognised qualifications.

Care workers told us their practice was regularly checked by a member of the management team. They said this was to ensure they continued to have the skills and knowledge needed to support people and that they were working to the provider's policy and procedures. One care worker said, "Spot checks are randomly

completed. I mean we don't know they are going to happen. I think that's good because the manager gets to really see how we work and we get immediate feedback." The registered manager told us they also regularly worked with care workers on care calls. They explained this ensured they had regular direct contact with people who used the service whilst further observing and monitoring care workers practice. They added, "I can assure myself staff are doing things as we expect and that clients are happy."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). They confirmed no one using the service at the time of our visit, required a DoLS authorisation, however they were aware of when this may be applicable for people.

Care workers had received training to help them understand the principles of the MCA. One care worker said, "The MCA is about people's capacity to make decisions, their rights and best interests." They added, "People who lack capacity may not be able to make some decisions, so someone else makes these for them."

People told us care workers obtained their consent before assisting with care and support. One person said, "My carer always asks me what I want them to do first." A care worker told us, "The client has to agree before we do anything." Another explained, "I always ask first before I start. Sometimes clients say they don't want any help. I respect this decision. I say 'ok, let's see how you're feeling a bit later'. If the person continues to refuse I record it and ring the manager to let them know."

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "The carers make my breakfast, dinner and tea. I decide what I want. When they leave they leave me a cup of tea and a drink of water." Another person told us, "The carers make me a good cuppa. I like real builder's tea." There was no one using the service at the time of our inspection who had any specific dietary requirements.

People told us they managed, or were supported by a family member to manage their day to day healthcare. Care workers said they informed people's relatives or the registered manager if a person was unwell and needed a visit from the GP. Records showed the service involved other health professionals with people's care when required including district nurses and occupational therapists. Where needed people were supported to manage their health conditions and had access to health care services if required.

Is the service caring?

Our findings

People and relatives spoke positively about the care workers who supported them. Comments made included, "The carers are really good.", "The carers are respectful to me and we have a laugh and a joke together." And, "The carers have a caring attitude, they treat [Person] with dignity and respect. The carers also respect me as the family carer."

We asked care workers what being 'caring' meant for them. One care worker told us, "For me, it's treating people with respect and looking after them like they were a member of my family." Care workers told us about how they built relationships with the people they supported, this included learning about what was important to people, talking and listening to people, and ensuring people's choices were respected. One care worker told us this approach ensured people felt 'in control' of their lives. Another care worker said, "Because we get to know our clients we can make sure things are done when they [People] want and in the way they want."

People's privacy and dignity was respected by care workers. One person told us, "The carers always knock on the door when they are doing private personal care." Another person described care workers as 'patient and gentle'. A relative told us, "The carers are kind and considerate." Care workers told us they understood the importance of promoting people's dignity and privacy. One said, "Privacy, dignity and respect is covered in our training. It's very important for people of all ages." Another care worker described how they 'preserved' one person's privacy and dignity by asking family members to leave the room before providing assistance with personal care.

People and relatives told us they were involved in making decisions about their care and had been involved in planning their care when they started to use the service. One person said, "Oh yes we have chats and if there is anything I need doing it is done." A relative described how their family member's quality of life had improved because the person was 'happier' now care workers supported the person to get out of bed. They explained this had been achieved through discussion and joint working between the family, care workers and the person's G.P.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us they needed different levels of support depending on how they were feeling each day. They said, "Some days I can't do things, but I tell the carers and they are happy to help." A care worker described how by encouraging one person to use their walking frame independently enabled the person to attend social events in their local community. The care worker told us, "What's really nice is [Person] is so please they went. They have a great time. We talk about it for days afterwards." They added, "Helping people to be independent gives people a sense of 'wellbeing'."

Is the service responsive?

Our findings

All the people we spoke with told us they were very satisfied with service they received because the service was reliable, was provided by care workers they knew, and who understood their needs and preferences. Comments made included, "The carers arrive on time... They do all the things I ask and they don't rush.", "The carers can't do enough for me." And, "The carers have a lot of patience with me, they wait for me. They never tell me to hurry."

Prior to the service starting, people were assessed by the registered manager to ensure their needs and expectations could be met. One person said, "[Registered manager] visited me to ask about the help I needed." A relative told us they were so pleased with the initial assessment by Respectful Care Ltd, they decided to use this company instead of others they were considering. The registered manager explained the importance of initial meetings with people and their family members. They said, "Only when I fully understand what people need can I assure myself we can support them [People] in the way they want."

The management team ensured people received care from care workers who they knew. One person told us, "If a new carer comes we are told their name and they always come with a regular carer." The registered manager told us they spoke to each care worker when a new person started using the service to ensure carers have all the information they need before visiting a person for the first time. They added, "I also meet them at the first call to introduce them and make sure everything is ok."

Care workers had a good understanding of people's care and support needs. They told us this was because they had a set rota which meant they visited the same people. One care worker told us "We do the same calls every day. To me, this is really important so you can bond with clients and clients get to see a familiar face, it's particularly important if the person has dementia."

We looked at the call schedules for three people who used the service and three care workers. These confirmed care calls were planned in advance, at the times agreed and people were allocated regular care workers. The registered manager told us, "Because our carers know all of our clients and we [Management team] are 'hands on' clients always get their visit from someone they know."

All the people we spoke with told us care workers had sufficient time to carry out care calls without having to rush and had flexibility to stay longer if required. Relatives agreed. One relative said, "This is the second year we have used this company. The carers stay as long as needed and are never rushed." When discussing the time allocated for calls with care workers we were told, "The manager makes sure we are not stretched by giving us enough time to do our calls properly." And, "We get time to sit and chat with clients. It's really important because we could be the only person they see all day."

We looked at four people's care records. People had signed their care plans to confirm they had been involved in planning and agreeing their care and support. Care plans had 'person centred' elements and contained information about people's backgrounds, needs and preferences so staff could support them in ways they preferred. Plans included instructions for care workers about what to do on each visit. For

example; what personal care people required and how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. Care plans we viewed had been reviewed and updated as needed. Care worker told us they had time to read care plans. One said, "We read care plans when a service starts and keep checking in case there has been a change. The manager will ring us if we need to know about something before we visit."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, knew how to complain and would be confident to raise any concerns with the registered manager if they needed to. One person told us, "If there was anything I was not happy about I would call the manager. I would ask them to sort it. The manager is a good listener." A relative told us, "I can't fault them. I only have to get on the phone about anything tiny thing and it is sorted." Records showed the service had received two complaints in the previous twelve months which had been managed in line with the provider's policy and procedure.

Care workers knew how to support people if they wanted to complain, we were told, "Information about how to make a complaint is given to each person when the service starts. The information is in people's homes." Care workers told us they would refer any concerns people or family members raised to the registered manager and they were confident concerns would be dealt with effectively. One care worker said, "Make no mistake [Registered manager] would sort things straight away. [Registered manager] would be upset if someone was not happy."

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the way Respectful Care Ltd was managed and the quality of service provided. One person explained how their confidence in the way the service was managed enabled them to tell their family "to go live their lives." The person said, "I know the care workers will come in and make sure I am ok." When we discussed with relatives the way the service was managed, one described communication with the service as, 'Excellent' they added, "It is a shame that all companies are not like this one. I can't fault them."

The service had a registered manager. There was a clear management structure within the service; this included the provider, the registered manager and senior team leader. The registered manager was also a director of the service. We were told the 'day to day' running of the service was the responsibility of the registered manager with the provider focusing on systems, processes, quality monitoring and planning. The registered manager told us, "We [Provider and registered manager] work closely together and have daily contact. We support each other. We have a very good relationship."

There was a positive culture within the service driven by the management team. The provider and registered manager were committed to and had clear expectations about how the service was to be provided. The registered manager told us, "Our service is very person centred. That's what's important. That's why, even though we are a business, we never take on a new service until I have satisfied myself through visits and observations that the people we are already supporting are settled and happy." Care workers, demonstrated in the way they spoke about the people they were supporting they had adopted the same ethos and enthusiasm. They told us the people they cared for were 'central to everything they did'.

Care workers told us they felt supported by the registered manager who they said was always available and very approachable. One care worker said, "The manager is really great. You can talk about anything. You don't have to hold anything back and get support with everything. [Registered manager] lets you know, in no uncertain terms, if there is a problem but in a supportive way." Another care worker described the registered manager as "Firm but fair". We observed the registered manager spent time talking with care workers providing advice and support when required.

All care workers described Respectful Care Ltd as a good place to work. One care worker said, "It's a really good team here and everyone does a good job. We get on well with the clients. It's a great place to work." Another care worker explained they enjoyed their work because they felt part of a 'big family'. They added, "That's what makes it so good."

The provider told us to show their appreciation to care workers for their commitment and hard work each staff member received a birthday and Christmas bonus. Care workers told us this made them feel valued. The registered manager added, "We have a great team and we like to make sure they know we value them."

Care workers told us they were supported in their roles through weekly and individual meetings with a member of the management team. Care workers said these meetings gave them the opportunity to discuss

any issues of concern and areas for self-development, and service development. One care worker told us, "I have regular meetings with [Registered manager] which I find really valuable. We talk about training and I get feedback about how I am doing my job." training I want to do."

The provider operated an 'on call' system to support care workers outside of 'normal' office hours. One care worker told us, "Our first port of call is [Registered manager], then [Provider]. Having said that the manager has never not answered when I have called." Another care worker described feeling 'reassured' because the manager's response was 'instantaneous' when they had used the 'on call' system to seek advice.

People and relatives told us the provider checked people's views about the service they received through an annual survey. The provider was in the process of collating responses from the latest survey sent out in August 2016. The results from people and relatives surveyed in July 2015 showed 100% of respondents were satisfied the service provided, including 85% reporting 'extreme satisfaction'. All relatives who had responded agreed care workers understood their family members needs and preferences and they felt involved with the 'care and support' process. Many positive comments had been made about the service, for example, "Staff are well trained and all treat my brother with great respect as in the company name.", And, "Everyone at Respectful Care are always very helpful and easy to talk to."

The provider and registered manager used a range of internal checks to monitor the quality and safety of the service. For example, regular observations of staff practice, and monthly checks of medicines management and care records. The provider told us when a need for improvement was identified this was recorded on a 'management communication' record. For example, the provider had responded to people's comments about how they preferred to give feedback about the service by replacing the six monthly survey with home visits and telephone monitoring. The provider explained they regularly reviewed and updated the 'management communication' record to show when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

During our inspection we asked the provider and registered manager what they were proud of about the service. The provider told us, "I am very proud of our carers and the fact that the registered manager is hands on. It is our carers who give us a good reputation and ensure we receive positive feedback about our service." The registered manager told us managing a service that 'cared' about the people being supported and their relatives and staff made them proud. They added, "At Respectful Care we treat everyone as we would treat a member of our own family. That's what's important."