

Redspot Homecare (Contracts) Limited

Redspot Homecare Milton Keynes

Inspection report

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Date of inspection visit:
22 September 2016

Date of publication:
19 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 22 September 2016 was announced.

This was the second comprehensive inspection carried out at Redspot Homecare Milton Keynes. .

Redspot Homecare Milton Keynes a domiciliary care agency providing personal care, support and companionship to people in their own homes. At the time of our inspection the service was providing personal care to 64 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service had 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 and associated Regulations about how the service is run.

Care plans did not contain person-centred information. They failed to demonstrate the specific needs, preferences and wishes of each individual person and did not provide staff with guidance about how to fully meet people's needs.

People felt safe when staff were in their homes. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They understood the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and make choices. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. The service had a complaints procedure to

enable people to raise a complaint if the need arose.

There was a culture of openness and transparency at the service. Staff were positive about the management and leadership of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

The service was not always responsive.

Care plans lacked specific information about people's likes, dislikes and their preferences. There was limited guidance in the care plans for staff to follow to meet people's needs.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint.

Requires Improvement 

Is the service well-led?

The service was well-led

The culture at the service was open and transparent.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service

Good 

Redspot Homecare Milton Keynes

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 checked 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.'

The inspection of Redspot Homecare Milton Keynes took place on 22 September 2016. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we undertook telephone calls to five people who used the service and five relatives. We spoke with six staff members and these included the registered manager, a field supervisor, the administration manager and three care workers.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people, five staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits to determine the level of service that was provided.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when staff visited them and they told us they felt protected from harm because staff were competent and confident. One person commented, "The carers are very good at what they do. I feel safe with them." A relative said, "[Name of person] is safe. The staff speak to him in a nice manner and they know how to use the hoist to transfer him out of bed to the chair. They always check the slings to make sure they are okay and he is safe." Another relative said, "The staff always make sure that the door is closed behind them and they make sure there are no obstacles in his way that can cause him to fall." Other people and relatives made similar comments.

Staff we spoke with had a good knowledge and understanding about the signs of abuse and how to report it. One staff member said, "I have had safeguarding training and know what to do. I would report any abuse to the manager."

The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. People told us that they were aware of their risk assessments which had been developed to promote their safety. One person said, "I have a risk assessment in place and was definitely involved in its development." Another person said, "The supervisor discussed the risk assessment with me and I signed it to confirm my agreement and acceptance."

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. One staff member told us, "I understand why risk assessments are in place. To keep us all safe."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "One person I visit slides down the bed and gets a sore sacral area. We have a risk assessment in place for her to make sure she doesn't get a pressure sore." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

Safe recruitment practices were followed. The service used safe recruiting procedures when employing staff. One staff member said, "I had to undergo a full Disclosure and Barring Service (DBS) check. I also had to provide two references one of which was from my previous employer and a friend. I had to provide proof of

identity and that my car was insured to use for business and the MOT was up to date."

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staff were reliable and arrived at the agreed time. One person said, "The staff turn up on time and if there is a delay they usually let me know." One relative said, "The staff usually turn up within a reasonable time. It's unrealistic for staff to turn up on the dot every day."

People told us that staff stayed for the allocated time. A relative said, "More often than not the staff stay over their time. They have quite a lot to do within a very short space of time." A second person told us, "I've never had a missed call. They are very reliable. If they are going to be late they will call me."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "There is enough of us to cover the shifts." A second member of staff commented, "We get enough time for travelling which makes all the difference. It means we can turn up on time and not be late."

The field supervisor who has the responsibility for completing the staff rotas told us, "If people's needs change or we take on extra care packages I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at two staff duty rotas for a two week period. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. Some people told us that the staff supported them with their medicines and ensured that they received them at the prescribed times. One person said, "The carers support me with my medicines in the evening I would be lost if I did not get their support." Another person told us, "The carers support me with daily application of creams and they maintain a record and sign it." A relative of a person using the service said, "The staff support [name of person] with their medicines. The office staff arrange for the GP to send the repeat prescriptions to the chemist who delivers the medicines to us. This system seems to work quite well."

Staff told us they had received training in the safe handling and administration of medicines and the training they had been provided with enabled them to administer people's medicines safely.

We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that the care workers were aware of what needed to be done. One person said, "The staff know what to do they always read the care plan." Another person informed us, "They appear to be trained. The carer who comes around is very thorough and communicates effectively with me."

A relative told us, "All the staff perform to an exceptional high standard. You can't fault them." Another relative commented, "There are times when the staff walk into situations that are very severe, but they cope very well and do not leave jobs half done."

Staff told us they received induction training before commencing work. One staff member said, "I completed a one day induction, which covered the mandatory courses. I then worked alongside an experienced staff member for a further three days." The staff we spoke with confirmed that they went through the same induction process.

We looked at the training records and found that all staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting. We saw evidence that staff new to care were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans; and had regular discussions about them with their line manager and colleagues. This was to ensure that care was delivered in a consistent manner.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "I have had loads of spot checks and we have regular supervision. Communication and support for the staff is very good. It makes you feel valued."

The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. People's care records contained assessments of their capacity to make decisions. Where they lacked capacity to make decisions best interests decisions were made on their behalf following the MCA 2005 legislation. For example, best interest decisions had been made for people who lacked the capacity to safely manage their medicines.

People told us that staff gained their permission before assisting them with care and support. One person said, "My carer always explains to me what he is going to do before providing me with support." Another person said, "I always have a shower daily and wash my hair, but my carer would say, I am going to wash your hair is that okay?"

People were supported and encouraged to maintain a balanced diet. One person said, "My carer provides me with an evening meal daily and I tell her what I would like to eat. Nothing is too much trouble." One relative said, "The staff prepare microwave meals for [name of person] at lunch time. They like having cereals for breakfast and jam sandwiches for tea." Staff confirmed that they helped people with food and drink as required, but most people did this for themselves or had family members that helped them.

Staff told us they supported some people with their meals. One staff member said, "Its not much but I do heat up meals in a microwave for some of the people I look after." Another staff member commented, "I will always leave out drinks and snacks for people when they are going to be on their own for a while."

The registered manager told us, "If people had difficulty with food and fluid intake they would be closely monitored and we would refer them to their GP."

People were supported to maintain good health and to access health care services. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff could be available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice.

Records demonstrate that peoples health needs were frequently monitored and discussed with them

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said, "The staff are caring and loving." Another person commented, "I think the staff are really good." One relative told us, "The staff are patient and make [name of person] feel comfortable."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "My carer is like my friend." Another person told us, "I am fortunate that my two regular carers have been coming to me for a long time. They are excellent." A relative commented, "We have had care before from another care company. This one seems much better and more caring."

Staff told us that they were able to develop caring relationships with the people they supported. One staff member said, "I visit the same clients daily. This enables me to get to know them better and understand their needs. I make sure they have choices and involve them in everything I do. By doing this I am able to develop a good relationship with them."

People told us that the staff team was consistent. One person said, "I get the same staff on a regular basis unless they are on days off." Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "It's very beneficial to our clients and the staff that we visit people regularly."

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "The staff from the office contact us regularly and ask how our care package is working for us. We can have a say."

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

Staff understood how to support people with dignity and they respected them. People told us that they were treated with respect and dignity by staff. One person said, "My carer speaks to me in a polite manner and never rushes me." Another person told us, "My carer shows respect for me and my property and call me by my preferred name." A relative commented, "We have had care before from another care company. These staff are much nicer, caring and seem to really love their job. The staff provide lots of reassurance to [name of person] and treat him with dignity and respect. They call him by his preferred name and treat him as an individual." Other people and relatives made similar comments.

The staff we spoke with were able to explain how they upheld people's privacy and dignity. One staff member said, "I always consider the clients' feelings and make sure their dignity is preserved." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff are observed providing care to people. Senior staff observe if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy and we saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

We found that care plans contained only basic information about people's needs and were task focused. This meant that staff members were not provided with the written information they needed to enable them to provide care which was tailored to people's specific needs and wishes. For example, we saw the care plan for one person that stated they had difficulty communicating. There was no guidance for staff about how to communicate effectively with this person. In addition, the care plan stated that the person needed assistance with their personal care but the care plan did not provide any details of how much support was required and how staff should assist them. The person was not able to communicate this effectively which put them at risk of receiving unsafe and inappropriate care.

In a second plan of care we saw that the person experienced severe anxiety and depression. There was no guidance in the care plan on how staff should respond to the person when they were low in mood or experiencing anxiety. In a third care plan we saw that the goal for the person was to maintain their mobility. However the care plan did not describe any tasks or activities that were in relation to the person's mobility.

The registered manager recognised that care plans lacked specific details and told us they were about to start using a new electronic system for care planning. When they commenced this all the care plans would be re-written to make them more person centred.

Despite the lack of person centred information in people's care plans, people were positive about the care they received. One person said, "My carers get it right all the time. They know just what to do." A second person commented, "My girls are great. Everything I need to be done gets done; and then some." A relative told us, "[Name of relative] is very well looked after. She doesn't want for anything."

People told us that staff listened to them and their opinions were taken into consideration. One person said, "The staff listen to me and carry out my wishes, nothing is too much trouble for them. I find them to be flexible. Sometimes I go out on a Sunday afternoon and ask them to visit later and they oblige." A relative said, "My [name of person] care plan gets updated regularly. She has now been issued with hearing aids. I contacted the manager for her to include it in the care plan so staff would be aware that she needs support to maintain them."

The registered manager told us that prior to receiving a care package people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. We saw that people's care packages were reviewed either six monthly or when changes occurred.

People told us that they were aware of the service's complaints procedure and would feel confident to make a complaint. One relative said, "We were given a copy of the complaints procedure but I have never had to use it. I have a good relationship with the manager. I have always found that she fixes any concerns I raise with her before they get to a complaint stage."

The complaints records showed that concerns had been dealt with appropriately because the manager had

fully investigated the issues, taken action and informed the complainant of the outcome.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "They call me on the phone and visit me to check that I'm happy with my care."

The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

People were positive about the care they received. One said, "I have actually recommended Redspot to a friend." Relatives told us that they completed questionnaires about the quality of the service they received. They also said that they were contacted regularly by various methods such as by telephone and face to face visits for feedback about the service.

Staff told us that the management team ensured the culture at the service was open and transparent and they were positive about leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out immediately to re-assess their needs."

Staff told us that they felt supported and valued by the registered manager. One staff member told us, "We have regular staff meetings and regular supervision. We have also started to communicate by using [name of telephone app] and that's been brilliant. The manager and the office staff share information with us and they keep us informed of what we need to be aware of in relation to the service users."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be confident that if I reported any concerns they would be taken seriously." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. We saw evidence that the registered manager regularly updated his knowledge and skills and shared best practice ideas with the staff team to ensure that people received a quality service.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.