

Redspot Care Limited

Redspot Care Limited

Inspection report

2 Chadwell Heath Lane
Chadwell Heath
Romford
Essex
RM6 4LZ

Tel: 02085101600

Website: www.redspotgroup.co.uk

Date of inspection visit:
25 September 2020

Date of publication:
29 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Redspot Care Limited is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to approximately 180 people.

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

The service was safe. There was a safeguarding procedure for staff to follow. Staff understood how to identify and report safeguarding concerns to protect people from abuse. People had risk assessments in place for staff to manage their care needs and keep them safe.

There was a procedure for reporting accidents and incidents and learning lessons to prevent reoccurrence. However, the registered manager did not always notify the Care Quality Commission of incidents or safeguarding concerns in the service in a timely manner. Notifications should be sent to us without delay and we have made a recommendation about this.

Staff followed safe infection control procedures. They used protective equipment to help prevent themselves and people from catching and spreading infections. There were enough staff to provide care to people across four different boroughs and they were recruited safely.

People, relatives and staff were positive about the management of the service. There was a system for people and relatives to provide their feedback about the quality of the service. Team meetings with staff were held with the management team to discuss important topics and go through concerns.

The provider was working towards completing a service action plan which identified areas for improvement to help drive continuous improvements in the service. The provider worked in partnership with commissioners and health professionals to ensure people remained in good health.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Good, published on 2 October 2018.

Why we inspected

We received concerns in relation to people not being protected from the risk of abuse and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the

other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Redspot Care Limited

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 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. A registered manager 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

This inspection took place on 25 September 2020. We announced our inspection with 48 hours' notice because it is a domiciliary care service and we needed to be sure that a member of the management team was available to support us with the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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.

During the inspection

We spoke with the registered manager and three senior members of staff. We spoke with seven people and four relatives for their feedback on the service.

We reviewed a range of records. This included seven people's care records and risk assessments. We looked

at five staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four care staff by telephone. We continued to seek clarification from the provider to validate evidence found. We sought feedback from social care professionals for their feedback on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us the service they received was safe. One person said, "I feel safe with the carers as I know them and don't worry or feel uncomfortable." Another person told us, "I feel safe with carers as I've got to know them and they don't intimidate me at all."
- There was a safeguarding procedure to protect people from the risk of abuse. Staff had an understanding of safeguarding and how to identify and respond to abuse and who to report it to. They told us they had received safeguarding training. One member of staff said, "If I suspect abuse has taken place, I would report it straight away."
- Records showed action taken by the provider in response to safeguarding concerns or incidents. The registered manager also carried out internal investigations. Where action was required, they complied with recommendations made by local authority safeguarding teams. For example, improvements in the way staff communicated with the management team, health professionals and emergency services and how they recorded information. This would ensure concerns were reported in a timely manner and prompt action could be taken.
- The registered manager told us lessons were learned from incidents and safeguarding concerns. There was a system to analyse trends and patterns to put in place measures to prevent them re-occurring.
- Staff told us they knew how to respond if they found a person unwell or injured. One staff member said, "Last week I had to call an ambulance for my client. They came immediately. I report it to the office and logged it."

Staffing and recruitment

- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references, proof of their identity and confirmation they were legally entitled to work in the UK. This ensured the provider could assess new employees were suitable to provide care and support to people.
- People and relatives told us staff arrived on time for their care visits to their homes. If staff were running late, people told us they were notified in advance. One person told us, "The carer writes in the book I have here and lets the office know [carer] has got here." A relative said, "They [office] phone me to apologise if they are going to be late for [family member]."
- Staff were able to cover other staff if they were absent through sickness or were on leave. There were enough care staff employed to provide a service to people living across the four different boroughs. There were designated teams in the office for each borough to coordinate the visits and staff rotas. A staff member said, "We have enough staff and the good thing is clients know who the cover staff are because they have already been introduced."
- The provider used an electronic call monitoring system to monitor staff working in the community. Staff

used smartphones to scan a tag placed in the person's care plan in their home to log in to their visit and log out once the visit was completed.

- We were notified prior to our inspection of concerns staff did not always log in and out. This meant it was not clear if staff were completing their visits. The registered manager explained it was due to staff phones not working or tags not being available due to the impact of Covid-19 on deliveries. The provider was working with a local authority to resolve this issue. Records showed staff completed timesheets if they were unable to log in. People told us staff logged in when they arrived. One person said, "[Staff] logs in and out and sometimes phones the office."

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Risk assessments were carried out to determine the level and severity of risks related to their health, mobility, wellbeing, nutrition and skin integrity.
- There was guidance for staff on actions they should take to mitigate certain risks. For example, staff were required to monitor people at risk of developing pressure sores and report any concerns to the office.

Preventing and controlling infection

- The service had procedures to prevent and control infections, including Covid-19. This helped to control possible outbreak of infection. Staff told us they washed their hands thoroughly before and after providing personal care
- People confirmed with us that staff used personal protective equipment (PPE) when they provided them with care. This included disposable gloves, aprons and anti-bacterial hand gels to help contain the spread of infection.

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.

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Providers are required to notify the CQC of serious incidents and safeguarding concerns that happen in the service without delay. This helps to keep us informed about people's safety so that we can take appropriate follow-up action if necessary.
- The registered manager did not always ensure notifications were sent to us in a timely manner after these types of incidents occurred. This meant the provider was not fully compliant with their responsibility towards regulatory bodies. We discussed this with the registered manager and they assured us they would send notifications to us more promptly in future.

We recommend the registered manager follows CQC guidance on submitting notifications without delay.

- Records showed there were some shortfalls the provider was working on to improve the service. These included better communication between staff, the office and the management team to enable important information about people's care to be handed over to new care staff.
- The provider was also working on improving the standard of report writing and logbook entries made by staff. Logbooks contained details of care tasks, such as the prompting of people's medicines, providing personal care and food or drink to people. The action plan highlighted the auditing of logbooks was to be more thorough to identify inconsistencies or lack of detail in the entries.
- We looked at recent logbooks and audits, which showed these were being carried out in accordance with the provider's quality assurance processes. A staff member told us, "I make sure the comment books and logbooks have all the necessary detail about the care I have given as it is my duty and responsibility." The registered manager said, "I am very passionate about people and their care. I have been a carer myself, so I want to push my staff to deliver a good service. Sometimes I have to be firm with staff because we need to be compliant and make sure people are safe."
- Spot checks took place to observe staff in their role providing care to check they were following safe and caring practice, including logging in to their call. Any issues with staff performance or practice were identified and discussed with staff.
- New staff received training in essential topics and were able to shadow other staff to help them prepare for their role and understand their responsibilities to provide safe care to people.
- Staff told us the service was well-led and they felt supported by the management team. One staff member

said, "[Registered manager] is fantastic. She is very encouraging and approachable. I think we have a good team and a good culture." Another staff member told us, "The senior staff in the office are very supportive and flexible. [Registered manager] is also amazing, caring and hard working. She knows what she is doing."

- The registered manager acknowledged when things went wrong in the service and was honest with people and relatives. People told us the management team listened to their concerns and acted upon them. One person said, "I did have one carer who came and I didn't feel safe or comfortable with so I told the agency I refuse to have them again. Agency took this on board and they never came again."
- People and relatives told us they were satisfied with how the service was managed. One person said, "I wouldn't want to have another care agency." Another person said, "The management have phoned me to check if all is well."
- Some people told us they had not been contacted by the office particularly after the Covid-19 pandemic began. The management team told us they would try to ensure all people would be contacted by phone to check they were satisfied with the service.

Continuous learning and improving care

- There were systems in place for the service to make continuous improvements. An improvement action plan was in place and we saw that actions had been completed or were still ongoing. The action plan was implemented in response to concerns raised by a local authority. Other areas for improvement included dealing with out of hours complaints or queries more efficiently so that they reach the correct staff to deal with.
- There was a plan for complaints to be analysed to identify trends and ensure lessons are learned. Additional training would be provided to staff for any identified training needs to be addressed. This would help to drive a continuous cycle of improvements to the service.

Working in partnership with others:

- The provider worked with other agencies, including health professionals, such as occupational therapists and district nurses, to ensure people were in the best possible health.
- The registered manager was working with different local authorities and told us they had a positive relationship with them. They intended to move to new operating systems for call monitoring in line with what other boroughs were using to ensure the service ran more effectively.

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

- The management team obtained feedback about the service and staff from people and relatives through telephone monitoring. If compliments were received from people, staff were informed of the compliment and provided a certificate with details of the compliment. This helped to motivate staff and create a positive culture.
- Staff attended meetings with the registered manager and senior staff for information and updates to be shared or to go through any issues and concerns. They also communicated with each other through group messaging services on their phones.