

# Ridgemonnd Care Services Ltd

## 94 Priestley Road

### 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: 94 Priestley Road is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

People told us they felt the care and support they received was safe. Staff had not received training in safeguarding from the provider. The registered manager told us they accepted in-date certificates from staff's previous employers as proof of training. Staff told us they reported their concerns to the registered manager, however they were unsure about how to report their concerns externally to the local authority or the Care Quality Commission (CQC).

Relatives told us they could rely on staff coming to visit them, however they were not always sure what time staff would turn up. The registered manager told us they supported people who were nearing the end of their life and at times they spent more time with people which delayed the visit to the next person.

Staff had not received training from the provider. The registered manager told us they only recruited experienced and trained staff as their business was at the beginning. They had not carried out competency checks on staff but the manager commenced these and sourced some training for staff following the inspection.

Care plans were not developed fully. The registered manager accepted and followed a plan of care done by the health or social care professional who referred people to them. They had not assessed risks presented to people and staff whilst they were delivering care and support for people. The registered manager implemented an environmental and improved the mobility risk assessment for people following the inspection.

Not all the provider's policies and procedures were personalised or relevant to the service they operated. This had been reviewed by the registered manager after the inspection.

Relatives told us staff were kind and caring when supporting people and ensured people were comfortable and their assessed needs were met. Relatives told us they had no concerns about the staff and the care they provided. They only complained that staff were late at times.

Staff told us they were happy with the support they received from the registered manager who was a registered nurse, however they had no formal supervision. They told us they always worked in pairs which meant that often were working with the registered manager who could give them guidance where needed.

The registered manager had no formal audit system to monitor the quality of the service, however they told us they worked hands on and saw people and relatives at least once a month so that they could receive feedback about the service people received.

Rating at last inspection: This was the first inspection of the service since they registered with the Care Quality Commission on 09 March 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

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

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 94 Priestley Road

## Detailed findings

### Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type 94 Priestley Road is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. 94 Priestley Road provides care and support mainly to people nearing the end of their life. Not everyone using a domiciliary care agency receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were six people receiving the regulated activity of personal care at the time of the inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was also the provider.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the registered manager would be in.

Inspection site visit activity started on 14 March 2019 and ended on 01 April 2019. It included visit to the office and telephone calls to people, relatives and staff to get feedback about the service they received. We visited the office location on 14 March 2019 to see the manager and to review care records and policies and procedures.

What we did:

Prior to this inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We requested information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We have not received this information from the provider as they had not notified CQC when their contact details changed.

During the inspection we spoke with the registered manager, a relative and a staff member. We also contacted a health care professional for feedback about the service. We tried to contact three staff members, however only one answered our calls. One relative told us they did not wish to speak with us. We reviewed two care plans for people, two staff employment files, the providers policies and procedures and reviewed other records relating to the management of the service.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Using medicines safely:

- People had their needs assessed before they started using the service by a health professional who referred them to the service.
- The registered manager developed care plans for people, however risk assessments were not in place for any possible environmental risks to people or staff when people received support from staff. For example, there was no detail about any obstacles in the environment if people needed to be hoisted. The safety of the equipment used was not assessed. The registered manager developed a general risk assessment form to assess these risks following the inspection. and
- Mobility care plans needed further developing especially for people who needed the aid of a hoist to be able to transfer from their bed to chair and back.
- Staff told us they had manual handling training done whilst they worked for other providers, however their competencies were not checked. The registered manager started assessing staff`s competencies after the inspection.
- Staff were not administering people`s medicines. The registered manager told us they only took on care packages for people who were able to administer their own medicines or their family administered these.

Staffing and recruitment:

- Relatives told us staff always turned up and carried out visits. They also stayed for the allotted time or more if it was needed. However, they said that staff were at times late. One relative said, "I know they come three times a day. Someone turned up at six when they should be at seven, Times are different. We are not too sure. If it`s like 15 / 20 minutes (late) we don't get a phone call. We are here so it doesn't matter but it does for people who doesn't see anyone."
- Staff told us every person using the service needed two staff to meet their needs and this was always planned effectively so that visits can be done. They told us they were late if they were delayed by a person or traffic.
- The registered manager told us they used an electronic monitoring system where staff were required to log in and out on mobile devices when they arrived at a person`s home and when they left so they could better monitor late and missed calls.
- Staff underwent employment checks prior to their appointment to ensure they were of sufficiently good character to provide care.

Learning lessons when things go wrong:

- There were no incidents reported to date so that lessons could be learnt. The registered manager told us they had staff meetings, however they had not minuted the meetings where they discussed plans to develop

the service and areas where things had to improve.

Systems and processes:

- Relatives told us staff delivered support in a safe way.
- Staff we spoke with knew what safeguarding meant and what their responsibilities were in terms of identifying and reporting potential abuse. They told us they would report any concerns they had to the registered manager, however they were unsure how to report their concerns externally under the whistleblowing procedure to Local authority or CQC.
- Staff had not received safeguarding training from the provider. The registered manager told us staff received information about safeguarding in their staff handbook, however they did not test staff`s competency in this area. The registered manager told us after the inspection they were looking into sourcing training for staff in safeguarding.

Preventing and controlling infection

- Staff told us they followed infection control procedures and had equipment to use like gloves and aprons when they offered people personal care.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At this inspection we found the provider in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive training relevant to their roles and their competencies in safe manual handling techniques, safeguarding and care practices were not observed.

Staff skills, knowledge and experience

- Staff had no opportunities to develop their knowledge further as the provider had not provided any training to them. Staff told us they felt skilled and knowledgeable as they had training from previous employment.
- The registered manager had not observed staff's competencies in manual handling, safeguarding or their care practices.
- Staff told us they always delivered care and support for people in pairs and often the registered manager worked with them. They told us they could ask for guidance and support if they needed it.
- Staff had not received training in understanding how to support people who lived with dementia. This meant that there was a risk that staff were not aware of current best practice when supporting people who lived with this disease.
- Staff had no formal one to one supervisions meetings with their managers to ensure they could discuss any development or training needs they may have had.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service by health care professionals who referred them to 94 Priestley Road. The registered manager had not always assessed people's needs prior of them using the service, however they communicated with health and social care professionals if people's needs changed.
- Care plans were developed in terms of telling staff what support people needed, however there was little evidence of how current best practice guidance was used when developing care plans and providing care. For example, for risk management, moving and handling, likes and dislikes people may have had.

Supporting people to eat and drink enough with choice in a balanced diet

- Some people were supported by staff to eat and drink, However there was little information in care plans for staff to know how to effectively support people with this need.
- The registered manager told us staff were mainly required to heat microwave meals for people and ensure they had enough drinks.

Staff working with other agencies to provide consistent, effective, timely care

- There was little evidence in care plans that staff involved other agencies in people's care. The registered manager told us they communicated with the district nurses and people's GPs when people's needs changed.

We found the provider in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Mental Capacity Act 2005 principles were not followed to ensure the care and support people received was in their best interest.

Ensuring consent to care and treatment in line with law and guidance

- 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. We checked whether the service was working within the principles of the MCA.

- People had not had their capacity assessed and there was no reference in the care plan to indicate if this area was considered by the registered manager.

- The care agreement for the support staff provided to people was not always signed. The registered manager told us some people they supported lacked capacity, however they had not formally assessed this and best interest process was not followed to ensure the care people received was in their best interest.

- When we asked staff to tell us what their understanding was about mental capacity they told us it meant they could not believe what people were saying and had to involve relatives in the care people received.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind and caring. One relative said, "The staff we have are really caring and really chatty. Each person [staff] has a different personality."
- Staff and the registered manager spoke about people with respect and kindness. They told us their aim was to effectively support people to remain in their own homes for their final days.
- Relatives told us some staff were interested to find out people's likes and dislikes, but other staff found it difficult to let people do things for themselves and only step in when it was needed.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they told staff how people liked to be supported and staff aimed to deliver support in accordance with this.
- Care plans were not detailed to evidence how people were involved in setting their priorities for care and what their likes and dislikes were.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- Confidentiality was maintained in regards to people's personal information.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were not always met in a personalised way.

Improving care quality in response to complaints or concerns

- The registered manager told us there were no complaints received since they started the agency. Relatives told us if they raised anything with the registered manager it was sorted and they had no reason to complain.

End of life care and support

- At the time of the inspection people had end of life care needs, however care plans were not developed by staff to ensure it reflected people`s wishes for their final days. The registered manager told us other palliative care specialists were involved in people`s care and they only provided the personal care element to people.
- We advised that the registered manager develops care plan for this area and gives staff details about any procedure they have to follow in case people`s general health declines whilst staff are present.
- Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision in place this was documented in people`s care records.

Personalised care

- People`s care plans were not personalised with information about their likes, dislikes and preferences. Care plans had no detailed information about what was important to people, however had information for staff about daily routines.
- Staff could tell us what how they ensured the care people received met their needs.
- Relatives told us at times staff were not able to deliver the agreed support to people. They told us at times staff had not had the right approach towards people who lived with dementia and if people refused personal care for example or food staff did not try other methods to encourage people to accept care.
- Staff told us they talked to people and tried to make their visit pleasant for people.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At this inspection we found that the provider had no quality assurance processes in place to monitor the quality of the service they provided. Concerns we identified at this inspection were not identified by the registered manager. These were in relation to lack of training and competency assessments for staff, risk managements, records, policies and not adhering to the Mental Capacity Act 2005 principles. We found the provider in breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives we spoke with knew who the registered manager was. They told us overall, they were happy with the support their family members received and told us they felt confident to report their issues.
- Relatives told us that the culture of the service was open and transparent and the registered manager always listened if they raised concerns and resolved them promptly.

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

- Staff told us they knew their roles and responsibilities and they did their best to ensure people could rely on them for support.
- Staff we spoke with told us they were happy with the support they received from the registered manager. However, they had no one to one supervision and appraisal meetings to discuss their development needs. There were no staff meetings recorded and no audits to demonstrate how the registered manager monitored the quality of the service provided to people.
- The registered manager following the inspection sent us an action plan to detail how they were planning to implement training for staff, developed risk assessments to ensure they considered all the environmental risks to staff and people when care was in progress and they started to carry out competency assessments for staff.

Engaging and involving people using the service, the public and staff

- People and relatives told us they were reliant on the service to support people to remain in their own home. However, staff were not always arriving at the agreed time.
- The registered manager told us they often worked hands on and supported people so that they could get feedback about the service. Surveys were not carried out formally as people were only using the service for short periods of time when they were nearing the end of their life.

#### Continuous learning and improving care

- There was no evidence of continuous learning at the service. There were no incidents or complaints and staff meetings were not documented.

#### Working in partnership with others

- The registered manager told us they were working in partnership with other community palliative care specialists to ensure people`s needs were met in their final days.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The Mental Capacity Act 2005 principles were not followed to ensure the care and support people received was in their best interest and consent to care was not documented.</p>   |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found that the provider had no quality assurance processes in place to monitor the quality of the service they provided. Concerns we identified at this inspection were not identified by the registered manager. These were in relation to lack of training and competency assessments for staff, risk managements, records, policies and not adhering to the Mental Capacity Act 2005 principles.</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to provide training to staff relevant to their roles and their competencies were not assessed to ensure their care practices were safe.</p>   |