

Ronti Care Solutions Ltd

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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 ●

Summary of findings

Overall summary

About the service

Ronti Care Solutions is a domiciliary care agency. 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 the inspection Ronti Care Solutions was providing personal care to three people living in their own homes.

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

The service had not always ensured staff were safely recruited. Recruitment checks were not always completed prior to staff starting work. Following our inspection, the registered manager responded promptly, reviewing their recruitment processes and sending us confirmation staff documentation was now in place. We have made a recommendation about the safe recruitment of staff.

People told us they received their medicines as prescribed; however, the systems in place for managing medicines safely were not always effective. People's medicines records were not always completed accurately and staff competency to administer medicines had not always been assessed. We have made a recommendation about the safe management of medicines.

Risks to people had been assessed; however, not all risks relating to people's specific health needs had been considered. Following our feedback, the registered manager reviewed and updated the risk assessments to ensure these were included. People's care plans were personalised and reflected their individual preferences.

People told us they felt safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns.

Staff felt supported by the registered manager and were in the process of completing a range of training relevant to their role.

People and relatives told us the staff were kind and caring and spoke positively about the registered manager and the service. People were involved in making decisions about their care. Staff were respectful of people's dignity and privacy.

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 supported to access healthcare services when needed; however, people's oral health needs had not been assessed by the service. We have made a recommendation about supporting people with their oral health.

The registered manager was introducing systems to monitor the quality and safety of the service. People and relatives knew how to raise concerns and told us they were confident action would be taken to address these. The registered manager asked people, relatives and staff for regular feedback and worked closely with them to develop and improve the service.

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

Rating at last inspection

This service was registered with us on 1 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to check the quality of the service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ronti Care Solutions Ltd

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information about the service and used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff.

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

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 spoke with one professional who has visited the service.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service had not always ensured staff were safely recruited. Disclosure and barring [DBS] checks and employment references were not always received before staff started work and the staff files we viewed showed there were gaps in employment history which had not been explained.
- Following our feedback, the registered manager was quick to respond and implemented a checklist for recruitment files to ensure all documentation was now in place. They told us the checklist would also be used for any new staff recruited to monitor documentation received and ensure all checks were completed prior to starting work.

We recommend the provider ensures they are following current guidance and best practice in the safe recruitment of staff.

Using medicines safely

- Systems in place for managing medicines safely were not always effective. People's medicines administration charts were not always accurately completed. Where medicines had been refused this had not always been recorded appropriately and the dosages of medicines was not always written clearly. People's personal information, such as their date of birth and allergies was not always written on the medicines administration charts which meant staff may not have all the information they needed when supporting people to take their medicines.
- Despite this, people told us they were supported to take their medicines appropriately. One person said, "The staff help me with my medication, and they are very particular about how they do it. There was one tablet I used to take at breakfast, the staff looked at the box and told me I was taking it at the wrong time and needed to take it half an hour before. They're very good like that."
- Staff received medicines training. Assessments were not currently in place to check whether staff were competent to administer medicines following their training. However, the registered manager told us they planned to introduce these.
- The registered manager had started to introduce medicines audits and had already implemented changes from these, including introducing protocols for staff to follow when administering as and when medicines.

We recommend the provider ensures they are following current guidance and best practice on the management of medicines.

Assessing risk, safety monitoring and management

- Risk assessments were completed; however, not all risks to people had been assessed. For example,

where people had specific health needs, assessments were not always in place to show staff how to support people appropriately whilst mitigating risk.

- Following our feedback, the registered manager responded promptly, completing the risk assessments and sending us confirmation these were now in place.
- People's mobility and environmental risk assessments were detailed and gave staff clear guidance about how to support people safely.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding and whistleblowing policies in place for staff to follow.
- The registered manager was implementing safeguarding training for all staff as part of their induction.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority.

Preventing and controlling infection

- Staff had access to protective clothing such as gloves and aprons and wore these when appropriate.

Learning lessons when things go wrong

- There had only been one accident since the service opened. The registered manager had investigated this appropriately and shared their learning with staff.

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.

Staff support: induction, training, skills and experience

- Staff were offered a mixture of face to face and online training to complete. At the time of the inspection, not all staff had completed their mandatory training. However, the staff were new, and the service had only recently begun to support people. The registered manager provided us with a training matrix showing when the training was due for completion and how they were monitoring progress.
- Staff completed an induction when starting with the service. The registered manager was in the process of supporting all staff who were new to care to complete the Care Certificate [a system to support staff who are new to care to develop the required set of skills].
- The registered manager had started to introduce one to one supervisions with staff and staff told us they were able to contact the registered manager if they needed support.

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

- Where people required support from healthcare professionals, such as the district nurse, this was recorded in people's care plans alongside details of how and when to contact them for support.
- People's care plans did not contain information about how staff should support them with their oral health.

We recommend the provider ensures they are up to date with current guidance on supporting people with their oral health.

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

- People's needs were assessed before they began using the service and this information had been used to develop their care plans.
- People told us the carers understood how they liked to be supported and delivered their care accordingly. One person said, "Anything I want they say 'don't worry, it's our job'. They've met every need that I have."

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

- Where the service was supporting people with eating and drinking, their care plans contained information on how they liked to be supported.
- People's dietary preferences were recorded. We saw an example in one person's care plan of how their cultural preferences had been considered with instructions for staff to follow.

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.

- People had discussed their care with the service and their consent was recorded in their care plans.
- People told us staff asked them for their consent before providing support.

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 relatives told us the staff were kind and caring. One person said, "I feel like I'm well looked after, almost like they're not carers but family. I'm so happy." A relative told us, "They're very helpful and very kind to [person]."
- People told us staff were always ready to go the extra mile to ensure they were well supported. One person said, "The carers stay as long as need to, and sometimes they even go over their time. They wait to make sure I'm sitting properly and that I'm comfortable and have everything before they go."
- People's care plans detailed their needs and individual preferences for support.

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

- The service involved people and their relatives in making decisions. One person told us, "They talked through everything, we looked at my options and then I signed my care plan." A relative said, "Any problems they ring me up and vice versa. We all get on well with them."
- People's care plans demonstrated how they had been involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their dignity when offering support. One person said, "They are excellent, very respectful and I have peace of mind."
- People's care plans gave staff a detailed breakdown of what they were able to do for themselves and what they needed support with to ensure people's independence was promoted.
- People's daily records were written in a way that respected people's privacy and dignity.
- Care records and personal information were stored securely in the office location.

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's care plans were personalised and included information about their likes and dislikes, life history and guidance for staff on how they would like to be supported.
- The service had reviewed people's care when necessary and involved people and their relatives in the process. One person told us, "I had a review with [registered manager], and they asked if there was anything they could change for me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about how they communicated and any aids they used to support them with their vision and hearing.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service. The service had a policy in place for responding to complaints if necessary.
- People and relatives told us they would raise any concerns with the registered manager.
- Staff told us they knew how to report concerns and felt comfortable contacting the registered manager to discuss anything they were worried about.

End of life care and support

- The service was not currently supporting anybody with end of life care. Care plans contained sections for recording people's preferences if required and the registered manager told us they asked people about their end of life wishes or preferences as part of their initial assessment.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had started to implement systems to monitor the safety and quality of the service. During the inspection we highlighted concerns regarding the safe recruitment of staff and the management of medicines. However, we found there had been no impact on the people using the service and the registered manager was quick to act and implement changes. Following the inspection, the registered manager reviewed their monitoring processes, sending us confirmation of the changes they had made to ensure better oversight of the service.
- The service was small and the registered manager knew people well. They worked closely alongside the other staff in directly providing people's support and this enabled them to monitor staff practice.
- The service had not needed to submit any statutory notifications to CQC; however, the registered manager was aware of their regulatory responsibility and how to submit notifications when necessary.

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

- People and relatives spoke highly of the registered manager and the service. One person said, "The manager is very good, they will phone to tell me if anything changes. It's rare there are any changes, but they keep me updated." A relative told us, "Everything is so much better now we are with Ronti Care, we get on well with the manager."
- Staff told us they felt supported in their roles. One member of staff said, "This is a good company, everyone had been so helpful, and the manager is really good."
- The registered manager was aware of their responsibility to be honest with people when things went wrong. They told us, "We would discuss any issues, and involve people."

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

- The service regularly asked people and relatives for their feedback through informal phone calls and messages. The registered manager told us they had also started to introduce more formal feedback forms for people to complete.
- The registered manager told us they involved staff in the running of the service. They said, "I work alongside most of the staff, so we talk regularly, and I involve them in care planning and risk assessments."
- The service was planning to introduce more formal staff meetings to enable staff to feedback together.

The registered manager showed us how these meetings were being planned and communicated to staff.

- The service had received compliments from people and relatives about the care provided. One relative commented, "[Person] is very happy with you looking after them. You are very kind."
- People's equality characteristics had been considered during the assessment and care planning process.

Continuous learning and improving care; Working in partnership with others

- The service had requested support from other health professionals to meet people's care needs when required.
- The registered manager told us they were part of a local authority scheme aimed at bringing smaller providers together to meet and provide support. They said, "We can meet as a group and discuss any issues."
- The service worked closely with people and families to look at how they could improve the service. One person told us, "They asked me if there was anything they could improve on and I told them no, not for me. I think they're really good".