

## Redspot Homecare (Contracts) Limited

# Redspot Homecare

### 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



### Overall summary

We undertook an unannounced inspection of Redspot Homecare Domiciliary Agency (DCA) on 16 and 17 April 2015. We told the provider two days before the visit that we would be coming. The DCA provides personal care services to people in their own homes. At the time of our inspection 179 people were receiving a personal care service., 12 people were funding their own care through direct payments. The other 167 people had their care purchased by a local authority.

At our last inspection on 6 November 2013 the service was meeting all regulations that were inspected. The service has a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People told us they didn't always feel safe receiving care from Redspot as there were often staff they didn't know carrying out visits. Staff did not always arrive to their allocated times which meant that people were left waiting to be prompted to receive their medicine and have other care needs met.

Staff had a good understanding of the people they supported and were aware of their individual needs. Staff worked in a person centred manner when delivering care. Comprehensive care plans were in place which reflected peoples changing needs and where possible peoples decisions in relation to the care they received were implemented.

Where detailed in the care plan, staff supported people to access food and drink. Staff supported people to access the local community to carry out their personal shopping.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. staff had an understanding of the systems in place to protect people who could not make decisions and would follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received on-going support by regular supervisions and appraisals where all development needs were assessed and reviewed. Staff also received on-going training in order to carry out their role effectively and ensure peoples needs were met.

people told us that staff supported them with taking their medicine but they administered this themselves. Staff comments and evidence we reviewed confirmed this.

The registered manager tried to match staff delivering care to the needs of people, for example where English was not someone's first language, staff who shared the same native language would be sought.

Care plans demonstrated that where possible people and their relatives were involved in planning of the care they received. People and their relatives told us that they were treated with respect and dignity.

the registered manager carried out audits of the service provision to ensure peoples views were gathered and where possible suggestions were implemented.

The registered manager actively sought partnership working with other health care professionals and accreditation organisations.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe. People did not always receive familiar care staff at weekends. Staff who had not worked with the person would visit during the weekend which made people feel unsafe.

Staff did not always arrive at their allocated times which meant that people were left waiting to be prompted to receive their medicines and have other care needs met.

Comprehensive risk assessments were in place to ensure people protected against avoidable harm.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults

**Requires improvement**



### Is the service effective?

The service was effective. Staff supported people to attend medical appointments and liaised effectively with external health care professionals if they had concerns.

Staff received comprehensive training, supervision and appraisals to enable them to effectively carry out their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

**Good**



### Is the service caring?

The service was caring. Where possible people were involved in making decisions about the care and support they received.

Staff were respectful when talking about people they supported and had a clear understanding of maintaining people's privacy and dignity.

Staff were aware of the importance of maintaining confidentiality and their responsibility with this.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive. Comprehensive care plans were in place detailing people's care and support needs. Staff had a clear understanding of people's needs, preferences and abilities ensuring a person centred approach was maintained.

People were provided with information on how to raise their concerns and complaints.

Staff and people who use the service told us that they could approach the registered manager with their concerns and felt that these would be dealt with in a timely manner.

Good



## Is the service well-led?

The service was well-led. The service had an open door policy whereby staff and people could contact members of the management team throughout the day.

The registered manager regularly questioned the quality of service provision to ascertain people's views and act on areas highlighted for improvement, by means of quality assurance questionnaires.

Good



# Redspot Homecare

## 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 inspection took place on 16 and 17 April 2015 and was announced. The registered provider was given 48 hours' notice to ensure that people would be available in the office to talk to us, as the service is community-based. The inspection team

consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information that we held about the service. During the inspection we spoke with 21 people, 16 relatives, one care worker, one team co-ordinator, one operations manager and the registered manager.

In order to gain feedback about the service, we reviewed the organisation's records. We looked at ten care plans and risk assessments, ten staff personnel files, ten staff training records, policies and procedures, audits and other documents related to the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us they did not always feel safe. One relative told us, “Sometimes I have to help the carer when the other one [staff] doesn’t turn up”. Another person told us they didn’t feel safe because “I don’t always know which [staff] is coming”.

Not all scheduled visits were carried out at the allocated time and it was reported that people had received missed visits for example one person told us, “They [staff] don’t always turn up”. People told us that staff were often late for their scheduled visits however would always call to let them know if they were going to be late. This was confirmed by staff who explained that sometimes the visits were scheduled with little time between them to allow for delays in traffic. This meant that some people were not always seen at their allocated time and caused them anxiety.

However, the registered manager was aware of this issue and had taken action address it. They showed us the new electronic system that was being introduced to manage planned visits. The system required staff to check in when they arrived at people’s homes, enabling management to have knowledge of visits that were either attended behind schedule and visits that did not take place. This meant that there would be an effective system in place to ensure all visits were fulfilled and where delays took place appropriate action taken.

The registered manager had stringent procedures in place when recruiting staff to ensure they were suitable to work with people. Staff files showed that pre-employment checks had been carried out including criminal record checks, two references, photo identification and where appropriate checks to ensure they are permitted to work in the United Kingdom. This meant that people were supported by suitable staff.

The service had suitable numbers of staff available to maintain people’s safety. The registered manager told us and evidence showed that staffing levels were determined by people’s needs. For example, we saw evidence of one person whose needs had changed and required additional

staff support. The registered manager had made additional staff available, whilst requesting a review of the care package with the local authority. This meant that the person’s needs were being met until a decision had been made regarding their care package.

Staff undertook safeguarding adults training and were able to tell us the relevant reporting process to follow if they suspected someone was at risk. Staff were able to tell us the different types of abuse and how to recognise the signs of abuse. Staff told us they were aware of the whistleblowing policy and who to raise any concerns with. One staff member told us, “I would report any concerns immediately, you can’t delay reporting things”. This was corroborated with safeguarding notifications we received by the service. This meant that people were supported by staff that could protect them from abuse.

Staff were aware of the correct process to report any incidents and accidents. We looked at documentation that showed reported incidents, accidents and concerns relating to people’s well-being were documented and investigated by a senior member of the staff. The manager told us that lessons were learnt and where appropriate action taken to minimise the risk of a repeat incident. This information was then shared with the staff team by means of email and phone calls.

The service had risk assessments in place to effectively support people against known risks. These covered environmental risk assessments, moving and handling and risks relating to the health and safety of people. The risk assessments were reviewed in line with company policy and updated when there were changes in people’s level of need. This meant that people were supported by staff that had up to date information to safely carry out their role.

The registered manager told us and care plans confirmed that care workers do not administer medicine. Staff supported people to self-administer their medicine by means of verbal prompting and encouragement. Care plans showed that risk assessments were in place to give staff guidance on how to support people to self-administer medicine. This meant that people were supported to maintain their independence.

# Is the service effective?

## Our findings

People told us they felt that staff were competent in their role and were well trained to meet people's needs. One person told us, "I will only allow two carers to visit me; they know exactly what to do for me and how to do it; we have a good relationship and understand each other.

Arrangements have been made so that the staff cover for each other and one of them is always available."

During the inspection the registered manager told us that there were currently no DoLS authorisations in place as people had the capacity to make their own decisions relating to the care they received. The registered manager was knowledgeable with regards to the MCA and DoLS process and steps to be taken should they feel someone lacked capacity or needed their liberty restricted. The registered manager told us, "Everyone is assumed to have capacity and able to make their own decisions, that doesn't mean that they always want to. We encourage people to make decisions."

Staff received on-going comprehensive training, to enable them to carry out their role effectively. We looked at staff training records and found staff had undertaken first aid, fire safety, medication, equality and diversity, safeguarding, MCA, moving and positioning, pressure care awareness and induction standards. All new employees undertook induction training before directly working with people. Staff told us that they attended a three day induction and a shadowing period, whereby they were supported by experienced staff to deliver personal care. This was confirmed when we reviewed staff files. Training was provided by an in-house trainer so that urgent training requirements could be met immediately. This meant that people were supported by staff who were competent in carrying out their role.

We looked at staff files and found evidence that staff received on-going support and guidance in the form of

supervisions, appraisals and spot checks by their line manager. Staff supervisions covered various topics including training, knowledge and risk assessments. Staff told us that they could contact their line manager at any time and not just during their supervision. This meant that senior members of staff were available to all staff throughout the day to give support.

One person told us, "Some carers sit and talk and have a bit of a giggle but I have the impression they are busy and in a bit of a hurry." We were also told that, "I enjoy my carers visits but wish they had more time to chat; when they are here they are always talking about where they are going next and what they have to do." We looked at the rotas and found that there were sufficient numbers of staff to carry out people's care; however the allocated times did not always take into account the potential for known delays, for example delays with public transport. This meant that people did not always receive support at the allocated times.

Staff supported people to access food and drink in accordance with their care plan. Staff told us that they would help prepare a meal or snack for people and were aware of those who required soft foods and people's preferences. People told us that staff ensured they were able to access food and drink prior to leaving. Staff received training in food hygiene to ensure they were able to minimise the risks associated with poor food handling.

We reviewed documentation that showed that the service liaised with other health care professionals when needed, for example we saw evidence of referrals to the district nurse and SALT (speech and language therapy). One person told us, "My carers know me so well and know when something is wrong and call the doctor." This meant that people's health needs were monitored and changes shared with relative external health professionals.

# Is the service caring?

## Our findings

People told us they were treated with dignity and respect. One person told us, “Staff are confident and well trained; nothing is too much trouble, totally satisfied with care.” Another person told us, “If I could have handpicked my carers, I would have picked the ones I have; they [staff] are not just carers, they are my friends.”

A relative told us, “Although they [staff] are rushed, we are very happy with the quality of care, they [staff] treat and greet my relative like a person and give them respect.” All people spoken to were positive about their care and agreed they were treated with dignity and respect. Staff told us that they always sought people’s permission before delivering care and that they endeavoured to maintain people’s privacy and dignity at all times. For example one care worker told us, “I always knock on their door before entering their home, it’s their home”. This showed that staff were aware of the need to ensure people’s privacy was respected.

Staff shared information with people to ensure that they were able to give their views and permission for all aspects

of the care they received. Staff told us that they tell people what they are doing next as this gave people the opportunity to make the decision if they wanted it done. Staff told us that sometimes they may have to repeat information to people several times before the person understood. This showed that staff were patient and allowed people time to respond in a time frame that suited them.

Staff spoke about people they supported with compassion and respect and told us that they treated people as they would want to be treated. People and their relatives described staff as being kind, pleasant and very caring.

Services provided included: all personal care, preparation of meals, support with medicine and administering of creams; checking and changing colostomy bags, light housework and taking people shopping. This meant that people’s social needs as well as physical needs were met.

The registered manager told us that people’s relatives arranged for advocates for those who required them, however was aware of advocacy services to contact if needed.



# Is the service responsive?

## Our findings

Staff had a clear understanding of the people they supported and how to meet their needs. Staff told us and people confirmed that they worked in a person centred manner. This meant that people received care that was specifically tailored to their needs.

The registered manager told us that and we saw evidence that throughout the initial assessment a review of people's needs was undertaken; this meant that people were matched with care workers who had similar interests, backgrounds, communication needs and cultural backgrounds. For example, one person whose first language was not English was supported by two care workers who shared the same language and cultural background.

Staff told us that when changes to people's needs were identified these were then reviewed in person within 24 hours by a senior staff member. If changes to care practice were required this was then shared with the team via email and phone contact. This was confirmed when we reviewed care plans and found these to be up to date and regularly reviewed to reflect people's changing needs. We found evidence of senior staff requesting additional support when they recognised people's needs had changed and the response given by the registered manager. This showed that people received up to date and responsive support.

People told us that they were not always able to contact the registered manager and therefore did not always try again. People said that the telephone system to the office was not always answered. We did not find any evidence of this as the reception phone was manned at all times and answered consistently throughout the two days of our inspection. Staff and the registered manager told us that there was an on-call system whereby the telephone is manned 24 hours a day. This meant that support and guidance was available to both staff and people at all times.

The registered manager told us that prior to receiving support people were given a Statement of Purpose to keep, which outlines the core values and operational plans of the service. This detailed how to make a complaint and who to contact. We saw evidence that the service also provided this information in different formats for example in different languages or in the form of an audio cassette. Upon receiving a complaint a senior member of staff would visit with the person to gather information and offer reassurance. We looked at documents relating to concerns and complaints and found that these were documented and where appropriate acted upon.

The registered manager then reviewed the information and decides if action is to be taken in line with company policy. We spoke with staff who confirmed what the manager told us. Staff were aware of the correct procedure to take if someone raised a concern with them. During the inspection two people told us they were unsure how to raise a complaint, this was shared with the registered manager who told us that the service would be providing additional easy read complaints forms for people. Following the inspection the registered manager sent us a copy of the new complaints form which was being distributed to people and included information in both written and pictorial formats. This meant that people were given appropriate information in a manner they understood to enable them to raise concerns.

Staff supported people to access the local community to purchase items of choice, this meant that the risk of isolation was minimised where possible.

Staff encouraged people to maintain their independence for example with personal care. The staff were available to support if needed however would gently prompt people to do as much as they can for themselves.

# Is the service well-led?

## Our findings

Staff told us the manager was supportive, however people told us that there was limited contact between the management and themselves. Records indicated that senior members of staff carried out spot checks and regular visits to people's home. We saw evidence that spot check questionnaires were given to people to complete regarding the delivery of care received. Senior staff told us that they were contactable should both staff and people require their support.

The registered manager operated an open door policy and staff told us that the registered manager was approachable should they have any concerns or wish to discuss anything.

Staff were encouraged to attend team meetings where they were able to discuss people's changing needs, company updates, rotas, comments book, communication and annual leave. The meetings were held on a six monthly basis with the last one held in February 2015. We reviewed the minutes of the last meeting and found that ten care workers, the field supervisor and registered manager attended. The registered manager told us that staff who could not attend the meetings were sent emails of the minutes to ensure they were aware of any changes being implemented. This meant that people were supported by staff that had the most up to date information.

The registered manager told us, "You know you're going to make a difference and that's what matters to me. We have a duty of care to ensure no one is having harm done to them." The culture of the service was positive and one where staff were encouraged to take accountability for their actions. The registered manager was clear on the visions and values of the service, for example they told us, "People are cared for holistically, they are treated with care and respect in their own homes".

Audits were carried out by senior staff members to ensure the service was compliant with the company policy and procedures. Audits took place weekly and covered various areas such as risk assessments, care plans, staff knowledge and practice. Senior staff shared this information with the registered manager if any concerns were raised and dealt with accordingly. For example, we saw evidence of audits where staff required additional support and training and this had then been authorised by the registered manager.

The registered manager regularly sent quality assurance questionnaires to people who used the service, their relatives and other professional health care workers. By doing this the registered manager was able to question the quality of the service provided. The questionnaires covered various topics such as quality of care, staff approach and knowledge, concerns and complaints. We saw completed questionnaires and where appropriate the manager had taken action based on the outcomes of the questionnaires. The staff also confirmed that a staff survey was undertaken yearly to ascertain the views of staff and take action if appropriate. This meant that people, their relatives and staff's views were gathered and taken into consideration.

The registered manager advocated partnership working with external professionals, for example the service was a member of the UK Health Care Association, this meant that they were involved in development of the homecare workers' handbook and information sharing forum. The registered manager told us and evidence confirmed they were part of the CHAS Contractor health and safety assessment scheme. This meant that the service is given additional guidance on how to carry out effective assessments.