

Regent Home Care (West Herts) Limited

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Inspection report

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12 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Regent Home Care (West Herts) Limited is a domiciliary care service. The service provides support to older people in their own homes, some of whom may be living with dementia. At the time of our inspection there were 48 people using the service.

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

People being supported by the service were safe. Risks to people's safety and well being were assessed and well managed. People received their medicines regularly at the prescribed times. Staff received training relevant to their roles which ensured they had the skills and knowledge and experience to meet people's individual needs.

Accidents and or incidents were recorded and reviewed to help identify any trends, and any learning from events was shared with staff to help reduce the risk of them happening again.

The service had effective infection, prevention, and control measures to help keep people safe. This included following current government guidance. Personal protective equipment [PPE] was provided to staff as required.

The service was well led overall. However, there had been some challenges. The registered manager had taken remedial action to address these. The deputy manager had applied to become the registered manager and was supporting the current registered manager.

The service was aware of the MCA and worked in accordance with the statute. Nobody was subject to any restrictions.

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 this service was good (published 14/09/2018)

Why we inspected

We undertook a focused inspection to review the key questions of safe, and well-led only. This was because the service had not been inspected since 29/03/2018.

People were protected by the provider's arrangements for the prevention and control of infection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk.

Follow up We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well led.

Regent Home Care (West Herts) Limited

Detailed findings

Background to this inspection

Background 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and a regulatory coordinator.

Service and service type

Regent Home Care (West Herts) Limited is a domiciliary care service, providing personal care to people living in their own homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the registered manager 24 hours' notice as this is a small service and we wanted to make sure the registered manager would be available to support the inspection.

Inspection activity started on 6 December 2023 and ended on 12 December 2023. We visited the service on 6 and 12 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager had not completed the PIR at the time of our inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. See the well led section for more details.

During the inspection

We spoke with 3 people who used the service and received feedback from 5 family members about their experience of the care provided to their loved ones. We spoke with 4 members of staff including the registered manager, deputy manager, care coordinator, and support staff. We received feedback from 7 care staff. We reviewed 2 people's care files and 2 staff files. We also reviewed training records, audits, and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from abuse

- People were kept safe by the staff team who supported them.
- Staff had completed safeguarding training. They were aware of different types of abuse.
- Care staff had the skills to identify possible abuse and take appropriate action by reporting any concerns to the registered manager without delay.
- One family member told us, "I feel my loved one is safe. The office staff are very good at informing us if there are any concerns."

Assessing risk, safety monitoring and management

- Where possible, people had individual risk assessments completed prior to the service commencing.
- This included assessing the environment, fire safety, moving and handling and medicines. Risks were assessed relating to people's individual support plans. For example, their personal care routine and mobility.
- Any risks identified were recorded in people's care plans, with measures in place to help reduce the risk of harm.
- This information informed staff how to support people safely.

Staffing and recruitment

- There were usually enough staff on duty to help support people at the agreed times.
- However, during times of peak demand or where carers went on sick care staff were asked to cover additional shifts and this sometimes resulted in the calls being later than expected.
- We spoke with the care coordinator who plans the visits. We noted travel time was scheduled when the rotas were initially prepared. However, the scheduled travel time was often evaporated when having to cover visits at the last minute.
- We were assured that new care packages would only be accepted if there was enough staff with capacity to support people at their preferred times.
- The recruitment process was robust. Staff retention was good.
- A disclosure and barring check was completed and a minimum of 2 professional references were taken up in advance of staff commencing work at the service.

Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff had completed administration of medicines training and had their competencies checked on a regular basis.
- This ensured staff had the right skills and experience to assist people to take their medicines safely.

- There was a process in place in the event of medication errors. This included an investigation and any learning shared.

Preventing and controlling infection

- People were protected from the risk and spread of infection by staff who had been trained in infection prevention and control.
- Staff were provided with personal protective equipment [PPE].
- Guidance was provided to ensure staff were following current best practice.
- The management team had a contingency plan to ensure this was in line with the latest government guidance in the event of COVID-19 outbreak.

Lessons learnt

- Accidents, incidents and events were reviewed and monitored to see if there was any learning to be shared with all staff.
- This helped to identify trends and to consider if anything could be done differently and reduce the risk of it happening again.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In community service this is through the court of protection.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of MCA guidance.
- People who were identified as not having reliable or full capacity had an MCA assessment completed to determine how best to support them.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has remained good.

- The provider was being supported by the deputy manager to complete the PIR and submit it by the end of December 2023. This had not been completed previously due to health issues.
- The service had some systems in place to help identify key roles and responsibilities, which included keeping updated with the regulations and legal requirements.
- Feedback from people and family was generally positive. One family member told us, "The service we have received has been really good. My family member has been with the service for a couple of years. They are very good. The care staff are kind and caring."

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

- People received care that met their assessed needs.
- A family member told us, "We are very happy with the service."
- The staff team knew their clients well and had established meaningful relationships with the people they supported. The registered manager and staff team promoted equality and human rights [EDHR].

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

- There had been some challenges in relation to the management of the service.
- The registered manager had identified the areas for development and had put things in place to strengthen the management team.
- This included an application for the deputy manager to apply to become the registered manager.
- The service was undergoing transformation from one IT system to another. This had impacted completion of some monitoring processes, for example the provider information return [PIR].

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

- The registered manager was aware of the requirement to report any accident, incidents or events that happen and should be reported under their duty of candour responsibilities.
- There had not been any duty of candour reportable incidents since the last inspection.

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

- People who used the service were overall positive about the level of engagement.

- Communication with staff was good and staff told us they felt well supported by the management team.
- There were regular staff meeting and interactions in the service users' homes, including spot checks.

Continuous learning and improving care

- The management team were working on a business continuity plan, which included reviewing the quality monitoring systems and processes.
- Supporting people to retain their independence as much as possible. Where people were able to complete certain tasks, staff encouraged them.
- Monitoring of care worker punctuality through the electric call monitoring system and improving the delivery of high-quality care.

Working in partnerships with others

- The service worked in partnership with several different healthcare professionals and other services. This helped to provide seamless support to people.