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R&L Healthcare Ltd

Inspection report

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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

R&L Healthcare Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes. There were 29 people using the service on the day of our inspection.

At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines there was assurance staff only supported people when they had received the training to do so. Regular checks on staff practices were undertaken to support people's safety.

Staff were available to respond to and meet people's needs safely without people feeling rushed and/or care calls being missed. Checks were completed on potential new staff to make sure they were suitable to support people in their own homes.

People were provided with care which continued to be effective in meeting their particular needs. Staff received training to provide them the skills and knowledge they needed to support staff in providing the right care and support people required. Additional specialist training was sought to raise staffs skills to support their confidence and competence in providing the care to meet people's complex needs.

Staff asked people's permission before they assisted them with any care or support. People's right to make their own decisions about their own care and how they received this were supported by staff. When needed, arrangements were in place to support people in remaining in good health and have enough to eat and drink.

People continued to receive support from staff who had a caring approach. People knew the staff who supported them and had good relationships with them. People felt involved in their own care and staff listened to what they wanted. Staff respected people's privacy and dignity when they supported them and promoted their independence which people appreciated.

People were provided with care and support which was individual to them. Their care and support needs were kept under review and staff responded when there were changes in these needs. There continued to be a flexible approach to providing people with the care they required at times when people needed this the most which reflected a responsive approach when people wanted to remain living in their own homes.

People were encouraged to raise concerns and make complaints and were happy these would be responded to. The management team used feedback from complaints to assist them in focusing upon areas of improvements for the benefit of people.

Staff were happy in their work and were clear about their roles and responsibilities. There was an ethos of keeping people at the heart of their care amongst the staff team which the management team wanted to continue to develop by supporting staff in a variety of ways to be the best they could be.

There was a clearly defined management structure which had changed since our previous inspection. People felt listened to when they provided feedback about the service they received and knew about the changes. The management team worked well together and aspired to use and develop and add to the systems in place so these continued to be effective and responsive in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

R&L Healthcare 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 was a comprehensive inspection, which took place on 12 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at their office.

The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We looked at other information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

We spoke with three people who used the service and eight relatives by telephone following our inspection visit to the office. This was to establish people's views about the care and support provided. We had also received feedback from people who used the service, relatives and staff from questionnaires we had sent to them prior to our inspection. In addition to this we sampled the care records of three people and the comments people had expressed about staff who supported them in their homes.

During our inspection visit at the provider's office we spoke with the registered manager, two care staff, care co-ordinator, registered general nurse, office manager and operations director. In addition we spoke with

one staff member by telephone. We looked at four staff recruitment files, staff training records, records of complaints and compliments, and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

People told us they felt safe and secure because of the care and support they received from staff. One person received care and support during the night to meet their particular needs. The person's relative told us this worked well as it provided them with reassurance their family member's needs would be met safely through the night. Another person said, "We know who the staff are" and because of this the person felt confident when staff supported them which made them feel safe.

Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to recognise signs of abuse and told us they would report concerns to the management team straight away. The registered manager understood their role and responsibilities in reporting and dealing with concerns to make sure people remained safe.

People who used the service, relatives and staff told us plans were in place to provide staff with guidance in how to reduce risks both within the care and support people required and each person's home. Staff we spoke with were aware of risks associated with people's care and knew the support they needed to help keep them as safe as possible this included an awareness of hazards in people's homes which could cause them to have accidents. This view was supported by the examples of staff practices we heard about from people and their relatives. A person said staff knew how rugs in different places could be a trip hazard and they were confident staff supported them to remain safe in their home. A relative described how staff recognised the equipment their family member required which included how this worked and how to spot any faults in this so they could be rectified in a timely way.

People who used the service, relatives and staff told us there were sufficient staff to support people's needs safely. People said where two staff were required to meet their needs they were provided and they often saw the same staff which was reassuring as they knew how to support them. One person said, "They [staff] know me well" and "I never feel rushed when they [staff] are helping me with anything." Everyone we spoke with told us staff never missed a care call. Staff told us there was an on-call service for staff to use to make sure unplanned absences and emergencies were covered so people's safety and welfare was not compromised. Staff recruitment processes were detailed and contained evidence of all the required checks to provide assurances potential new staff were suitable to work with people.

Where people had been assessed as requiring support to take their medicines we saw staff had received training in their safe administration. One person told us they had no problems with the support they received and staff would assist in ordering medicines when required. Staff confirmed they had received training and had been assessed as competent to be able to support people with their medicines. As described in the Provider Information Request [PIR] we saw medicine administration records were checked to ensure they were completed accurately and any discrepancies were identified in a timely way.

Is the service effective?

Our findings

People who used the service and relatives told us they were happy with the care provided and felt it met their specific needs. People we spoke with said that they were supported in line with their care plans. Relatives thought staff knew the care people needed to maintain their welfare and had no concerns about how regular staff teams provided the care. One person said, "What they help me with is spot on to what I need." One relative told us they [staff] are, "All very professional and very friendly" and used equipment needed with no problems at all."

New staff worked alongside more experienced staff to gain the practical skills they needed to support people and use specialist equipment. Staff consistently told us they felt well supported during their induction period and on an on-going basis through one to one meetings and staff meetings. Staff described how they were enthusiastic about their training opportunities which supported them in meeting people's particular needs. We heard examples of staff being provided with training in using specialist aids and equipment so they were able to fulfil their caring roles and feel confident when meeting people's needs. One example was the training staff had received to support people who required their nutrition through a tube in their stomach.

The registered manager showed they were passionate about providing staff with the training they required and to follow this up by ensuring staff competencies were regularly checked. As part of the registered manager's commitment in achieving their aims they had reflected in the PIR a nurse had been recruited to work alongside staff to support people in continuing to receive effective care.

We saw people's consent to care continued to be sought and people gave us examples of how their rights with regards to consent and making their own decisions continued to be respected by staff. For example, people confirmed staff obtained their permission prior to supporting them with one person saying, "They all [staff] ask me before they help me with anything I may need. I know I can state my own preferences at any time and agree or disagree." One relative told us staff were, "Very careful to get his permission to do things." The registered manager and staff understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions so these were made in people's best interests.

People who used the service and relatives told us they made their own health appointments, but staff would support them with this if they needed it. Staff told us when needed they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice. Staff described how they had good working relationships with health professionals involved in people's care. This included district nurses so a 'joined up' approach was taken to effectively and safely meet people's ongoing needs.

People who required some support with their meals told us staff reflected in their practices the importance of their individual meal choices. One person told us, "They are really helpful in supporting me to choose what I fancy to eat and always make sure I have a cuppa and cold drinks by my side." Arrangements were in place to assess and monitor people's dietary needs if this was required and/or if people were identified at

risk from not eating sufficiently. Staff told us where necessary they supported people to ensure their dietary needs were met so they remained well.

Is the service caring?

Our findings

People who used the service and relatives were positive in how staff were caring and they were treated with respect. We gained positive feedback from people when speaking about how they were supported to feel cared for by staff who came into their homes. One person told us, "They are very kind; I have come to know them as friends." Another person said, "They [staff] are dependable as they never miss a call, they are caring and they will help me with anything I need." Relatives were equally positive about how staff were caring and respectful when supporting their family members. One relative told us their family member has a regular team of staff who they have, "Got to know" which was, "Absolutely fabulous."

Staff reflected in their conversations with us they were fond of people who they supported and cared for. A staff member described how they knew people well and by regularly providing care to the same people over time had supported them to build up trusting relationships between people who used the service, relatives and colleagues. Staff knew about people's preferences and things which were important to people and accommodated their wishes. One relative said, "[Family member] finds [staff] very caring" and gets on well with them.

People who used the service and relatives told us how they felt fully involved instating what care they wanted and how they would like to receive this. One person told us, "I was asked right at the beginning what care I needed and felt involved right from day one." One relative described to us how they and their family member had appreciated being involved in the initial care assessment so they could state their wishes. Furthermore they told us they were involved on an ongoing basis through reviews so they were supported through any changes alongside what this meant for them. This was further evidenced within people's care plans and daily notes, which consistently reflected staff respected people's wishes. Staff told us they were always mindful of respecting people's wishes and reflected in conversations with us how well they knew people which included their likes and dislikes.

In addition staff understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the office and only people with authorised access could look at computer records held by the provider.

In the PIR the registered manager told us staff had received dignity in care training and we heard from people how staff put this knowledge into practice. For example one person told us, "They [staff] never make me feel awkward or embarrassed when they help me with my care. The person said they really appreciated this and it made them feel valued and respected as an individual. Another person said, "I feel comfortable with them coming into my home and they respect the fact that this is my home." One staff member said, "We encourage them to do things for themselves and always provide care which supports people's dignity and privacy." Examples given were making sure curtains and doors were closed with people's permission and supporting people to spend time on their own during care which was intimate. People told us they were asked if they preferred a male or female to assist them with intimate personal care. One staff member said, "The help we give means people can stay independent in their own homes. We encourage them to do things for themselves as much as possible but never leave people to struggle."

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. One person told us, "I find the care is very good and the [staff] are very helpful." One relative said, "The care is very good and [staff] is ever so good with [person's name]." Another relative described to us how their request for staff not to wear uniforms when they came to their home had been positively responded to.

The registered manager explained people's care and support needs were continued to be always assessed prior to their care service starting. People who used the service and staff spoken with confirmed this was the case. Staff said they tried to provide care which met the expectations of the person receiving the service. One staff member said, "Every person has different needs. I treat them all fairly by knowing their care needs. I treat everyone as an equal, but in their own way, because everyone is different." We heard examples from people who used the service and their relatives of how the care and support they received met their particular needs. For example, one person told us how staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. One relative described how the staff were responsive to the changes in their family members medicines and always did, "What was best" for their family member.

The PIR reflected an approach which took into account identified changes in people's needs and how people continued to receive personalised care by liaising where required with health and social care professionals. For example, when people required additional equipment this was sourced and where care calls needed to be increased in time so people's needs could be effectively responded to this was reflected in people's care plans and staff rotas. One relative described how they appreciated a regular core team of staff provided the care to their family member. We heard from the family member how this was achieved by all staff receiving the specific training they required, knowing their family member well and management of staff rotas.

Staff and the management team told us they worked closely with health and social care professionals to meet the complexities of people's needs and changes needed. We saw evidence of this at the time of our inspection as the management team responded to a person's needs so they were able to live at home with the support they required. One staff member told us how they had supported a person at the end of their life in their own home and to assist them in doing so they had received specific training so the person's needs were effectively responded to. Staff told us how people's changing needs were met, such as increasing people's care call times when required. One staff member told us, "We [staff] are always kept up to date with any changes to clients." Staff and the registered manager were proud of how they were flexible and able to respond to people's needs to support them to live at home with the care they required.

People and relatives said they were happy to raise any concerns with the registered manager or any staff member and were confident they would be listened to. One person told us how they did not want a particular staff member to provide the care and support. The person said their request was listened to. Another person said, "I've never needed to complain but I would if I had a problem and would speak with

the management." We saw through the provider's arrangements for responding to complaints and in the PIR the registered manager had shown the one complaint received had been responded to. The management team used complaints as opportunities to learn and improve the service.

Is the service well-led?

Our findings

Since our previous inspection in June 2015 there have been some changes in the management of the service. These have included a new manager registering with us in January 2017. 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.

Everyone we spoke with knew about the changes in management and were consistent in their views about how positive the services they received in their own homes were. One person who used the service told us, "We're very satisfied with how they [staff] help with the care needed, in such a professional manner." One relative said staff "Were lovely" and with their support, "Keep [family member] in his own home" which matched their hopes.

People were asked to complete satisfaction surveys about the service they received and told us they were often asked for their opinions by staff when provided with care and during more formal reviews. One person said, "I feel valued because staff ask me if everything is okay and we chat about my care, I am able to give my own views. The registered manager wanted to continue to increase people's opportunities of providing their feedback and experiences by supporting people to complete surveys when their care services have ended.

The registered manager provided us with examples which highlighted they had a positive sense of direction, strong leadership and a commitment to providing high quality care. Staff shared through their reflections on their own practices the vision and values of the registered manager which was placing people at the heart of the service. We saw this approach had been appreciated by people as they had sent in complimentary comments about the care staff had provided. One comment read, 'The team were always wonderful with her and gave me a lot of support.'

The registered manager had regular contact with people who used the service, relatives and staff; they were knowledgeable about the needs of people. Staff confirmed they felt well supported by the registered manager and the wider management team and their colleagues. One staff member told us, "We all work as a team and communication is great." Another staff said, "[Registered manager] is very supportive, approachable and always willing to offer help." Talking of this open approach staff said they would not hesitate to use the provider's whistleblowing procedures to report any concerns they had.

The registered manager was supported by her colleagues including the operations director who was supporting them to bring in further initiatives for the benefit of people who used the service, such as ideas to retain staff. In addition the management team each had a group of people they were responsible for which we were told supported people and staff in a variety of ways including being provided with improved consistent communication. The registered manager told us this had been introduced since our last inspection.

The provider had arrangements in place which continued to monitor the service and quality of care provided to people. For example, we saw there were unannounced checks on staffs care practices which considered if staff were arriving at the right time, whether they were wearing the appropriate uniform and whether they were providing care in a kind and safe way.