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Regional Care Peterborough

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 22 people received support with their personal care.

This was the first inspection of this service since registration. This inspection took place between 7 and 16 November 2017.

The service had a registered manager in post. 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.

People could not confident they would receive their medicines as prescribed because staff did not always follow the provider's policy. We have made a recommendation about the management of medicines.

People felt safe receiving their care from this service. Staff had been trained how to safeguard people from avoidable harm and about the potential risks and signs of abuse. There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns. Records were stored securely.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. There were enough staff available to ensure people's needs were met safely.

Staff took appropriate actions to protect people from the risk of infection. The management team demonstrated a culture of learning from shortfalls identified by routine audits and other relevant information.

People received care from a staff team who knew them well and understood their needs. Staff were trained and well supported to provide safe and effective care.

People's nutritional and health needs were effectively met and monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support from staff who were kind and compassionate. People were involved in every day decisions about their care. Staff supported people to express their views and acted on these. Staff

provided people with information about their care and other services. Staff treated people with dignity and respect. People's preferences were taken into consideration.

People's care and support needs were planned for and evaluated to ensure their current needs and preferences were met. People and their relatives where appropriate, had been involved in developing people's care plans.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person that met their individual needs and preferences.

People had access to the service's comprehensive complaints procedure.

People were supported to receive dignified end of life care.

The registered manager was approachable and people knew who they were. Management systems were in place to check the quality of the service and gain feedback from people, their relatives, staff and other stakeholders. There were a range of checks undertaken routinely to help ensure that the service provided for people was safe. However, these were not always effective. The service worked in partnership with other organisations to ensure people received effective, joined-up care.

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 always safe.

People could not be confident that they would receive their medicines as prescribed.

People felt safe receiving their care from staff.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff available to ensure people's needs were met safely.

Staff took appropriate actions to protect people from the risk of infection.

The provider operated a culture of learning and improving the service for people.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to provide safe and effective care.

People's nutritional and health needs were effectively met and monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind and

compassionate.

People were involved in every day decisions about their care. Staff supported people to express their views and acted on these.

Staff provided people with information about their care and other services.

Records were stored securely and staff treated people with dignity and respect.

People's preferences were taken into consideration when scheduling staff.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were planned for and evaluated to ensure their current needs and preferences were met. People and their relatives where appropriate, had been involved in developing people's care plans.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person that met their individual needs and preferences.

People had access to the service's comprehensive complaints procedure.

People were supported to receive dignified end of life care.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and people knew who they were and how to contact them.

Management systems were in place to check the quality of the service and gain feedback from people, their relatives, staff and other stakeholders.

There were a range of checks undertaken routinely to help ensure that the service provided for people was safe. However, these were not always effective.

The service worked in partnership with other organisations to ensure people received effective, joined-up care.

Regional Care Peterborough

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 comprehensive inspection site visit took place on 7 November 2017. We gave the service 2 days' notice of the inspection visit because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all the information we held about the service. This included checking for notifications from the provider. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from the local authority, the Clinical Commissioning Group (CCG) commissioning team and Health watch. This helped us with planning this inspection.

Inspection activity started on 7 November 2017 and ended on 16 November 2017. It included telephone calls to one person who used the service, two relatives, one senior support worker and a support worker. We visited the office location on 7 November 2017 to see the registered manager and speak with office staff. We also reviewed five people's care records, three staff records and other records associated with the management of the service. This included quality audits.

We asked the registered manager to send us the provider's policies relating to recruitment and medicines management and information about staff training and rosters. Following our inspection the registered manager sent us the information we had requested within the required timescales. They also sent us additional information on risk assessment, care planning and recruitment checks.

Requires Improvement

Is the service safe?

Our findings

The service had a medicines policy that gave staff clear instructions about how to assist people who needed help with their medicines. However, we found this was not always followed and therefore we could not confident they would receive their medicines as prescribed.

Care records detailed whether people needed assistance with their medicines, and if so, whether the service would support them with this. However, one person's record stated they, 'do not take or use medicines' but the registered manager told us staff supported them with this. The same person's medicines administration record (MAR) showed the dose of one medicine had changed and another medicine had been discontinued. These changes had not been signed by the person completing the MAR in line with the provider's policy, and the registered manager confirmed there was no record of where these instruction had come from. This meant that people were at risk of not receiving their medicines in line with the prescriber's instructions.

Two people were prescribed medicines to be administered 'when required'. There were clear directions for staff to follow to administer one person's medicine. However, the other person was prescribed three different creams to be applied to their body but there were no directions for staff to guide them as to when or where to apply each cream. The registered manager told us they would amend this following our inspection.

We saw senior staff audited MAR monthly. Whilst these audits had identified unexplained gaps in the MAR, and we saw action had been taken to address this with staff, these audits were not always effective. For example, the audit had not picked up that the changes in dose had not been signed, and had not identified that there was no explanation for all gaps on the MAR.

Staff supported people to administer their own medicines where possible. For example, one person was blind. They used a device that 'clicked' when they had the right dose. When staff were present the person asked staff to check the dose was correct, but the use of this device enabled the person to maintain control of their medicine. Staff had received training and senior staff had assessed their competency to administer medicines.

We recommend that a proper record of all medicines administered to people by staff should be kept in accordance with the Royal Pharmaceutical Society guidance: The Handling of Medicines in Social Care.

People and their relatives confirmed that people felt safe receiving care from the service. One person said, "I do [feel safe, staff] are here in case something goes wrong."

Staff told us, and records confirmed, that they had received training to promote people's safety. This included safeguarding people from harm or poor care, health and safety, and moving and handling. Staff showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm both within the provider's organisation and externally through the local authority. Staff told us they felt confident that their manager's would act on any concerns they raised. The registered

manager confirmed they were aware of how to raise concerns with the local authority safeguarding team, but told us they had not had cause to do so. Information and guidance about how to report concerns was available in a folder in each person's home and at the service. This showed us that the staff and registered manager were aware of the steps to take to help ensure that people were protected from abuse and avoidable harm.

Systems were in place to identify and reduce potential risks to people who used the service. The registered manager and senior staff told us that identified risks were discussed with people in relation to their individual rights to take risks and balancing this with people's choice. People and their relatives told us they had been involved in people's assessments. A relative commented that, "[Staff] talk through what's happening" as staff provided care to the relative's family member.

Care plans contained a range of assessments that evaluated the risks of people at risk of, for example, falls, when being assisted to move and from poor skin integrity. These assessments gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. However, we found one person's risk assessment and care plan did not include all the equipment that staff used to assist them to move and keep the person safe. The registered manager told us this would be updated following our inspection. Risks had also been assessed in relation to the environment where care would be provided to ensure staff and people were safe while care was provided. For example, one person had a large pet and they had agreed to ensure this was outside before staff arrived and provided care.

Records were stored securely within the agency office. The registered manager explained they used a code system to provide key safe numbers for staff securely and that information was only shared with external partners on a 'need to know' basis. People, relatives and staff confirmed that people's care records were maintained in people's own homes so that information was accessible to staff providing care.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager told us there had not been any accidents or incidents since the service started. Our records confirmed this to be the case.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service. The registered manager told us they had considered all the information received regarding staff recruitment checks. We discussed with the registered manager that it was good practice to record their rationale for employing each person, and whether any actions, such as additional monitoring, were in place.

People, relatives and staff members told us that there were enough competent staff available to meet people's needs. One person told us that staff were, "Not often late." A relative said, "My family member sees familiar faces and voices [describing staff].The level of service has been good. It has fluctuated to some degree with new [staff members] but not hugely, because there is always an experienced [care worker] with them." The registered manager told us that they, and other senior staff, provided care when the need arose, for example, to cover leave or staff absence.

Staff took appropriate action to protect people from the risk of infection. Staff members had received training in the control and prevention of infection and senior staff checked their competency during 'spot

checks'. Stocks of protective clothing such as aprons and gloves were available for staff to use. We saw that staff took the necessary time off work when unwell in order to reduce the risk of spreading infections. Staff had received food hygiene training. This helped to promote good hygiene standards.

The registered manager and senior care staff demonstrated that there was a culture of learning from shortfalls identified by routine audits and feedback from people and their relatives. For example, we saw routine audits had identified shortfalls in record keeping that had potential to impact on people's safety. We saw that the learning from this had been shared with staff through supervision and at meetings.

Good

Is the service effective?

Our findings

People and their relatives told us that the care they received from the service was appropriate to meet people's needs. One relative said, "I was very pleased [with the service] from the word go. The level of care, thought and consideration was wonderful." A commissioner told us that all seven people who responded to their request for information, said they were happy with the care they received from the service.

Records showed that people's needs were assessed, and a care plan developed, prior to care being delivered. This helped ensure staff would be able to meet the person's needs when delivering care. The care plans included any equipment the person used, such as an alarm to summon help when the person was alone. This helped the person retain the independence of living in their own home.

A person described the staff as being, "Very, very good." A relative told us, "Usually a new member of staff will lean heavily on the staff they are with. The experienced staff [member] helps develop the newcomer. They usually come on very quickly. There was a new worker this week, they have experience [and will] fit in very quickly." Staff spoke knowledgably about people and clearly knew them well.

Staff completed an induction when they working for the service. The registered manager told us that all staff had registered for the Care Certificate (this is a recognised qualification in care) unless they already had a level three qualification in health and social care. The induction programme included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of time where newly recruited staff members worked alongside more experienced staff member until they felt confident, and had been assessed as competent, to work alone. A relative told us, "The level of service has been good. It has fluctuated to some degree with a new person but not hugely, because there is always an experienced carer with them."

The training programme ensured people received care from staff had the knowledge and skills to meet their needs. It included core topics such as emergency first aid and moving and handling, and needs specific training such as dementia awareness. A staff member told us they found the training they had received to be, "Very useful." They said, "It gave me a lot of knowledge that I can use when I'm speaking to [people]." The registered manager told us that staff training would be updated at least annually in key areas such as safeguarding and medicines administration. This ensured staff were kept up to date with current guidance.

The registered manager and staff confirmed that there was a programme of staff supervision in place. This included one to one meetings and 'spot checks' to check the staff member's competency. All staff said they felt well supported and were able to approach the management team for additional support at any time. One member of staff told us, "I have supervision every three months. We talk about any issues we have… any concerns we find a way forward."

Staff supported some people at mealtimes to have food and drink of their choice. Where people required assistance with food and drink, clear guidance was provided in their care plans. We saw one person required support to receive their nutrition through a percutaneous endoscopic gastrostomy (this is a tube that

delivers nutrition directly into the person's stomach). We saw staff had been trained to deliver this and clear guidance was in place that included, 'I must be in upright position' and that the person could only take small amounts of food orally. It also detailed the consistency the food needed to be in order for the person to consume it safely.

The registered manager and staff described good working relationships with other care professionals such as community and Macmillan nurses. A commissioner told us, "The agency are always very responsive and feedback information to the team." We saw that staff documented information to help health care professionals monitor people's wellbeing. For example, one person measured their blood sugar levels each day. They relayed the blood sugar reading to staff who recorded it for the healthcare professional to check when they visited. This supported the person to be as independent as possible and helped ensure that they received the care and treatment they needed.

The registered manager told us that no people or relatives had visited the agency office. However, we noted the building was accessible with lifts between floors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and staff told us that no-one receiving the service were deprived of their liberty and therefore no application had been made to the Court of Protection. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

The registered manager demonstrated a good understanding of when to involve people's relatives and other professionals in making best interest decisions on behalf of people who lacked the mental capacity to make decisions. People confirmed to us that staff sought their agreement before they provided care and respected their wishes. Care records showed that people, where able, had signed to give their consent to the care provided. People's records showed when they had appointed lasting power of attorney's to support them when they did not have mental capacity to make decisions.

Good

Is the service caring?

Our findings

People and relatives told us they were satisfied with the staff who provided their care. A relative said, "[The] staff are nice. [My family member's] happy." Another relative said, One or two of the carers have been excellent… nice touches – [applying cream] on [my family member's] face as well as [their] body. They talk to [my family member] more than the others…and work at getting [my family member] to talk to them. You can tell that they are doing it as a vocation. They go above and beyond."

We saw letters from people who used the service and their relatives, thanking the staff team for the care provided. One relative had written, "Thank you so much for all you kindness and compassion shown to both [my family member] and the family. We will never forget it."

People and relatives told us that staff supported people to express their views. We saw that records reminded staff to do this. For example, one person's care plan stated, 'I like to choose my clothes.' Where possible, people had signed their care plans to show their agreement with them.

Staff provided people with information about their care and other services. The registered manager told us they informed people each week who would be providing their care at each call. People told us that changes were communicated to them. For example, if a care worker was replaced or running late. One relative said, "[Staff] turn up when they're supposed to and I get a phone call to tell me if they are running late." The information in people's folders in their homes contained useful information that included contact details for other organisations such as the local authority, Healthwatch and advocacy services. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

People told us that staff treated them with dignity and respect. A relative wrote to the registered manager about the service their family member had received, "You all showed such kindness and respect and treated her with dignity."

People's care records were stored in a lockable office in order to maintain the confidentiality of information about people who used the service. People knew about their care plans and told us that the registered manager or a senior staff member regularly asked about their care and support needs so their care plans were updated as their needs changed.

We saw that people's preferences were taken into consideration when scheduling care calls. For example, during a telephone check a person told staff, "I am mostly happy but would like the office [staff] to tell me if new [staff are] coming." The registered manager told us the person had a 'flag' on their file that reminded schedulers that staff must be introduced to this person before they provide care. We saw that at subsequent checks the person said they were, "Very happy with all my carers at the moment" and were, "Very satisfied."

Staff had developed positive and caring relationships both with the people who received care and their relatives. A relative wrote to the service, "Thank you for looking after [my family member] with respect and

humour… thank you once again for all your support both to [my family member] and us."

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care needs were reviewed regularly to help ensure the care that staff provided continued to meet people's needs. We saw that people's relatives were involved with review meetings where appropriate. One relative said, "Yes, [the care plan] was discussed at the start and has been reviewed."

People's care needs were assessed prior to them receiving the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, allergies, friends and their hobbies and interests as well as their care and support needs. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's care plan described how staff should assist the person with personal hygiene and then stated, 'I would like you to help me dress, I can tell you what I would like to wear.'

People told us that their care took account of their needs and wishes. Their changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one relative told us that they had discussed a change to their care times with the registered manager and this had been accommodated satisfactorily.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. One person commented, "If there's a complaint I'd go through their office but there's been no need to." Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they might raise.

The registered manager told us they had not received any complaints since the service started. When we registered the service we looked at the complaints policy. This detailed what action would take place should person or their representative raise a complaint. The registered manager told us this information was available in the folders in people's homes.

The registered manager told us that they worked with external health professionals, such as community and Macmillan nurses to support people at the end of their lives. The registered manager said this enabled staff to support people to have the most comfortable, dignified and pain free death as possible. Care records documented people's end of life wishes, including, where appropriate, a wish not to be resuscitated, cultural and religious wishes and/or funeral arrangements and preferences.

A relative who wrote to the service said, "I would like to give tribute to your staff and the excellent care and attention they gave [my family member, staff names] are very special carers. They were there as [my family member] passed and were both excellent - I can't stress that enough… you should be very proud of your staff and the job they do." Another relative wrote, "…cared for in final five days of life. in this very difficult

time for us as a family [the care staff] showed incredible care and compassion. They allowed [our family member] to die with dignity and [our family member] trusted them totally. Without them around, caring for [my family member] would have been much harder for us." This showed that people were supported to receive dignified and pain-free end of life care.

Good

Is the service well-led?

Our findings

People and relatives knew the registered manager and felt they could speak with them about any concerns. One person told us, "I think [the registered manager's] doing a very good job." A relative said, "[The registered manager] does a pretty good job. He's had a lot of experience in the caring industry." We saw a relative wrote to the service, "... You [the registered manager] were always very good to me and very, very helpful on the phone and I thank you for that."

All the people we spoke with told us that they felt the service was well managed. One person said, "[The service] is very good. I can find no faults." A relative told us, "[The service is] spot on. [The staff] are lovely." They said they would score the service "10 out of 10."

We saw cards and letters from people who used the service and their relatives praising the professionalism of the service. For example, one relative had written thanking staff for care they had provided to their family member. They ended the letter by writing of the staff, 'You are all a credit to your profession.'

The registered manager demonstrated they knew the staff they employed and the people who used the service. They were familiar with people's needs, personal circumstances and family relationships. Staff told us that the registered manager and senior staff were approachable and that they could talk to them at any time. Staff told us that there were regular staff meetings held to enable them to discuss any issues that arose. One staff member described the service as, "Good to work for." They said they found other staff and the management supportive and easy to talk too. Another staff member described the management as, "Good. There are meetings every four weeks. Also if there are any problems I'd be confident to speak to them. Probably to [the registered manager]. He is approachable but I've no concerns."

Management systems were in place to check the quality of the service and gain feedback from people and their relatives. One relative told us, "[The registered manager's] more than keen to hear [feedback]." Senior staff made weekly telephone calls to people to check they were happy with the service they received. The registered manager said they wanted any concerns addressed as soon as possible rather than waiting for complaints. A relative told us their suggestions had been listened to and had positively influenced the service provided. They said, "There's a survey over the 'phone usually. I always say it would be nice if we could see x and y and z [staff] more often as my family member] um gets on with them and [the registered manager] does try [and adjust the schedules]."

Senior staff carried out a monthly unannounced 'spot checks' of staff member's work. These were comprehensive and checked the staff member was performing to the required standard and in line with the provider's procedures. They checked, for example, that good hygiene was followed to reduce the risk of the spread of infections, that staff were courteous and respectful, and that staff carried out all care as detailed in the person's care plan. This showed us that the registered manager was committed to providing a safe and well-run service.

The registered manager and senior team carried out a range of checks that helped ensure that the service

provided for people was satisfactory. These included checks of medicines administration charts and other care records. Where shortfalls were found, these were addressed through, for example, staff meetings, staff supervision or retraining. A staff member said, "We have seen improvements with staff recording. We double check MAR sheets. There's been big improvements." However, we noted that not all audits were effective. For example, audits of two people's medicines administration records had not identified shortfalls that we found during the inspection. The registered manager advised us they would introduce spot checks of audits to ensure these were effective. The registered manager told us they recognised that as the service expanded they needed to develop the senior team and governance processes further.

The registered manager and staff told us that staff worked in partnership with other organisations to ensure people received effective, joined-up care. A staff member said, "We work alongside multidisciplinary teams including district nurses." A commissioner told us the service was always very responsive and fed back information to their team appropriately.