

Reto Care Limited

# Reto Care Limited

## Inspection report

Groundwork Enterprise Centre  
Albany Works, Moorland Road, Burslem  
Stoke-on-trent  
ST6 1EB

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01 February 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Reto Care Limited is a domiciliary care agency. The service provides personal care to people with learning disabilities, people who live with dementia, older people, people with mental health concerns, younger adults and people with sensory needs in their own homes. At the time of our inspection there were 30 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe and well led. The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

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

**Right Support:** People were safe and protected from avoidable harm. Detailed risk assessments were in place and regularly reviewed to make sure staff knew how to support people safely. Medicines were managed safely. There were enough staff to meet people's needs and support people in meeting their lifestyle choices. Staff were safely recruited. People were supported to have maximum choice and control of their lives.

**Right Care:** The support provided focused on people's quality of life. Care delivery was person-centred. Care was planned to meet people's preferences and in a way that met people's individual needs. People and their relatives told us that staff treated them with dignity and respect.

**Right Culture:** The registered provider had audit systems in place to make sure people were safe and received the support they needed and had a good quality of life. Staff received training appropriate to the needs of the people they supported and understood the mission, visions and values of the service. People had opportunities for their views of the service to be heard.

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; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At our last inspection we rated the service as requires improvement and we recommended that the provider make improvements in their systems to manage medicines safely and the updating and reviewing of people's care plans. At this inspection we found that improvements had been made.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>

# Reto Care Limited

## Detailed findings

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspection manager, an 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.

#### 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on the to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 1 February 2023 and ended on 3 February 2023. We visited the location's office location on 1 February 2023.

We spoke with 3 people who used the service and 10 relatives to see if they were satisfied with their care and support. We also spoke with 4 members of care staff, the registered manager and 2 care coordinators.

We looked at the care records of 3 people who used the service. We also looked at records relating to the management of the service. These included staff files, medicine records and quality assurance records to ensure that standards of care were being met.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and staff we spoke with had safeguarding training and knew what to do if they suspected someone had suffered abuse. One staff member told us, "I have completed safeguarding training and would be confident to recognise and report abuse. The managers are approachable should I need to use the whistle-blowing process".
- We saw that the registered manager has acted when suspected abuse had been reported. Referrals to the local authority had been made, followed up with action to mitigate any associated risks.

Assessing risk, safety monitoring and management Staffing and recruitment

- People's risks were assessed, and staff knew how to support people safely. One person told us, "I get nervous on the hoist, but they [staff] talk me through every time, and I'm much better with it now. A relative told us, "I feel everything is done in a very safe way. Safety questions and observations were part of the original assessment visit".
- People's care plans detailed their needs for staff to be able to support them safely and they were regularly reviewed. A member of staff told us, "The care plans detail people's needs, everything you need to know is in them."
- Staff told us, and we saw they had been trained to undertake the care tasks required of them and specific to people's individual needs. One staff member told us, "My induction included moving and handling and I had to re do this despite recently doing it for another care company".
- Staff had been recruited safely, with the appropriate pre-employment checks being undertaken. This included a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us that there were enough staff to meet people's needs in a safe way. One person told us, "The carers come four times a day. Each time there are routine things to do, but they make sure I'm completely comfortable and always leave me with a hot drink". A relative told us, "Over a year with four care visits a day, reliability has been good, and they have rung in advance if a carer, has been held up on a previous call". A member of staff told us, "I work with another member of staff, and there has never been a time when there is not two of us".

Using medicines safely

- At our previous inspections we had concerns around the systems to manage medicines safely. At this inspection improvements had been made. The registered manager had implemented an audit of all medicines instead of sampling a few medication records. This meant concerns were picked up quickly and

any action to improve was taken in a timely way.

- People told us they had their medicines as prescribed. One person told us, "The carers give me my tablets, apart from one that has to be given very early, my relatives gives that, then the first care visit includes checking that I had it, in fact they put a lot of time to checking and recording medication". Another person told us, "I look after my own tablets, but they will ask if I've taken them".
- Staff told us, and we saw they had been trained to administer medicines. One staff member told us, "I have done medicines training and there is always two staff to administer to ensure safety, I am aware of as required [PRN] medicines and when to administer and how to record I have given them".

#### Preventing and controlling infection

- People told us that staff followed safe infection control measures. A relative told us, "All staff present well, they wear uniforms and use personal protective equipment [PPE] as necessary".
- Staff had received training in infection control and were checked for the use of PPE at spot checks undertaken by the management team. A member of staff told us, "I have had infection control training and there is always plenty of PPE for us to use".

#### Learning lessons when things go wrong

- The registered manager audited accident and incidents to ensure that action could be taken to mitigate the risk of these happening again.
- We saw that following a recent medication error that the registered manager had completed a lesson learned exercise to ensure that it could not happen again.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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

- People who used the service and their relatives told us that the care being delivered was person centred and met their individual needs. People felt empowered and the individual goals were met through the care they received. A relative told us, "The carers visit my relative every morning, and during that visit there's a decision whether the evening visit will be needed as it varies on how they feel on the day. It is a really good service that ensures they get the right care all the time".
- Another person told us, "I have good and bad days. I think they understand that well and adjust their approach and input accordingly".
- A relative told us, "There was a thorough assessment visit at the start. The carers have been proactive in getting my relative from spending long times in bed, to using the chair so they have more movement and can enjoy TV again".
- Staff we spoke with told us they felt supported and equipped to fulfil their role. This was because they were receiving good management, training and support

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

- The registered manager understood their responsibilities under the duty of candour. They told us, "It's about being open and honest and admitting and learning when things have gone wrong".
- The registered manager was responsive in making improvements. Following out last inspection they had made the improvements that had been identified at that inspection. Systems to manage medicines had been improved and they had started to use a new electronic care planning system which meant that people's care plans could be easily updated and were accessible to staff.
- People and their relatives felt able to raise concerns with the registered manager. "A relative told us, "I had to complain once. I phoned the manager and they were shocked and keen to deal with it straight away, which they did".
- Accidents and incidents were regulatory reviewed, and action taken to mitigate risk of them happening again.

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

- Staff told us that they attended regular meetings to discuss all aspects of their role. One staff member told us, "We have monthly meetings and supervisions. They are used to offer support and also update on

government guidelines and other legislation". Another member of staff told us, "When there is a concern or new risk identified they go into the office and work on a plan together".

- There were systems in place to monitor and improve the quality of care. Regular audits of care records were undertaken to ensure they were appropriately recorded.
- Spot checks, supervision and regular training of care staff were undertaken to ensure staff were supported and well trained.

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

- People told us they were regularly asked their views on their care.

The registered manager told us that they rang everyone monthly to ensure people were happy with their care. People and their relatives confirmed this. One person told us, "The manager phones regularly to ask about how the care is working out, I give them ten out of ten for that".

- A relative told us, "We had a meeting at our home at first. There was a very thorough exchange of information. Since then, they have rung to ask how we feel about the service. All staff seem well trained, and they welcome my guidance on my relative's personal preferences".

- Regular surveys were collated from people and staff to gain their views and involve people in the way the service was run.

Working in partnership with others

- People told us that the provider and staff worked with other agencies to provide holistic care. We were given several examples of where the provider worked with partner agencies. One relative told us, "My relative is being provided with a hoist; Reto Care liaised with the occupational therapist [OT] about this and they agreed on the type to be provided. Although the staff are already familiar with the hoist, they are going to have a session here with the OT to establish a protocol with my relative".