

R4R Home Care Service Ltd

# R4R Home Care Services Ltd/Watford

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 8 February 2016. We gave the provider 48 hours- notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. At the time of our inspection two people were being supported by the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by staff who worked at the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Although there was a recruitment process in place, the process was inconsistent and not always followed. The manager found it difficult to demonstrate that they had followed their own process consistently. There were sufficient numbers of staff available to meet people's individual needs, and the service provided was flexible.

Potential risks to people's health and well-being had been assessed however there was no evidence that these had been reviewed regularly and this meant that the risks to people's health and wellbeing were not effectively managed.

People and their relatives were very complimentary about the abilities and experience of the regular staff who provided care and support. Staff received some training however this was ad hoc and not delivered in a planned way. Staff had one to one meetings with their manager, however this was not always in a planned way, and the information recorded was basic and did not demonstrate how staff performance was developed or monitored.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well- being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

Staff asked people for their consent before providing care and support. People and their relatives where appropriate were involved in the initial planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and

delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns if they needed to and told us they were confident that the manager would take appropriate action to address any concerns in a timely way.

People and their relatives were positive about the service, and the staff and management of the service. However we found that records were not always sufficiently maintained and the systems in place to monitor the quality of services provided were not always effective.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Staff were aware of safeguarding people from potential risk and knew how to report concerns.

Risk assessments were completed but not reviewed regularly.

There were sufficient staff with the right skills and experience to meet people's needs at all times.

Safe recruitment procedures were not always followed.

People were reminded to take their medicines and staff had been trained in safe administration of medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People received support from staff who had received basic training, however refresher training was not provided in a planned way.

Staff felt supported by managers, however one to one meetings with their manager were not regular, and these did not demonstrate how staff were supported to develop.

People were encouraged to eat a healthy balanced diet. They cooked their own food.

People were supported when required to attend health care appointments.

### Is the service caring?

**Good** ●

The service was caring.

People developed positive relationships with the staff who supported them.

People were involved in making decisions about the support

they received.

People were supported to retain their independence.

People were treated with dignity and respect and their privacy was maintained.

### **Is the service responsive?**

The service was responsive.

People received care and support which was appropriate to their needs.

People were aware of how to make a complaint and felt their concerns would be addressed in a timely way.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The service did not have systems and processes in place to ensure the service operated effectively

There were no systems in place to monitor the quality of the support provided or to drive improvement.

Staff told us they felt supported by the manager.

**Requires Improvement** ●

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## **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.

This inspection took place on 8 February 2016. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we were unable to observe care provision due to the nature of the service which provided personal care and support to people living in their own homes. However, we did speak with two people who used the service and one relative who gave us feedback about the service. We also spoke with two support staff and the provider who was also the registered manager.

We looked at two care plans, two employment files and other relevant documents relating to how the service operated.

# Is the service safe?

## Our findings

People who were supported by the service told us they felt safe. Staff knew people well, and were able to demonstrate they knew how to keep people safe. One person told us, "I have no concerns about my safety, I live in my own home and the staff who assist me always check that everything is fine before leaving." Another person told us, "I never really think about safety, I suppose if it was an issue I would give it more thought but there's never been a problem." A relative told us, "I feel reassured if there is anything going on with [relative] they always call me to let me know, so I do feel confident my family member is safe."

Staff were able to describe what constituted abuse and how they would report any concerns to within the service. Staff were less clear who they could report concerns to should they need to raise concerns externally. We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, were displayed on the office noticeboard as a reminder for staff when they visited the office. Staff received safeguarding training when they joined the service but required updates. The manager told us they were arranging the updates imminently.

The recruitment process was not always followed and it was inconsistent. For example gaps in staff's employment history were not always explored. References were not always sought in line with the company's recruitment policy. The policy states that two written references will be obtained and the registered manager confirmed this is a minimum. However we found two files with only one reference and one confirmation of employment. We also found that although a criminal records bureau check were completed for staff. In the case of one person the CRB check on their recruitment did not cover the initial period when they starting work at the service. These checks help to make sure that staff were suitable to support people living in their own home and may have posed a risk if the checks were not completed in advance of staff starting work at the service.

There was enough staff with the right abilities and experience to meet people's needs safely. People felt there were enough staff to meet their needs, and told us they had a regular support worker. One member of staff told us, "There are plenty of staff to support people we care for. Staff rota`s were planned and confirmed there were enough staff to meet people`s needs safely. People who used the service told us that there was an out of hours contact number to call in the event of their support worker not arriving at the time specified. However people told us they had never been let down and staff always arrived even if sometimes it was a little later than expected.

There were suitable arrangements in place for the safe administration of medicines and staff had been trained. However the people who were being supported were able to take their medicines independently and told us the staff usually just prompted them.

We saw that risk assessments were completed as part of the initial assessment of the person's needs. However these were not reviewed regularly to take account of people's changing needs and circumstances. The manager told us they would review the people's risk assessments immediately and put a process in place to ensure that regular reviews were completed.

There was a process in place for the recording of accidents and incidents although there had been none since our last inspection.

## Is the service effective?

### Our findings

People received support from staff who had the appropriate experience and skills to carry out their roles and responsibilities. Staff completed a basic induction programme when they started working for the service. This gave them the basic skills and knowledge to enable them to support people effectively. There was some additional training available to staff and they were given opportunities to attend; however refresher training was not provided in a planned way. For example one staff member had safeguarding training three years ago and another staff member two years ago.

The manager told us this would usually be updated annually and would arrange for this to be provided for staff as a matter of priority. Staff competencies were not always observed and assessed. However the manager told us as they were supporting so few people they often worked alongside staff and this provided an opportunity to assess competencies and mentor staff to ensure they followed good working practices. However there was no process in place and this was something that required a more regular approach, as the manager could not demonstrate when staff competency had been assessed.

Staff told us that the training they received was appropriate for their roles. One member of staff told us, "I remember my induction, it gave me an insight into what the job was about and I had already worked in a care setting before so just reinforced what I already knew." Staff also 'shadowed' more experienced staff until they were competent to work in an unsupervised capacity.

Staff said they felt supported by the manager and they had regular contact with staff at the office. Staff had some supervisions with their line manager and this gave them an opportunity to discuss work related issues or concerns. When we spoke to staff they said they were a small team and had regular informal talks about things including personal development. The manager told us they would implement a more robust structure around recording more details where staff performance and development were reviewed. The manager did not have regular staff meetings as there were a small team. They told us it was not necessary as they spoke to staff individually when required.

Staff understood they were required to obtain people's consent before providing care and support. Staff told us they always asked people if it was ok to assist them and respected people's wishes. For example, the manager told us they were contacting the people they supported and staff to let them know about the inspection and to get their consent for us to contact them to obtain feedback about the service they received. We also saw that people had signed consent forms in their care files. Written consent had not been reviewed; however the manager said this would be reviewed going forward.

People were encouraged and supported to eat a healthy and balanced diet. People did their own shopping, meal planning and cooking. Although staff told us they would assist people with these tasks if required.

People were supported to attend appointments at their GP or other health related professionals. One person told us they attended regular appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they attended to hospital.

## Is the service caring?

### Our findings

People told us they were cared for in a kind and caring way. They told us they had regular staff which they liked and got on well with. They knew staff well and were familiar with their routines. One person told us, "I like my regular carer." Another person said, "They are so much better than previous carers I had in the past." A relative told us they felt their family member was well looked after and that their support needs were well provided for.

People told us the staff who assisted them treated them in a dignified way and respected their wishes. One person told us, "They are so thoughtful, always aware of how I feel. They are kind and caring towards me and I am very happy with the care I receive. Staff had developed positive and caring relationships with people they supported and demonstrated when we spoke with them that they knew about their individual preferences, likes and dislikes and daily routines. Staff were able to tell us how they maintained people's privacy, dignity and independence. We were not able to observe care being delivered but when staff spoke with us they talked about people in a kind, caring and sensitive way.

The two people we spoke with and a relative were all positive and complimentary about the staff that provided their support. One person said, "They know their stuff and take notice of what I tell them." Another person said, "I have high standards and have no complaints. They do a good job."

People were encouraged to maintain positive relationships with friends and family. A person told us that staff always kept their family informed and another person told us they called periodically just to 'catch up'. This made the person feel reassured they told us.

People told us they had been consulted and involved in their care planning. However this was not documented in their care plans. A relative told us, "The focus is on the good delivery of care and sometimes the paperwork might not be completed but I am very comfortable knowing that [relative] is happy and well looked after."

People's private and confidential information was stored securely and we saw that confidentiality was maintained by staff and the manager. The manager told us that people had not discussed the use of independent advocacy services with people who used the service; however they would like to introduce this in future and would be exploring the availability of local advocacy services.

## Is the service responsive?

### Our findings

People received appropriate care and told us the staff were responsive and flexible when providing support. Feedback from people and staff demonstrated that the care provided was responsive to people's individualised and changing needs. For example, one person told us they can call the staff if they want to change their visit time or require additional support and it is arranged around them.

Staff had access to people's personal information which was kept in a folder in people's homes. This contained a copy of their care plan and risk assessments. The support plans that were in place gave appropriate information and guidance to staff. However they were not detailed or person centred. For example they did not detail anything about the person's life to assist staff in understanding people's preferences and preferred routines. When we talked to staff it was clear they had a greater detailed knowledge of people's needs than what was documented. The manager agreed that more detailed information would be included in care plans going forward so that personalised information was recorded for all staff to see and that information was not just kept in people's heads. This would provide a more consistent approach to the delivery of the care and support provided. However feedback from people and staff demonstrated that staff were aware of people's individual wishes and requirements.

One person told us, "The staff respects the fact that they are visitors in my home, they provide the right level of support in a non- intrusive way." A relative told us, "The staff are good, they are aware of my [relatives] needs and flexible in how they support them, I think they are very responsive to their needs."

People told us the staff were not involved in arranging activities or supporting them with hobbies. Staff told us that people were still independent and had "their own pastimes and did things they enjoyed with family and friends".

People were given an information pack when they started using the service and this contained information on how to make a complaint. People told us they would contact the manager if they were unhappy with any aspect of the service and were confident that they would be addressed in a timely and appropriate way. There had been no complaints recorded since our last inspection. One person told us, "I would have no hesitation in bringing my concerns to the manager's attention; they are very good at listening and contact me occasionally to make sure everything is going ok."

Staff told us they would report any concerns raised with them to the manager so they could be addressed and resolved quickly and to the satisfaction of people who used the service.

## Is the service well-led?

### Our findings

The service was not consistently well led because systems and processes had not been established and or developed to ensure the service operated effectively. The lack of systems did not impact on people using the service directly. However the provider was unable to demonstrate that they had maintained current and complete records relating to risks to people's health and well-being, and this have placed people at risk. In addition the provider had not kept current and consistent records relating to staff who were employed at the service to provide care to people. For example training was ad hoc and there were no records to demonstrate when staff training updates were required. The support arrangements failed to demonstrate a review of staff development needs to ensure staff had the appropriate skills and competencies.

The provider did not have systems in place to review and analyse information relating to the quality of the service and there were no stakeholder involvement for example the views of visiting professionals, staff or commissioners were not sought.

We found the service was not operating in accordance with their statement of purpose which is a document that sets out what the service aims to do and how they will achieve the objectives. The registered manager told us they had not invested much time and effort in the development and continual improvement of the service they provided. For example care and support plans did not always demonstrate personalised care or provide the level of detail to enable staff to provide support in a person centred way.

However people who used the service, relatives and staff were complimentary about the manager. They told us, "They were able to get on with their jobs and the manager placed trust in them." A staff member said they were able to access the office anytime to discuss any concerns.

There were no systems in place to formally monitor the quality of the service. However people we spoke with told us that the manager contacted them periodically to check that they were happy with the service. This was not recorded and we were unable to determine the frequency of the calls or if any improvements were made following people`s feedback. The manager told us the last survey they had done was two years ago, and they had not got around to collecting more recent feedback about how people found the care or the overall quality of the service.

The manager told us that as it was such a small service things were much more informal and were not always recorded but accepted that this had to improve as there was a requirement to be able to demonstrate that they were compliant with the regulations. The informal approach meant that the registered manager could not demonstrate how they ensured the quality was consistent and that where issues were identified that appropriate and effective remedial actions were put in place to drive improvement. The manager told us they were always available to support staff and people who used the service and would put robust systems and procedures in place following the inspection.

