

REYMC 247 (PVT) Limited

Royal Care Health Recruitment & Training

Inspection report

Wellgate Business
149 Wellgate
Rotherham
S60 2NN

Date of inspection visit:
29 April 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 29 April 2016, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service registered in late 2014, therefore this was the first inspection of this location.

Royal Care Health Recruitment & Training provides personal care to people living in their own homes in Rotherham and surrounding areas. At the time of the inspection they were providing support to one person.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed. We spoke with the sole person who was using the service at the time of the inspection and they told us their experience of care and support was good.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff, although we identified that the provider made use of temporary interns for administrative duties who had not undergone Disclosure and Barring Service (DBS) checks.

Staff had completed a comprehensive induction, and a training programme was available that helped them meet the needs of the people they supported. The registered manager held qualifications in training delivery. Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

People were involved in planning their care, and their views about their care and support was incorporated into how care was delivered.

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However, there was no formal audit system in place.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff, although we identified that the provider made use of temporary interns for administrative duties who had not undergone Disclosure and Barring Service (DBS) checks.

Is the service effective?

Good ●

The service was effective

Staff had completed a comprehensive induction, and a training programme was available that helped them meet the needs of the people they supported. The registered manager held qualifications in training delivery.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Is the service caring?

Good ●

The service was caring

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed.

We spoke with the sole person who was using the service at the time of the inspection and they told us their experience of care and support was good.

Is the service responsive?

Good ●

The service was responsive

People were involved in planning their care, and their views

about their care and support was incorporated into how care was delivered.

There was a system in place to tell people how to make a complaint and how it would be managed, although the registered manager had not documented the one complaint that had been received about the service as it had been made verbally

Is the service well-led?

The service was not always well led

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However, there was no formal audit system in place.

Staff were able to contribute their views about how the service was run, or quality improvement ideas, via regular team meetings and face to face supervision.

Requires Improvement ●

Royal Care Health Recruitment & Training

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office which took place on 29 April 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

We spoke with the one person who was using the service at the time of the inspection, and saw feedback from another person who had recently used the service but was no longer using it at the time of the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contact CQC to share feedback about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service.

Is the service safe?

Our findings

We asked the person who was using the service at the time of the inspection whether they felt safe when being supported by the provider. They told us that they always felt safe when receiving support. They also told us they would feel confident to contact the registered manager of the service if they had any concerns in this respect. They told us they spoke regularly to the registered manager so it would be easy to raise safety concerns.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at two people's care plans which all contained assessments to identify and monitor any specific areas where people were more at risk, such as how to support complex needs. Risk assessments we checked had been regularly reviewed to ensure they were relevant.

An environmental risk assessment had been completed for each person's house. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves. We saw staff had received guidance in the form of a staff handbook, which included information about carrying out their duties in a safe manner, and their responsibilities in relation to keeping people, and colleagues, safe.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being delivered in a stand alone training session. The provider's intention was that this training would be repeated annually, although none of the staff employed by the provider had been in post for this length of time so we couldn't corroborate this. The registered manager was trained to deliver safeguarding training, and was able to speak knowledgeably about this area.

We spoke with the registered manager about the system in place to ensure that people's care calls took place at the correct time, and lasted for the duration that the person had been assessed as requiring. They told us that they monitored care records, and carried out regular care reviews with people using the service in which this aspect of care was checked. They told us that, as the service was so small, they were able to make regular contact with people using the service and could monitor this by speaking with people. They told us that there were plans in the future to introduce an electronic monitoring system, when the service grew larger.

Recruitment records showed that, in most cases, an effective recruitment and selection process was in place. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's ID and checks of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal

record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. There was a system in place which meant that, where a prospective employee's DBS check showed that they had a criminal conviction, a risk assessment was undertaken to assess whether it was safe to employ the staff member. It was the provider's policy that DBS checked would be undertaken on all staff annually.

The registered manager told us that in addition to contracted staff, they made use of temporary interns supplied by the Job Centre, to provide office support. These staff had access to confidential personal information, however, the provider had not carried out vetting to the same extent that they had for contracted staff. The registered manager told us they would address this immediately, and they were not using any interns at the time of the inspection.

There was a policy in place to guide staff in how to support people using medicines, including relation to recording and storing. However, at the time of the inspection the provider was not supporting anyone to take their medication.

Is the service effective?

Our findings

We spoke with the person who was using the service at the time of the inspection, and looked at two feedback forms recently completed by people using, or who had used, the service. The feedback we received was entirely positive. One person said: "I get the help I need, they help me to do the things I want to do." They also said their support worker "cooks lovely meals." One feedback form we looked at included the comment: "Having help makes me feel better about myself."

Staff training records showed that staff had training to meet the needs of the people they supported. The registered manager was qualified in delivering training in a number of relevant areas, and we inspected the certificates which evidenced this. The provider's mandatory training, which all staff completed before delivering care, included moving and handling, infection control, the protection of vulnerable adults and food hygiene. The registered manager also told us that company policy meant only staff with previous experience of care work were recruited, and the staff files we checked corroborated this.

We saw the registered manager used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and people had completed forms giving their consent to receive care in the way set out.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes.

Is the service caring?

Our findings

We looked at recent feedback forms, and spoke with the person who was using the service at the time of the inspection. One person's feedback form described the staff as "very diligent and friendly." Another said the service was "so good and caring" and rated the service they received as "excellent." The person who was using the service at the time of the inspection told us that their support worker was always on time, and always stayed for the allotted length for each appointment. They described that they felt their support worker knew them and their needs and preferences well, and that they always enjoyed their company. One person had raised concerns in the past that they felt their support worker hadn't understood their culture. The registered manager described that a training programme had been implemented to address this.

We checked two care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought, and each care plan contained a service user guide and a signed contract, so that people using the service understood what they could expect when receiving care or support from the provider. People's care plans also contained information about their cultural backgrounds and guidance for staff about any areas they needed to be aware of in order to deliver care in a way that was tailored to each person's needs.

Care plans we checked contained notes describing the care and support provided at each appointment. These were detailed and showed that care was being delivered in accordance with each person's assessed needs.

Staff had received training in dignity and respect, and the staff handbook contained information about providing care in a respectful and culturally sensitive manner. Staff supervision sessions, where staff had face to face meetings with their line manager to discuss their work, featured dignity and respect as standing items.

Is the service responsive?

Our findings

We spoke with the person who was using the service at the time of the inspection about the extent to which they could influence the way their support was provided. They told us that they were able to decide on the support that they received, and said that they could discuss their support provision with the provider whenever they wanted. They told us they were satisfied with the responsiveness of the provider.

We checked two care files, and saw they contained detailed information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet people's needs. Records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them.

We saw that staff completed a daily record of each visit they made to people, reporting on the care they provided and any changes in the person's condition, or any issues that were identified. These records were very detailed, so that it was clear for readers to understand what care had been provided and how the person had presented.

The registered manager told us they monitored care records to ensure the care provided met people's needs. They spoke with knowledge about people's needs and preferences.

In the provider's PIR, which we asked them to provide prior to the inspection, they told us they had received one complaint in the preceding year. We asked to see records of this, but the registered manager told us they had received the complaint verbally and therefore had not made a record of it. This practice would mean that, as the service grows, a history of complaints would be difficult to assess or review. The registered manager told us that, going forward, they will keep a log of any complaints, including those made verbally.

We checked the provider's arrangements for making complaints. We saw that there was information in each person's care plan about how to make a complaint, and this was up to date. It described the correct procedure for external remedy should complainants be dissatisfied by the provider's internal process.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager was also the owner of the business. They told us that they used an external consultant to set up the business and guide them in relation to relevant care – related legislation and procedures.

We saw that the provider used regular staff meetings, which took place monthly, and face to face supervision sessions to communicate with staff. Minutes of team meetings showed that staff were encouraged to share ideas about service improvement and business development. Meetings took place every month, and the registered manager told us that they were a valuable way to gain staff's views and opinions.

The registered manager had a very good knowledge of the service. He could describe the needs and preferences of the people they had provided support to, and understood how best to meet their needs. He described what steps he was taking to develop the business and help it to grow, and explained that he was constantly monitoring the performance of staff so that he could be assured of the quality of service delivered. We asked how this monitoring was done. He replied that it was carried out by regular checking of documents and regular contact with people using the service. However, there was no formal audit system in place to evidence that this was done, or from which it would be possible to observe trends and develop action plans to improve the quality of service.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The policies we checked reflected current legislation and best practice. Pertinent policies had been added to the staff handbook, which was a small file designed for staff to keep with them when carrying out their duties.

The provider had a detailed website, providing information for potential users of the service. However, we noted that it used the CQC logo unlawfully, meaning that the provider was in breach of trademark law. We raised this with the registered person on the day of the inspection and they assured us that they would address this.