

Redspot Homecare (Essex) Limited

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## Inspection report

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Date of inspection visit:  
28 June 2016  
29 June 2016

Date of publication:  
09 August 2016

## 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

The inspection took place on 28 and 29 June 2016. Redspot Homecare is a domiciliary care agency which offers personal care and domestic help to support people living in their own home. There are approximately 95 people using the service.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff supported people with their medication as required.

Staff had received training and had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, district nurse and occupational therapist. People were supported with their nutrition and hydration needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint and these were fully investigated.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

## 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 with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

### Is the service effective?

Good ●

The service was effective.

Staff attended training courses to support them to deliver care and fulfil their role. Staff received an induction when they first started work at the service.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with support and guidance.

There were systems in place to seek the views of people who used the service and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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## **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.

The inspection took place on 28 and 29 June 2016 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them, and four members of staff. We reviewed ten care records, training records, four staff recruitment and support files and audits. After the inspection visit we spoke with one relative and ten people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, "I feel safe knowing they [staff] are coming in once a day, to check I am alright in case I have a fall." Another person told us, "They [staff] are good they keep an eye on me."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would call the office and report to the manager. If needed I would go higher to the CQC or local authority." The service also had a 'whistle blowing' policy where staff could raise any issues confidentially. The manager knew how to raise safeguarding concerns and had done so appropriately to the local authority. Where safeguarding's had been raised the manager worked with the local authority and relevant authorities to thoroughly investigate these.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people's records on a financial recording form and all receipts were kept.

The manager undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment was safe by completing a full assessment of the home. The assessment also highlighted how access to the person's home would be gained and what facilities were available in the home such as where the bedroom and bathrooms were located. The assessment also identified what equipment was available such as moving and handling equipment or stair lifts. In addition to the generalised environment risk assessment each person had individual risk assessments completed of their care needs. These assessments included moving and handling, falls assessments and medication risk assessments as appropriate. One member of staff said, "We make sure clients are safe when we visit, that they have everything they need, and that they are not at risk of falls from clutter."

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "If somebody was unwell, I would support them to call a doctor, or I would inform a relative and the office." Another member of staff said, "If I was concerned I would call an ambulance and inform everyone what had happened." In addition the service had a process in place for staff to follow if they attended a call and the person did not answer. One member of staff said, "If I could not get an answer, I would check around the property, call the office to inform them so that they could ring or check with relatives. I would check with neighbours as well. We stay until we know what has happened or someone from the office comes out." The manager told us they would also call the Police to ask for a welfare check and that they would send a member of office staff out to wait for the Police so that the carer could go on to their next call.

There were sufficient staff employed to keep people safe. The manager told us that they had enough staff to meet people's needs and did not use any agency staff. Recruitment was on-going however and they

continued to recruit staff as the service expanded. People we spoke with told us staff were usually on time for their calls. The service did have a thirty minute window either side of calls in case there were any delays.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff said, "I saw the job advertised on-line and applied for it, I was then called for an interview."

Staff supported people to take their medication as appropriate. The manager told us that staff had received training in the management and dispensing of medication. Where the service was responsible for the person's medication they would arrange for the prescriptions to be filled by a pharmacist and it would be supplied in blister packs. One person told us, "The staff come in every morning and give me my medication." People's support records had risk assessments in place for the administration of medication and it clearly highlighted what level of support people needed. The manager audited medication administration records to ensure people were receiving their medication correctly.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. The manager told us that they were currently updating essential training for staff and that they had linked in with the local council to attend training courses provided by them. In addition the manager used social care television for training courses and the provider employed a training manager to train staff.

Staff undertook a thorough induction when they started at the service. The induction included completing training provided by the training manager and shadowing or working alongside other staff. A new member of staff told us, "I spent four days training at head office; we covered dignity and diversity, safeguarding, and manual handling. All the training was face to face. I then shadowed and worked with other staff." The manager was also enrolling all new staff into completing the Care Certificate, this is an industry recognised training which equips staff with the knowledge and skills they need to fulfil their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who used the service mostly had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. We saw in records that the manager had gained consent from people for their care. This told us people's rights were protected.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. One person said, "The staff come in and help me get my breakfast and a cup of coffee." One member of staff said, "We help some people with their meals, I make whatever they want, sometimes a sandwich or jacket potato some people prefer a micro wave meal." Another member of staff said, "Some people have meals on wheels or their family cook and they have frozen food in the freezer which we heat up." In addition staff said they make sure people have drinks available or make flasks of tea for them. If they were concerned that somebody was not eating or drinking enough they would inform the manager to liaise with other healthcare professionals.

People were supported with their healthcare needs. The manager told us that they had good links with other healthcare professionals including district nurses and community occupational therapist. Where appropriate the manager or field supervisor contacted the access team to assess people's changing needs especially if they needed assessments for equipment to help maintain them at home.



## Is the service caring?

### Our findings

People were very complimentary of the support they received from staff and how caring the staff were. One person said, "I can't fault the staff they are excellent." Another person said, "I feel I have been blessed having the same two carers."

The manager or field supervisor ensured that people were happy with the staff that delivered their care. The field supervisor met people first and let them know who their carer would be. The manager allocated staff to rounds that included working with the same people so that they could get to know them well and what support they required. People confirmed with us that they always had the same regular care staff at the same time of day. This only changed if their regular carer was on leave or off. This meant people were receiving consistent care from the same staff.

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were able to describe to us how people had their own individual routines and how people liked to have things done differently from each other. One member of staff said, "It helps us that we work with the same clients so we get to know them well and it is good for them, because it must be frustrating if they see different people all the time and have to keep explaining how they like things to be done." One person told us, "It helps you build confidence and rapport having the same carers."

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. The manager or field supervisor discussed people's care needs with them so that they could develop a care plan that was tailored to their needs.

Staff were respectful of people's privacy and dignity. People told us that staff were very respectful to them and helped them maintain their independence by supporting them in their own home. One person said, "They [staff] supported me when I came out of hospital and have helped me get my independence back. They have always treated me with respect."

## Is the service responsive?

### Our findings

People received care that was individual to them and personalised to their needs. The service mainly provided support to people that had been referred to them from the local authority. When the manager received a referral from the local authority identifying what support needs were required, the field supervisor then met with the person to put the care package in place. One person told us, "I have a care plan and the staff keep my book up to date."

The manager told us that before they agree to provide any care or support they ensure they have staff available to provide the care. The field supervisor is responsible for first setting up the package and ensuring that staff know what the care needs are. Once the package is in place the field supervisor checks back with the person after a few days to ensure the care package is working for them and to see if any adjustments need to be made. From support plans we reviewed we saw they contained the basic information staff needed to identify what support was needed. The manager has started to review all the documentation being used at the service and is implementing a more person centred care plan for staff to follow.

If people's needs did change and they needed additional support the manager or field supervisor worked with community services to ensure people received the support they required. For example the manager told us they had arranged for support aids such as grab rails to be fitted to people's homes to help their mobility. In addition they liaised with district nurses and community occupational therapist to ensure they had the correct equipment such as profiling beds. This demonstrated the service was responsive to people's changing needs.

People generally followed their own hobbies and the service only provided limited support with this. If people had clubs to attend the manager told us that they would make sure care staff calls were planned to fit in with this. One member of staff said, "I tend to work later on a Thursday as one person likes to go to bingo so I wait till they come home before I support them to bed." Staff said they generally supported people by making sure they had anything they needed to hand such as television remote, radio, books and newspapers.

The manager had a robust complaints process in place. We saw from records that any complaints had been promptly investigated and responded to with actions taken to resolve the issues. The main theme of complaints had been around call times, the service operated a process where call times could be within thirty minutes either side of the actual call. The manager explained this to people using the service and has worked with staff to try and keep to the call times people requested. One person told us, "They usually come on time, unless they are held up for any reason."

The manager monitored call times to people and length of calls on a telephone system called CM2000. This system can be used to invoice payment so that people are charged for the length of time staff are with them, it can also be used to alert the office if a call is missed or late.

## Is the service well-led?

### Our findings

The service had a registered manager who was new to the service and had been in post for the last ten months. One member of staff said, "We have really noticed the difference having a new manager the paperwork is much better now."

The manager told us how they have been reviewing the systems in place at the service and making improvements since they have been in post. They have also been improving on the quality monitoring that was in place. The manager's vision was to have an efficient service which supported people in their own homes to maintain their independence for as long as possible. Staff we spoke with shared in this vision one member of staff said, "We want people to have dignity in their own home and be able to stay at home for as long as possible doing what they want." Another member of staff said, "We aim to improve people's quality of life and give a good service."

Staff felt supported at the service. One member of staff said, "The manager or supervisor is always available when we ring them." Staff told us they had regular supervision and staff meetings. Staff said they were in regular contact with the office and could call in to see the manager if necessary. The manager told us that as well as conducting staff meetings they held regular drop in sessions for staff. In addition the field supervisor carried out 'spot checks' and provided support to staff whilst they were working. Staff also received a yearly appraisal which the manager told us they were due to start in August. The manager said that since they started work they had received support from one of the directors of the company and from another registered manager in the company. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service through direct feedback, telephone calls and by using questionnaires. The manager gathered people's views every 12 weeks by carrying out either a telephone survey or the field supervisor would visit to complete the survey. Any improvements or reviews of people's care needs were responded to from these surveys. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

Staff knew how to treat people's information confidentially, although people's care records were kept in folders in people's homes this was with their agreement. Information would then be taken to the main office and stored.

The manager had a number of quality monitoring processes in place, these included doing spot checks on people's care and monitoring the support they received from staff. The manager also reviewed people's care records, written notes and length and time of calls. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.

