

Retain Healthcare Ltd

Retain Healthcare Limited - Cheltenham

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?

Outstanding ☆

Summary of findings

Overall summary

About the service

Retain Healthcare Limited - Cheltenham is a domiciliary care agency providing personal care to 41 older people and people with a physical disability at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We heard positive views about the service from people, their relatives and professionals such as, "I'm more than happy with Retain and would recommend them.", "It's all good, no complaints at all." and "Very Happy."

Strong leadership had created an exceptionally positive culture within the service. This drove an innovative and collaborative approach with people at the heart of the service. The service worked closely with local hospitals, the local authority and other care providers to enable large numbers of people to return home from hospital and significantly ease pressure on the local care system during the winter.

People received care which was safe, and staff understood how to support people to maintain their safety. People's medicines were administered as expected. The provider checked the suitability of new staff through robust recruitment processes. Care staff used personal protective equipment (PPE) and supported people to reduce the risk of infection.

Staff received support to carry out their roles through training and regular meetings with senior staff. People were supported to access healthcare services in a timely fashion when the need arose.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect and kindness and their privacy and dignity was upheld.

People received personalised care delivered by well trained staff.

Leadership had created a positive culture within the service. The service worked closely with the local authority to ensure people's needs were met.

Rating at last inspection

This service was registered with us on 26 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 1 March 2019

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Retain Healthcare Limited - Cheltenham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people and people with a physical disability living in their own houses and flats. At the time of our inspection the service was not providing personal care to people with a learning disability.

The service is registered to provide the regulated activity of Treatment of disease, disorder and injury. At the time of our inspection this regulated activity was not being provided to people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service prior notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return received in May 2021. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the nominated individual, the branch and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought and received feedback from the local authority and also spoke with two members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they were assured people were safe when staff visited to provide care and support. People's relatives told us, "They keep (the person) safe" and "They are very careful when showering (the person)."
- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety.
- Staff were trained to promote people's safety, for example they received training in Moving and assisting and First aid.
- Comprehensive environmental risk assessments had been completed for identified risks in and outside of people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. A rota system ensured people received continuity of care from staff who knew them.
- People told us they felt assured that they would receive their care. Telephone calls were made to people and their relatives if staff were running late. People's relatives told us, "They are mostly, on time and stay the time and sometimes stay a bit later.", "Nine out of ten times they are on time. Occasionally late but only because they have an emergency with a previous client. The office always rings me to let me know if this is the case. They stay for the 45 minutes."
- A plan was in place to ensure people with the highest needs were prioritised to receive their care in the event of any disruption to the service provided such as in bad weather.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment, as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with people.

Using medicines safely

- People were satisfied with how they were supported with their medicines. People's relative told us. "They make sure he has his tablets before they go, they record this on their app." and "Yes they are very good with this."
- Electronic records of people's medicines were used which enabled real time audits to be carried out to ensure people were receiving their medicines correctly.
- Staff had received suitable training and competency checks to support people to take their medicines.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection.
- Staff had received training in infection control and COVID-19. People and their relatives told us staff used personal protective equipment (PPE) such as disposable gloves and aprons appropriately.
- Staff we spoke with confirmed they had access to sufficient stocks of PPE and had been supported to work through the COVID-19 pandemic. The service had been pro-active in making and supplying face coverings for staff and people using the service at an early stage of the pandemic.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may require a response to keep people safe. The provider's approach was to identify if systems, processes or people were the cause if things went wrong and to take remedial action accordingly.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure they could be met by the service.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned.
- The policies and procedures of the service reflected relevant evidence based practice.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role. Staff were positive about their roles and told us they received enough training and support.
- The provider placed a strong emphasis on staff completing training. They ensured all staff had achieved the Care Certificate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in social care. In addition staff received training in subjects such as First aid, Moving and assisting and Dementia care and support.
- People's relatives were confident staff had the right skills for their role, A relative commented, "Yes they are well trained".
- Staff were supported in their role through individual meetings and team meetings with the registered manager and senior staff. One member of staff told us they received, "Great support couldn't ask for more".

Supporting people to eat and drink enough to maintain a balanced diet.

- People and their relatives told us they were satisfied with how staff prepared meals and drinks. One person told us, "They always offer to make me a drink even if running late" A relative commented, "They keep on top of (the person's) nutrition and hydration."
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were supported through liaison with health care professionals on people's behalf with their permission. One person's relative told us. "The office were really good at getting the doctor in."
- Staff were able to identify when people needed emergency healthcare, A person's relative told us, "On one visit they found that [my relative] wasn't responding, thought [they'd] had a mini stroke, so they stayed with [them] until the ambulance came, and they phoned me to keep me posted whilst they waited."
- Timely referrals had been made to health professionals when staff became aware that people's mental health was declining.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People's support plans described if they needed any support with decision making in relation to the care and support they received. People and their relatives confirmed staff asked people for their consent and understanding before starting care. One person told us, "They always ask for my permission before they do anything."
- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.
- There were no people using the service subject to Court of Protection orders in respect of their liberty.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives confirmed staff treated them respectfully. One person described staff as "Completely polite". A relative told us "They were all very caring and kind and went out of their way."
- People and their relatives had built positive relationships with staff who knew them and their needs. People's relatives commented, "The regular staff most definitely know the person and their triggers. They are kind and caring", and "The regular ones have got to know [them] well. One brought (the person) in a small Christmas tree and decorations which was so kind."
- The service promoted its commitment to respecting equality and diversity as laid out in the staff handbook. Equality and Diversity training was provided for all support workers with a specialist course for Managers. The Provider information return (PIR) stated, "At Retain Healthcare we support people from diverse backgrounds with a range of cultural needs. Therefore, we actively recruit staff to reflect this which ensures that our customers' needs are identified and supported sensitively."
- The provider followed their diversity policy and ensured people were matched with staff who understood their culture or language.

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

- The views of people using the service and their relatives had been listened to. One person described a "Good dialogue" with staff. Another person commented, "I have had care for around seven years and have a care plan, it's discussed with me and I give my views." A relative told us, "Yes they listen to (the person) and us and understood (the person's) needs and were so supportive."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and their relatives confirmed staff worked in a way that ensured people had privacy and dignity when receiving care. One relative told us how the service respected the persons choice of gender of staff providing personal care.
- In line with the provision of a reablement service, people's care plans outlined planned outcomes in terms of regaining areas of independence such as promoting a person's mobility. One person told us, "They are really good at motivating me to be independent and they treat me with dignity and treat me as a person."
- Senior staff carried out checks on staff during visits to people, these included ensuring staff respected people's dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support delivered in a flexible way in response to their needs and wishes, ensuring they received continuity of care.
- People and their relatives were able to create their own person centred plans that reflected their personal outcomes and aspirations using a new online care planning system.
- One person had mental health needs in addition to their personal care needs. The home care coordinator worked to establish a relationship with the person which involved regular telephone contact which was often out of office hours. The coordinator and other members of the team wanted to ensure the person had someone to speak with to support their mental wellbeing. Staff provided additional support with tidying and cleaning the person's home and involved the person in exercises to help maintain their ability to mobilise. When the person faced a decision about surgical treatment staff were available to support the person emotionally and help them with the decision.
- Another person was supported to return home from hospital. Staff had previously built a good relationship with the person which was important to support them with taking their medicines and prevent further hospital admissions. They were successful in supporting the person to stay out of hospital for the first year in years. A social care professional complemented the service on giving the person "The best chance possible to remain at home."
- A person had been supported to give up smoking by a member of staff who was also on the smoking cessation programme by working with them individually.
- Staff knew the importance of respecting people's individual preferences. People and their relatives told us, "They always leave a light on at night for (the person) as he likes that. The little things make a big difference.", "They have a good chat with (the person) and they know they like reading the stars in the paper so they always chat with (the person) about this."
- Designated staff were trained in mental health first aid. This enabled them to provide support to people and staff through telephone calls which was considered particularly useful to address isolation during the COVID 19 pandemic.
- People's individual needs when they were discharged from hospital were recognised and met. At the start of the pandemic, creative planning enabled a person who was unwell with Covid to be moved into separate accommodation away from their relatives to be cared for in isolation until they recovered.
- Another person was discharged from hospital with no belongings because they had previously been homeless, staff ensured they had essential items such as appropriate clothing when they left hospital.
- A social care professional commented, "We have benefitted from the increased ability to reduce hospital length of stay and provide a safe and supportive care and Reablement service to patients immediately post discharge, due to your service provision."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities making a positive impact on their life. The purchase of a wheelchair-accessible vehicle has enabled people to enjoy trips out to football matches and the seaside.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified through initial and ongoing assessment. The Provider information Return (PIR) stated, "Our support planning team use the communication card template to create an individual communication plan. This is to ensure people who have information or communication needs because of a disability, impairment or sensory loss, can receive information in the most effective format to meet their needs."
- People's care plans we observed included a page on the accessible information standard which detailed how the person liked to communicate, such as, "I need information verbally only if I receive post I become confused and anxious."

Improving care quality in response to complaints or concerns

- A system was in place to manage and respond to concerns and complaints. Records of concerns and complaints demonstrated these had been investigated and appropriate responses provided to complainants.
- Information was available to people and their relatives on how to raise a concern or complaint. A person's relative told us how a concern had been resolved. "No complaints but had a concern about the timing of mum's evening visit as they were coming too early. I spoke to the office and this was sorted and they now come at the time mum wants."

End of life care and support

- A small care team ensured consistent and personalised care was provided to people at the end of their lives. Staff received training in End of life care and support.
- The service adopted a pro-active stance to providing care when people's care needs increased, stepping in to provide additional care hours based on need alone and before funding had been agreed.
- The emotional support given to relatives of people receiving care was positively acknowledged in comments such as "The staff were also very caring towards me and I felt so supported at this very sad time."
- Following the death of a person the service palliative care team were available to lay out the person's body if the family wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Strong imaginative leadership with a pro-active approach to working with other organisations drove a positive person-centred approach. "This followed the provider's value statement, "Together everyone achieves more."
- Collaborative and systemic work had been carried out with the local hospital trust, the local authority and other social care providers to ease winter pressures on health and social care system in Gloucestershire and enable people to leave hospital and return home. The Winter Capacity Alliance (WCA) was a project set up to cope with pressure on the health and care system in Gloucestershire during the winter of 2020/21.
- The project originated after the provider became aware of the pressures on the local hospitals and seeing queues of ambulances outside the hospital emergency department. The provider took the lead among other provider organisations in the project and created a hub at its office to coordinate the efforts of the WCA members to meet the requirements of the local authority. Office staff adopted worked a seven day working pattern to ensure support was in place to enable hospital discharges at weekends and on bank holidays. Dedicated staff ensured sufficient care staff were recruited to support the project. Over 2000 people were enabled to return home from hospital during the COVID 19 pandemic. We spoke with a representative of the local authority who described a successful project which had enabled "a lot of people" to leave hospital. They described the provider as "responsive and flexible to work with" and praised their ability to "Think outside of the box."
- The results of the WCA were analysed for any lessons learned to inform future collaborative working.
- The provider had a strong track record of working collaboratively with the local authority operating a reablement service for people leaving hospital. A social care professional commenting on the service's reablement service stated, "We have benefitted from the increased ability to reduce hospital length of stay and provide a safe and supportive care and Reablement service to patients immediately post discharge, due to your service provision."
- Staff were positive about their work and were supported and rewarded by the provider for their commitment to providing high quality person centred care.
- As part of the further development of the service the provider was looking into working with a new medicine administration system designed to increase people's independence with managing their medicines.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service apologised when people and their relatives had cause to complain about the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective systems in place to monitor the quality of services and care provided to people. Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- Monitoring was in place for the care visits provided to people on a daily basis using an electronic app. This gave real time information about visits planned for the day and staff attendance, enabling any issues to be identified and responded to.
- The provider ensured they met CQC's registration requirements by completing and forwarding all required notifications to support our ongoing monitoring of the service.
- An on-call system of senior staff operated outside of office hours to respond to any issues raised by staff. One staff member commented positively about how the on-call system had supported them when they waited with a person for an ambulance to arrive.
- Checks through observations on staff during care visits were made to ensure standards were being maintained and people were satisfied with the care and support they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had positive experiences when they communicated with the service. We heard, "Yes, it was easy to contact the office and they came back to me with information and updates."
- People and their relatives confirmed they had received an annual questionnaire where they could give their views about the service provided.
- The service worked to establish positive links with the public and local community through charitable donations and providing kits to children's football teams.