

Retain Healthcare Ltd

Retain Healthcare Limited - Salisbury

Inspection report

Unit 6-7
Barnack Business Park, Blakey Road
Salisbury
Wiltshire
SP1 2LP

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Tel: 01722320000

Website: www.retainhealthcare.co.uk

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

About the service

Retain Healthcare Limited - Salisbury is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 23 people using the service.

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

People felt safe receiving care from staff. The provider had taken action to keep people safe and manage the risks they faced.

Following the last inspection, the provider had introduced a new system for recording incidents. This had resulted in improved management oversight of incidents and ensured action was taken to reduce the risk of similar incidents happening again.

Staff had a good understanding of the support people needed. Staff supported people to do as much for themselves as possible and maintain their independence. People's needs were set out in clear care plans, which had been reviewed regularly.

People were supported to take medicines safely and staff sought advice from health and social care services when necessary.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place. People told us staff always wore the correct personal protective equipment (PPE) when providing care for them.

Staff received regular training and support. People and visiting professionals felt staff had the skills and knowledge to meet their needs. People were supported to access the health services they needed.

People's rights to make their own decisions were respected and people were in control of their support.

People said staff were caring and provided support in ways that maintained their privacy and dignity.

People had been supported to develop clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People knew how to make a complaint and were confident any issues they raised would be responded to.

The provider had established good systems to monitor the quality of service provided and make

improvements where needed. The registered manager worked with people, staff and other professionals to ensure people achieved good outcomes.

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 6 June 2019 and this is the first comprehensive inspection. A focused inspection was carried out on 10 November 2021, but did not provide an overall rating for the service.

Why we inspected

This inspection was planned to provide an overall rating for the service.

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.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Retain Healthcare Limited - Salisbury

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience.

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. 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 48 hours' 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.

Inspection activity started on 16 May 2022 and ended on 26 May 2022. We visited the office location on 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, three relatives, the registered manager, a senior leader and seven staff. We reviewed a range of records. This included seven people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from an occupational therapist and a GP.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed systems in place to ensure all actions and learning in response to incidents were recorded. The provider had made improvements.

- Following the last inspection, the provider had introduced a new system for recording incidents and to ensure management oversight.
- Incident records contained detailed information about actions taken by the management team and any wider learning. Action had been taken to reduce the risk of similar incidents happening again.
- Staff were aware of incident recording systems and their responsibilities to report such events. Staff told us these systems worked well and they were always able to contact a member of the management team if necessary.

Preventing and controlling infection

- The service had systems in place to prevent people from catching and spreading infections.
- People told us staff followed these measures when providing care for them.
- Staff had received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely.
- The provider had updated their infection prevention and control policy to reflect the COVID-19 pandemic and additional measures that had been introduced.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving care. Comments included, "Yes I do feel safe as the carers are caring and genuine" and "I do know that [my relative] feels safe with the carers and has total trust in them."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the management team would take action to keep people safe if they raised any allegations of abuse. Staff were also aware how to raise allegations directly with other agencies if they needed to.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to skin breakdown, mobility and catheter care.
- Risk assessments and management plans had been reviewed and updated as people's needs changed.

People and their relatives had been involved in these reviews. Plans had also been amended to reflect risks relating to COVID-19.

- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.

Staffing and recruitment

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references from previous employers of new staff before they started work. Staff records contained confirmation of their right to work in the UK.
- People told us staff had the right skills and experience to provide the care they needed.
- People told us staff usually arrived on time and stayed for the full duration of their call. People said they were contacted by the office if their carer was running late, which they found reassuring.

Using medicines safely

- People were supported to safely take the medicines they were prescribed. Some people were supported to manage their own medicines where it was safe to do so. Other people were supported by staff to take their medicines. The support people needed was regularly reviewed to ensure people were as independent as possible.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- People and their relatives told us staff provided good support for them to take their medicines at the right time.

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 comprehensive inspection for this newly registered service. This key question has been rated good.

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

- People's needs were assessed when they first started to receive care and then regularly reviewed. There were clear records of the assessments and any updates.
- Care plans set out how people's assessed needs should be met, with clear guidance for staff on how to meet people's specific needs.
- The provider employed a clinical lead, who worked with other health professionals to plan care for people with more complex health needs.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the right skills and knowledge to do their job. Comments included, "I believe so and I have had no issues. When new carers shadow they are taught how to use the hoist and sling safely and competently" and "I am particularly impressed when two carers are shadowing existing staff. I do believe all staff are well trained."
- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the service's systems operated as part of their induction.
- Staff had regular meetings with their line manager to receive support and guidance. Staff said they felt well supported.

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

- Staff supported people to maintain good nutrition and hydration.
- People told us they received the support they needed in relation to food and drink. A relative commented, "The carers do a good job with [my relative's] lunch and other meals and drinks daily."
- Where people were supported to prepare meals there was clear information in their care plans. These set out how people made choices about meals and how they liked their meals prepared.
- The plans included guidance from speech and language therapists and nutritionists where relevant.

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

- People told us they were able to see their doctor and other health professionals when needed. Records demonstrated staff referred people to health professionals in a timely manner.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance.

Information had been used to review and update care plans where needed.

- An Occupational Therapist told us the service worked well with them to meet people's needs. They commented, "The carers are very skilled and I had no concerns with their moving and handling or ability to support clients with complex health and care needs."

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. 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 were supported by staff who knew the principles of the MCA and worked in line with them.
- People's rights to make their own decisions were respected and people were in control of their support. Comments from people included, "Yes I do make my own choices about how I like to be supported and carers often ask if there is anything else I want to be done." A relative told us, "The carers are very good at enabling [my relative] to make choices of all personal care tasks."
- Where people lacked capacity to consent to specific decisions, staff had recorded details of assessments that had been completed. Staff followed the best interest decision making principles and involved people's legal representatives where appropriate.

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 comprehensive 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 were treated with kindness and were positive about the staff's caring attitude. Comments from people included, "The carers are very friendly, and we have a good chat about our families and such like" and "Well they treat me well. My carer is used to me and we sit and have a chat."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

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

- Staff supported people to make decisions about their care. People expressed their views and set out what they wanted to happen during their assessment of care needs. This information was used to support people to develop individual care plans. Comments from people included, "At the beginning my care plan was discussed and decided on how many visits I would need."
- Staff had recorded important information about people, including personal history, plans for the future and important relationships.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People said staff provided support in ways that maintained their privacy and dignity.
- Confidential records were securely stored, and staff ensured they did not share information about people without their permission.
- Staff encouraged people to do things for themselves where they were able, to maintain their independence. Care plans included information about what people could do themselves and what they needed support with. One relative commented, "They always enable [my relative] to make choices to promote her independence."

Is the service responsive?

Our findings

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

This is the first comprehensive 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; 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 had been supported to develop clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. Comments from people included, "I was involved in decisions about my care plan and we have had updated reviews every six months now."
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted.
- Staff kept clear records of the support they had provided to people. Records were used to help identify any changes to the support people needed. Care plans were updated when people's needs changed.
- People were supported to maintain contact with their friends and family and to take part in social activities they enjoyed.

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.

- Staff had identified people's communication needs and included them in the care plans.
- Action had been taken to meet people's needs, for example by using sign language, symbols and objects of reference and providing a translation for people where needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they first used the service. Comments included, "Yes I know how to complain. The manager would listen and respond appropriately" and "I haven't really complained only just reported grumbles. This was listened to and acted upon."
- Records demonstrated complaints had been investigated by the provider. Complainants had been given a formal response, setting out the actions taken to resolve their issue.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and in developing care and treatment plans. The service worked with health professionals where necessary, including the

palliative care service.

- Staff understood people's needs. People's religious beliefs and preferences were respected and included in care plans.

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.

The rating for this key question has remained 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; Continuous learning and improving care

- There was a registered manager in post, who had provided consistent leadership of the service.
- The provider had effective quality assurance systems in place. These included, reviews of support records and plans, medicine records, staff records and quality satisfaction surveys.
- Whilst action had been taken in response to satisfaction surveys, people we spoke with were not aware of it. The registered manager said they would look at ways to improve their communication with people to address this.
- The results of the various quality assurance checks were used to plan improvements to the service. Actions were regularly reviewed to ensure they had been completed.
- The provider had completed a review exercise to plan improvements to the quality of care provided in rural settings. This assessed some of the challenges they had faced in fulfilling a previous contract and the lessons they had learnt from it.

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

- The registered manager had promoted a person-centred approach in the service. This was evidenced through people's feedback, the content of staff meetings, support sessions for staff and the training staff received.
- Staff reported the registered manager was supportive and focused on ensuring people received a good service. Comments included "He is great, always listens to us and is supportive. He has a good understanding of what is happening in the service" and "[The registered manager] is a very good manager. He is very calm and knowledgeable. Always helps us to sort out problems, rather than doing things for us."
- The registered manager had a good understanding of their responsibilities under the duty of candour. There was a policy in place, which set out their legal obligations and the expectations of the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. People said they had regular contact with the registered manager and could discuss any issues about the service. Comments included, "Yes I saw him yesterday and had a nice chat with him" and "He is very approachable."
- The provider had worked with other professionals and service providers during the COVID-19 pandemic, to

ensure people continued to receive a safe service. They had provided training to other organisations and individuals in the community and had shared resources where needed.

- The provider was a member of relevant industry associations. The registered manager had kept up to date in relation to changes in legislation and good practice guidance.