

Raynes Healthcare Ltd.

Raynes Healthcare

Inspection report

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Date of inspection visit:
06 February 2020

Date of publication:
13 March 2020

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

Raynes Healthcare Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported six people at the time of our 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

People felt safe and the provider assessed risks to the health and wellbeing of people who used the service and staff. Where risks were identified action was taken to reduce the risk where possible. Recruitment processes were in place to make sure people were protected from staff being employed who were not suitable.

Medicines were handled safely by staff who had been assessed as competent to do so. People received effective and timely care from staff who were well trained and supervised.

People felt the service they received helped them to maintain their independence where possible. People received care that was planned with them and their relatives to meet their individual needs and preferences, from staff who were caring and respected their privacy and dignity.

People knew how to complain and knew the process to follow if they had concerns. People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

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.

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

This service was registered with us on 05/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 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.

Raynes Healthcare

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

This inspection was carried out by two inspectors. One who visited the service to carry out the inspection, and one inspector who made calls to people and relatives of those using the service to gain their experience of the service.

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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 February 2020 when we visited the office location and ended on 12 February when we made calls to people using the service.

What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback regarding the service. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England. 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.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of care staff and the registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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.

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 were protected against abuse. Staff received training on safeguarding adults and were aware of the process for reporting any safeguarding concerns.
- Staff showed an 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 should take to ensure people's safety when leaving each visit, such as ensuring they were wearing personal care alarms.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them.

Staffing and recruitment

- People were supported by a consistent staff team. People and their relatives told us they felt assured that they would receive their care and would be informed if staff were running late. One relative told us, "We are very happy with them, they are prompt and on time, they are very good."
- People received information in advance confirming their visit times and the staff allocated. One person told us, "The registered manager recognises that [Staff name] and I get on with each other so they make sure they are allocated to me all the time. If they can't make it they let me know before hand, otherwise, if its someone else they let me know. It's always somebody that I know. I know all the staff and they are all equally good."
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff.

Using medicines safely

- Where needed, trained and competent staff supported people safely with medicines. One person told us, "I have a lot of medications. Staff dispense the medicines for me and tell me how much we have left. They help to order them for me and pick them up as well which is a big help."
- Staff had guidance about people's medicines, this included their preference in how they preferred to take their medicines. A monthly medicine audit was completed to review how medicines were stored, administered and managed in people's homes and staff had access to a medicine policy that informed their practice. These ensured any errors could be picked up and reviewed amongst the staff team.

Preventing and controlling infection

- Staff had received training in infection control and hand hygiene. Regular checks were in place by the registered manager to ensure they always had sufficient stocks of personal protective equipment (PPE) such as disposable gloves and aprons. One person told us, "Yes, the staff have boxes of gloves they keep here, which they use."

Learning lessons when things go wrong

- Staff understood how to record and report incidents and used information to make improvements when necessary. The registered manager told us staff meetings were used to address any problems and discuss any learning points and actions. We saw evidence that actions had been taken to address areas requiring improvement within the service.

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 their needs could be met by the service. Assessment included people's physical and emotional care needs.
- There were detailed assessments of people's personal needs, likes and dislikes and preferences in their care plans. There was clear instruction as to what people preferred for their daily routines, in order for staff to be able to provide effective person-centred care for people. One person told us, "I use two pieces of equipment to support me with moving around. I'm in quite a small room so it's quite a performance to move things around. I feel safe with the staff, they know what they are doing."
- People's diverse needs were identified, to ensure no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant for their role such as medication safety, moving and handling, and dementia awareness. Staff told us, and we saw records they had received appropriate training to carry out their role effectively.
- Staff were supported in their role through individual supervision and monthly team meetings with the registered manager and staff team.

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.
- Staff received training in food hygiene and nutrition to ensure any meals were safely prepared and people's specific dietary needs were understood.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as therapy teams and doctors. For example, we saw information documented in people's care plans between the service and a health professional, to assess new equipment for a person's care. Detailed information regarding people's health requirements and changes in people's conditions was documented in people's daily records by staff.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were supported through communication with health care professionals on people's behalf, as well as support to attend health care appointments if required.

- One relative told us, "The staff communicated with the occupational therapist to get alternative equipment for my family member. They are very proactive."

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.

- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.
- Staff were clear about the need to seek verbal consent before providing care, and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us people could make day to day decisions on their own.

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 were treated with respect by caring staff. Staff were described as, "Friendly, kind and helpful" and showed an interest in people's well-being. One person told us, "We get along very well, we talk about anything and everything. It's a great relationship." A relative spoke positively of the relationship that had developed between their family member and the staff team. They told us, "They have become very close to my relative, which is very important. The manager says my relative feels like family to them."
- A member of staff told us, "I am happy to work here, helping people who can be vulnerable. I have a heart that extends. I want to help people."
- People's cultural and diverse needs had been assessed and were detailed in their care plans. This included people's needs in relation to their culture, religion and gender. Staff had received training in equality and diversity and understood their responsibility to respect diversity. People were confident the service could provide them with staff who knew them and were able to meet their individual needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure staff considered people's privacy and dignity at all times. One staff member said, "When I'm providing care I will always talk to people and listen to them, make them feel comfortable."
- People we spoke with confirmed staff were respectful of their dignity and independence. One person told us, "We have such a well-established ritual. If my carer does anything different they always let me know and keep a running commentary." Staff we spoke with all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

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

- People and their relatives were involved in regular reviews of their care. People were asked their opinions of the care provided to them by the service.
- We discussed that the registered manager should provide information on local advocacy services for those people who required it as the service developed.

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 told us their needs were met. We saw people had a care plan developed on the basis of their assessment of needs. The plans included guidance for staff to help them understand how people liked their care to be provided. Records confirmed people and their relatives were involved, where possible, in the development of their care plan. One person told us, "My family members' full plan is currently being reviewed. They have just altered one of the visits to make sure they get more time in the morning."
- Staff told us they had enough time during visits to ensure people received their care. People confirmed they received their care as planned. We saw on a quality monitoring form, one person had written, "I am very well looked after by my carers, they are always on time."

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.

- The registered manager was aware of the AIS and the potential need to produce information in accessible formats if required.
- People's communication needs were assessed before care was provided and staff received training in understanding and delivering effective communication.

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 maintain meaningful relationships with family and friends. We saw people had goals and wishes for their future written in their care plans, and staff were actively supporting them to achieve these. One person had expressed a wish to remain living in their own home, and their relative told us, "The service are very helpful and accommodating, they listen to us, nothing is too much trouble. They are always on time and communicate with us really well. My family member is really happy with them. We're managing to keep them at home thanks to this lovely staff team."
- The service was actively engaged in supporting people to attend a range of social groups and places of worship in the local community. Staff supported people to go shopping and attend important appointments where they required this.
- Some of the visits provided by the service were for domestic support and to prevent people becoming socially isolated.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The service had not received any complaints at the time of inspection. We saw the registered manager had a robust policy in place for managing them should they receive them.
- People had access to a clear complaints policy. One person told us, "Very definitely I could speak with the registered manager and they would come around. I've not had reason to complain so the issue hasn't arisen."

End of life care and support

- At the time of this inspection the provider was not providing end of life care to anyone using the service.
- Although we saw some people had do not resuscitate documentation (DNA/CPR) recorded in their care plans, we discussed with the registered manager that all care plans should contain more person-centred end of life care plans, which reflected people's wishes, beliefs and requirements for their palliative care needs. They acknowledged this was an area of care planning they were working to improve on as they developed the service.

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.

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

- The aims of the service were described as, "Delivering a high-quality service, which meets your assessed need, through the respect of you as an individual and the promotion of your independence." Throughout our inspection we found examples of the service supporting people in accordance with this approach.
- We found a positive culture amongst the staff team, who were positive about their roles and how the service was managed.

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

- The provider ensured they met CQC's registration requirements by completing all required notifications to support our ongoing monitoring of the service.
- Staff meetings, supervision sessions and 'spot checks' during visits ensured staff delivered care and support in line with the aims of the service.
- 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).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular audits were carried out by the registered manager to meet the regulatory requirements and identify any shortfalls in the service. Checks on people's satisfaction with the service were carried out during reviews of their care and through visits carried out by the registered manager.
- Staff were involved in the development of the service, and felt their voice was heard. One member of staff told us, "Yes, we have a strong team., we support each other in our strengths and weaknesses. Our manager is a sociable person, you can go to them anytime, they are always there."
- The registered manager described the importance of not growing the business too quickly. This would ensure people and their needs were known to management and staff, so they still received a personalised service.

Working in partnership with others

- We saw the service was working effectively with relevant health and social care teams to support people effectively.
- The registered manager told us they were looking for opportunities to work with advocacy services and the wider health and social care sector in the local area as they developed.