

Rising Care Services Ltd

Rising Care Services Ltd

Inspection report

51 Wodehouse Road
Leicester
Leicestershire
LE3 1PX

Tel: 07463408799
Website: www.risingcare.co.uk

Date of inspection visit:
31 May 2018
06 June 2018

Date of publication:
28 August 2018

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 31 May 2018 and undertook telephone calls on 6 June 2018. This was the first inspection since the service was registered with Care Quality Commission (CQC). Rising Care is a domiciliary care agency that provides personal care to people living in their own homes. At the time of this inspection the service was providing support to six people.

Personal care is a regulated activity; CQC only inspects the service being received by people provided with 'personal care' living in their own homes or in specialist housing; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We brought this inspection forward due to some concerns that had been raised by the local authority. These had been related to shortfalls regarding records and recruitment practices. Since these concerns had been raised the provider had been working with the local authority to address these issues and meet with the requirements of their registration.

There was an application being processed for the position of registered manager at the service. 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.

Any assessed risks associated with people's support was reviewed and developed to minimise or eliminate perceived risks. This formed part of the initial review of a person's needs on their referral. The person's home environment was also risk assessed to safeguard the individual and also members of staff. These assessments were fully documented in personal support plans.

Risks associated with the environment had been assessed and information recorded to inform staff how they should carry out supporting people in a safe way.

People received regular calls from staff as they needed, with people being informed if staff were going to be late.

Staff had received training and the systems in place showed when this was due to be refreshed.

People had an assessment of their needs and support plans were developed to inform staff of how to support people in the way they had chosen.

Staff were aware of their responsibilities to protect people from avoidable harm and abuse. Training covered these as well as other areas that included infection control, safe handling of medicines, food hygiene and health and safety.

Staff treated people with respect and kindness, they were caring and compassionate in their care and approach. Independence was promoted and privacy and dignity respected.

People knew how to raise a concern or make a complaint. Whilst people had experienced a positive outcome, they said they would not hesitate to speak to staff or contact the office with any concerns.

The provider was aware of their responsibility to gain feedback regarding the quality of the care and support that was provided. They had developed questionnaires ready to be issued for this purpose. The provider also gathered comments and feelings from people when they visited people in their home, or undertook support for any reason.

The provider had systems and processes in place to regularly review the quality and safety of the service people received. Monthly audits of records and recorded telephone conversations with people using the service meant that any areas requiring attention were quickly identified.

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.

People felt safe and any risks were minimised or eliminated for safety of people. There were sufficient staff to support people safely and medicines were stored and managed safely.

Staff understood how to reduce the spread of infection. The provider was aware of their responsibility to investigate, review and act on any incidents or accidents.

Is the service effective?

Good ●

The service was effective.

People's care was provided in line with current best practice. Staff were trained to undertake their role effectively. People's nutritional needs were supported. People's rights were protected in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind, caring and treated them with respect and dignity. People were involved with decisions about their care and staff supported people's independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them receiving support. People's records were person centred and staff provided people with care in line with their preferred choice, ensuring personalised support. Effective communication processes were in place to make certain staff were aware of any changes and people using the service were regularly contacted to monitor

people's needs.

Is the service well-led?

Good ●

The service was well led.

The provider carried out their role in line with their registration. Auditing processes were in place and these had effectively identified any risks and areas requiring improvement. People using the service and members of staff were given the opportunity to comment on how the service could be developed and improved.

Rising Care Services Ltd

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.

This comprehensive inspection was announced and took place on 31 May 2018, with telephone calls being made on 6 June 2018. We gave the service 24 hours notice to ensure we had access to the office and someone was available to speak with us. The inspection was carried out by one inspector.

Following this inspection on 6 June 2018 we telephoned people using the service for their opinions on the service being provided. We spoke with three people using the service, one relative and also with three members of support staff.

We reviewed information that we held about the service such as notifications, which are events, that happened in the service that the provider is required to tell us about, plus information we had received from other independent agencies.

We looked at four people's support records to see if they reflected the care that was being provided. This also included individual medication administration records and three staff recruitment files. We looked at other information related to the daily running of the service including quality assurance audits, staff training and the management of staffing.

Is the service safe?

Our findings

People told us they felt safe when staff provided support. One person said, "Yes, I feel safe, I don't worry." A relative told us, "I think [relative] does feel safe." Relatives felt that the staff did know how to maintain people's safety.

Staff were trained in protecting people from abuse and knew how to report any concerns they might have about a person's well-being. One staff member told us, "I would tell the office straight away." Another said "We all look out for people and work to keep them safe." Staff confirmed they had read and understood the whistleblowing policy. They told us that they worked together to keep people safe and discussed any worries they may have, no matter how small.

Risks to people had been assessed and risks were monitored to support safety. One person told us that staff did not rush them, so they did feel safe.

Effective systems were in place to ensure the person and staff were safe when support was being provided. Records showed that assessments were completed before any support was undertaken, ensuring this was provided in a safe way. Support plans clearly identified any risk and set out how to eliminate or reduce such risks. Staff confirmed that they had to read each support plan before providing any care or support, making certain all areas of safety were known to staff.

The support plans clearly described how staff were to support people, with detailed directions for staff to follow. For example, one file detailed a person who did not always benefit from being strong enough to stand with the aid of a walking frame. Staff were clearly directed how to place the frame to support the person and then to continually observe his movement in case he should become unstable. All systems had been reviewed and further developed to meet current requirements.

Staff were only recruited after all required checks and full recruitment processes had been satisfactorily completed. There was a low turnover of staff and one staff member told us, "I like my job, we all work together and I can always ask about anything." The recruitment methods had previously been reviewed by the local authority. They found that not all recruitment checks had been completed to ensure that appropriate staff were recruited. We saw that the provider had addressed this matter by a full review of all recruitment files. New systems were in place to make certain all safety checks were completed prior to any new member of staff starting work. We found these files to have been improved to reflect more robust recruitment methods.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet people's needs. Staff completed an induction period and were assessed before they provided any support. This meant that staff had the appropriate knowledge and skills to support people safely. The provider works with new members of staff to ensure they are competent and able to undertake their designated role of work appropriately. Staff only worked alone when this process was complete and the provider was sure the person was able to do their job in a way that reflected current practice.

The provider told us that sufficient staffing levels were in place to keep people safe as staffing levels were based on people's needs and adjusted as necessary. For example, if any needs changed, then records were changed. Support records confirmed this and discussions with staff also confirmed this. One staff member said, "We make sure we cover each other if needed to make certain people are alright. We all want that."

Medicines were safely managed. Staff were trained in the safe management of medicines and their competence tested. There were regular audits of medicines records and anything not recorded correctly was addressed and monitored. Staff confirmed this was the practice.

People were protected by the prevention and control of infection. There were boxes of personal protective equipment delivered to the office during this inspection, such as gloves and aprons for staff to use during personal care and support. Staff and people using the service confirmed that these items were used when needed. The provider told us that all protective equipment was stored in the client's home. This ensured items were always readily available when needed and reduced the risk of these being contaminated by any other items if stored elsewhere.

Lessons were learnt and improvements made when things went wrong. For example, the service has been working closely with the local authority to improve records to fully reflect how support was to be provided in a safe way.

Is the service effective?

Our findings

People using the service told us that they thought staff did know their job. One person said, "Yes, staff do know how to help me." People said they felt that staff provided support in the way they chose. All comments were positive.

Staff undertook a full induction that covered the expected standards of the organisation; policies and procedures were available to support them in their role. New members of staff also worked with more experienced staff members to observe what was expected of them. This meant that people using the service were given time to get to know new members of staff before that staff member provided support alone.

The provider told us that all new staff members were observed providing support. This meant that the provider was confident staff knew what was expected of them and how each person wanted their support to be undertaken.

Staff completed regular training that was clearly shown on records. There were triggers in place to show when refresher training was due, plus training was audited by the provider. Staff told us that they had regular training that was being monitored to make certain that any updates were completed. This provided staff with the skills and knowledge to support people appropriately. People using the service told us that they did feel staff knew how to provide support in a way they had chosen. They said that they were confident and not worried when receiving any support.

People told us that staff supported them to eat and drink a balanced diet. Staff encouraged people with a poor appetite to eat regularly and have nutritious meals. Support plans stated that encouragement was needed with the person when they had a history of not eating regularly.

People using the service confirmed that they were involved in developing their own support plans. They told us that they chose what they wanted to eat and staff helped to prepare this. Support plans contained information about people's food and drink preferences, including their cultural needs. One member of staff explained that when they prepared food for someone, they did not leave the client until they were sure the person had eaten. This supported their well-being and nutrition. Support plans gave reminders to staff to, "Refresh fluids so [person] has enough to consume between our visits."

There was additional information that members of a person's family had given to support the person further. A communications book that was used between the family and members of staff had been put into place, allowing for observations to be shared and to inform people what strategies were working or not. This showed that the provider worked with relatives to fully cover a person's needs.

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 under a court protection order. We spoke with three members of staff who were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to

protect people who do not have capacity to give consent themselves. The registered manager said staff would be reminded of mental capacity issues they needed to be aware of, as they had already received this training.

People's needs were assessed before they started to use the service and this was used to develop a support plan. Records showed that people's support plans were kept under review to make certain that support was appropriate.

Support records showed that people using the service were encouraged to talk about their needs and choices. Support plans were developed to show the wishes of the person receiving support from staff, ensuring people's routines were to their liking.

Staff told us that everyone worked together to make certain each person received support at the time they preferred and in a way the person had chosen. Our discussions with people using the service and with relatives, also confirmed this. For example, one person had shown changes in mood and interactions. The provider had a meeting, that included family members and discussions were undertaken with the district nurse who regularly visited the person. Following this consultation, a joint strategy was put into place that everyone agreed on, to support the person in the same way at each visit. Records later showed that the person had become calmer and family said that communication had also been much better with the person concerned. We saw that district nurses were also involved with people using the service when needed.

Is the service caring?

Our findings

People spoke positively about the staff and how they undertook their work. One relative said, "If [name] was not happy they would say." One person told us, "Staff do think about things, they are caring." All members of staff we spoke with told us that the comfort of the person they supported was the most important thing to them.

Staff confirmed that they were introduced to each person they supported, they went into the person's home with a known member of staff and initially assisted. This meant that people got used to the member of staff and the senior member could assess the way any new staff undertook their work. Ensuring people had a caring and considerate person supporting them. One person said that staff always asked before assisting, allowing the person to decide.

One member of staff told us they had time to read people's care plans to understand their individual abilities, preferences and needs. They said that the provider told them they had to read support plans thoroughly before attending to anyone's needs. Staff said they got to know people, how they like things done and how they wanted to be supported.

A relative told us that there was always someone to speak with if they had anything to discuss. They said they would not hesitate to talk to any members of staff.

People's privacy and dignity was respected by staff who understood that they were supporting people in their own homes. People's support plans provided clear instructions for staff to know how to leave things as the person wished in their home. One person using the service said that staff always make sure they had what they needed before leaving and they knew how to fully provide support for them.

Records showed clear detail of how people's needs were to be met and people told us that their wishes were respected. The provider carried out home visits and undertook support for people. During these visits discussions took place about staff and how they were performing their tasks. People using the service confirmed that this did happen and that they often spoke with the provider when visiting them. This meant that the provider could be assured that the support being provided was as the support plan stated, and that the person was happy with the allocated members of staff.

The provider told us they monitored staff to ensure people's dignity was considered. They told us that this was also a good opportunity to chat with people and make certain they were receiving the correct support or if they wanted anything adjusted.

Staff told us they promoted people's privacy and dignity when providing personal care, which included ensuring curtains were drawn and doors were closed when needed. People using the service also confirmed this. Our discussions also confirmed that people regularly discussed their support plan to make certain this was meeting with their choices and their needs. One person said, "Yes, they come and talk to me about how I want things."

Is the service responsive?

Our findings

A relative told us that they found the management were responsive and knowledgeable about providing good care. People were given information about the service which included the terms and conditions, and what range of care and support they could expect to receive.

Support staff told us that the ethos of the organisation was to provide quality care and support. This included making certain people were comfortable and as happy as possible. Staff said they recognised that some people may only get to see and speak with members of staff, they tried to make people feel less isolation by chatting as much as possible on their calls.

Staff supported people with their personal care needs and day to day living tasks, such as prompting them to take medicines, in their own home. For example, one support plan stated, "[person's name] does not eat at night, but may want some water before bed." Another stated, "Before leaving please make sure [person's name] has lifeline on." Two people using the service told us that staff always ensured they had taken their medicine and noted this down.

People were involved in planning and reviewing their care and support. People told us they felt the service was responsive if they wanted any changes made. They told us that the provider regularly contacted them and also visited to make certain the person was happy with the service. This was an opportunity to also discuss any changes the person may want. This showed the service was ready to respond to any changes in a person's needs and regularly checked on these details.

Support plans were personalised and focused on all aspects of the person's needs, abilities, goals and lifestyle. For example, one person's care plan stated that the staff were to encourage the person to eat regularly as they were losing weight. This helped to support the well-being and health of the person using the service.

The wishes, and things that were important to individuals, were recorded on support plans. Staff responded to the wishes of people using the service by making certain the person had all they needed before they left. People we spoke with confirmed that staff always made sure they had all they needed and were comfortable before leaving. One family member told us that staff made certain everything was in place as their relative wished and that they had no worries due to this. This showed that the service promoted an individual and personal approach to fully support people as they had chosen.

People told us they felt confident to raise concerns and would make complaints if they needed to but told us they had not found the need to. This was mainly due to the fact that the provider made regular contact either by telephone or by undertaking hands on support.

Staff told us they would not hesitate to bring any concerns to the notice of the provider. They described how they would handle such a situation and one said, "I think we all work to keep people safe. It's important to us." People using the service had no complaints but felt that the provider and staff would always listen and

take any action needed. When minor issues had been raised, people told us that the provider had addressed these to their satisfaction and in a timely manner.

The provider ensured people had access to the information they needed in a way they could understand it. While the current clients did not need information in a specific way, the provider was aware that this may be required at any time. They stated that this would be organised when needed. This showed the service was aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to produce documentation presented to people using the service, in a way they understood. For example, in a pictorial format, in large print or recorded for audible access.

Is the service well-led?

Our findings

People using the service told us that they had contact with the provider and the main office. They felt supported and comfortable discussing things with any member of staff.

It had previously been found by the local authority that while people spoke positively about the service, there had been some parts of the management of the service that required further attention. At this inspection we found these operational areas had been reviewed and addressed. Monitoring systems of areas such as medication administration sheets and the daily reports were now in place. Due to the short time scale we were unable to assess whether this would be sustained long term until we return again.

The training matrix showed when staff required the next update of each level of training and alerts were in place for the provider to be made aware of these. Supervisions were scheduled and staff told us that they were able to speak with the provider whenever they wished. They said there was an open door policy and people using the service told us that they could always speak with the office. Any contact had been responded to in an acceptable time.

The provider told us that they had taken on board the areas that needed to be made more robust, such as staff recruitment files. These details were set out on a matrix. This made certain that all check and references had been received and recorded before staff commenced work. People could be assured appropriate staff provided their support.

The provider told us they had made a point of regularly visiting people in their home. This ensured they knew who they were speaking with on the phone and were able to discuss any issues the person may have, this included talking about the suitability of staff providing their support. The provider undertook hands on support, gaining a full insight into the exact requirements of people. This also helped with developing individualised support plans that reflected the person's exact needs correctly and clearly. People using the service confirmed that they were asked about their support and regularly saw the provider.

People using the service told us they had no problem with talking to the provider as they were easy to talk to and understanding, as were members of staff. One person told us, "Yes, staff listen and [provider name] always talks about how things are."

There were policies and procedures in place that were emailed to all members of staff. This meant that everyone had ready access to these documents and that any amendments were issued to all staff. The provider told us that they also discuss these with staff to ensure they understand and implement the set procedures.

Plans were in place to formally gain people's views on the quality of the service. This was currently completed by regular telephone call and visits to monitor people's opinions. With the current six people using the service, it was manageable to talk and visit regularly to monitor all aspects of their support packages. This ensured there was an open and transparent approach to checking the quality of people's

care and support.

We discussed developments regarding questionnaires being issued by the service. These had been developed and were to be issued later this year. Although these currently did not require any specific format for the needs of people using the service, the provider told us that this would be dealt with if any special format was required.

The provider had worked with the local authority to develop their records, recruitment and support plans to meet with current good practice. The provider had worked in an open and collaborative manner to make relevant changes and improvements. This showed a level of commitment and also a willingness to adjust and adapt where necessary.

Staff felt valued and their views were respected by the provider. Staff told us they were encouraged to give their views during team meetings and felt they were listened to.

Quality assurance systems were in place that included reviewing support plans, audits of daily records and medicine administration records. People confirmed their support plans were regularly reviewed and reflected the support that was being provided in the way they had chosen.