

Ruby Care Services Ltd

Ruby Care Services

Inspection report

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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

About the service

Ruby Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection five people were receiving support with personal care.

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

The provider did not have formal recording systems in place to assess and monitor the quality and safety of the service.

We have made a recommendation about quality monitoring and oversight of the service.

Although staff had been trained in the safe management of medicines, there was no on-going assessment of their competence to ensure they administered people's medicines safely, and in accordance with nationally recognised guidance.

Staff had received safeguarding adults from abuse training and knew how to act on any concerns. There was enough staff to meet the needs of the service. People told us they received care from a consistent team of staff and had not experienced any late or missed care call visits. Risk assessments were in place to manage potential risks to people's health and well-being. Effective infection control processes were in place. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff received mandatory training to fulfil their role and responsibilities and felt supported and valued by the provider.

People and relatives were complimentary of the service they received and, without exception, would recommend Ruby Care Services to others. People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People had individualised care plans which met their needs. People were consulted over their care and support needs and 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

Rating at last inspection

This service was registered with us on 21 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ruby Care Services

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.

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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the office of Ruby Care Services Ltd.

Inspection activity started on 22 January 2021 and ended on 29 January 2021. We visited the office location on 29 January 2021.

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.

During the inspection

We spoke with two people who used the service and two relatives by telephone about their experience of the care provided. We spoke with two members of care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was unavailable during our inspection therefore the inspection was conducted with the nominated individual. We received written feedback from a health care professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment, training and supervision and the systems in place for quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. The nominated individual sent us information regarding systems they were putting in place to improve quality monitoring of 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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment processes were managed well but we found one staff's reference did not correspond with the most recent employer on the staff member's application form. This presented a risk of people being supported by unsuitable staff. The nominated individual told us they would take immediate steps to review and rectify any missing information in relation to staff recruitment in line with Schedule 3 of the Health and Social Care Act 2008.
- Other recruitment checks had been completed appropriately. This included undertaking checks with the Disclosure and Barring service (DBS). The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.
- Probationary periods and disciplinary policies supported the management of unsafe and ineffective staff conduct.
- People and relatives told us they received support from regular staff. They had experienced no missed calls. Staff were usually on time and stayed for the duration of the care call visit. One person said, "I have the same carers that's how I like it."
- Staff told us there were enough care staff appointed to ensure all visits could be covered.

Using medicines safely

- People received their medicines as prescribed.
- Staff were trained to administer people's medicine. However, no on-going competency assessments had been completed to ensure they were continuing to administer medicines safely. Following our inspection, the nominated individual shared with us a competency form they had developed and informed us this would be implemented with immediate effect.
- At the time of our inspection, only one person required support with administering their medicines. The service's electronic software system enabled management to view in 'real time' whether the person had received their medicines as prescribed.
- No formal medicine audits had been undertaken by the provider to ensure the safe management of medicines. The nominated individual told us they carried out visual checks when visiting people's homes. They informed us they would ensure all checks were formally documented.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff received training in how to safeguard people from the risk of abuse and were aware of their responsibility to report any concerns.
- The nominated individual was aware of their responsibilities for reporting concerns to the local authority

and to CQC.

- People and their relatives had no concerns regarding the safety of the service. They felt safe with the staff who supported them.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- People's risks had been assessed to identify potential risks associated with their care. These included their home environment and healthcare conditions they were being supported with.
- Care plans and risk assessments were reviewed to ensure they remained effective and relevant to people's care needs.

Preventing and controlling infection

- Staff had received training which reduced the risk of spreading infection.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance and personal protective equipment (PPE) was available.
- People and relatives confirmed staff always wore appropriate PPE.

Learning lessons when things go wrong

- The nominated individual informed us there had been no significant incidents since the service had become operational. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned and would share these with staff to reduce the risk of reoccurrence.

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 received an induction when they started work at the service. This included working alongside the nominated individual. However, there was no documented evidence which showed what the contents of the induction programme consisted of, or confirmation staff had fully completed it. We discussed this with the nominated individual, and they assured us they would put processes in place to formally document this for all newly appointed staff.
- Staff felt supported and could approach management for advice and support at any time. One member of staff told us, "[Nominated individual] is approachable and I can go to them about anything."
- Staff completed mandatory training to enable them to fulfil their role and responsibilities.
- Feedback received from people and relatives was they were happy with the support they received. They felt confident staff were appropriately skilled and trained. Feedback included, "I feel they have the right training." And, "I feel they are trained. I listen and watch them and have no concerns."

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

- People's needs had been assessed prior to them using the service to ensure they received the right support.
- Staff worked with information from external health professionals to promote people's well-being and deliver effective care and support.
- People told us their needs and choices were always fully met by staff.

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

- Where required, people were supported with eating and drinking.
- No one currently using the service had any specific dietary or cultural needs.

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

- Staff provided support to meet people's health care needs.
- The nominated individual recognised the importance of working with other health care professionals to support people's safety and health; for example, GPs, district nurses and occupational therapists.
- People and relatives had confidence in the staff to communicate changes or concerns about their health. One relative said, "[Service] has made a massive difference for us as a family as we have never had to look after anyone before so having the carers here has been good. They notice things or can chat with me about the changes. It's nice to have that reassurance, it has been a godsend."

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.

- At the time of our inspection, no one using the service had been legally deprived of their liberty through the Court of Protection.
- Staff understood the principles of the MCA and supported people to make their own decisions about the care and support they received.
- People confirmed staff listened to and respected their choices. One person said, "I know what I want and my decisions are respected."

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, compassion and kindness.
- Staff and people using the service had developed good relationships. Staff knew about people and how to support them.
- People and relatives spoke positively about the caring attitude and kindness of staff. One person told us, "Nothing is too much for them. They are so good and will do anything for me. Absolutely excellent. They are spectacular." A relative said, "It is a tough job to do caring for people in a vulnerable state. [Name] loves all of them. They all bring something different which keeps [name] interested and motivated."

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

- Staff supported people to make choices in their daily lives and how they wished to be supported.
- People told us they were involved in decisions about how they were supported. One person said, "My decisions are respected. I know what I want to wear etc and make my own choices."
- The nominated individual worked alongside the staff team in the delivery of care. They told us they used this as an opportunity to gain feedback from people about the quality of the care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence.
- Wherever possible staff encouraged people to maintain their independence. One person described how they had been quite ill when they first started using the service. They said, "They had to do a lot of my care but staff have helped me to get better and I am now able to do things myself. I was scared when I first came back home and worried about what the future would be like and how I would manage. The care and support from the carers has helped me to stay in my own home."
- Without exception, people and relatives told us staff treated them with respect and dignity at all times.

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 received individualised care which met their needs and preferences.
- People and, where appropriate, their relatives had been involved in developing their care plans.
- Care plans provided information on how people wished to receive their care and support. These included key areas such as personal care, mobility, nutritional and health needs.
- The service used an electronic software care plan system. This enabled staff to access people's care records at any time and update them promptly to reflect any changes in their care and support needs.

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 service identified people's information and communication needs by assessing and recording them.
- The nominated individual assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to people's complaints or concerns.
- The service had received no complaints. The nominated individual confirmed any concerns or complaints would be taken seriously, fully investigated and responded to.
- People were confident if they had any concerns these would be listened to and acted upon.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The nominated individual told us they were in the process of sourcing end of life care training for staff and the service would work with other health care professionals to ensure people had a dignified death.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; 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 nominated individual was the owner of the business. They were committed to providing high quality care. They took a hands-on approach, worked alongside staff and monitored the quality and safety of the service on an informal basis. These checks were not always documented and there were no recorded action plans in place to drive improvements.
- Although staff told us they felt supported and could approach management for advice and support at any time, they had not received regular formal supervision. This meant they were not provided with the opportunity to discuss their performance and development needs. The nominated individual told us they regularly spoke with staff and were in the process of setting up formal monthly supervisions and spot checks of staff practice.
- Throughout our inspection, the nominated individual was open and transparent and receptive to our suggestions. They showed commitment to improving the service and recognised a more structured approach was required to cover all aspects of quality monitoring to enable greater oversight and governance.

We recommend the provider review their current systems and processes for recording quality assurance and monitoring of staff to ensure more robust oversight of the service.

- Staff enjoyed working at the service and felt supported and valued.
- People and relatives told us, without exception, they were happy with the quality of care and would recommend the service to others. One person said, "I would definitely recommend this company to other people. It is a small company so you get more intimate and better care."
- The nominated individual understood their duty of candour responsibilities about being open and honest with people when something goes wrong.

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

- Staff shared the provider's vision and values to provide good quality care.
- Although no staff meetings had taken place due to the pandemic, the nominated individual communicated with staff on a regular basis. They told us, "I want [staff] to feel included and comfortable to

come and speak with me. I used to notice where I have worked in the past that some companies do their work and go. I don't want that. I want us to build a rapport and relationship with people as this goes a long way. People appreciate us spending the extra time with them. It is about quality not quantity."

- Staff were clear on who they would report concerns to and felt confident in raising these with the nominated individual.

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

- People and relatives felt listened to.
- The nominated individual told us they gained informal feedback when they visited people's homes. They had also recently introduced a feedback form. We noted the returned responses had been positive. One person said, "In this difficult time of uncertainty and Covid-19 [staff] have been amazing."
- The nominated individual informed us they were in the process of developing annual surveys for people, relatives and staff to help support them to drive improvements.

Working in partnership with others

- Staff worked in partnership with other professionals to meet the needs of people. For example, the GPs, occupational therapists and district nurses to ensure people received effective care and support.