

Regents Care Ltd

Regents 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?

Good ●

Summary of findings

Overall summary

Regents Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and for people with a learning disability and autism. The domiciliary care agency office is situated close to the main ferry terminal in Tilbury, Essex.

Following the last inspection on 8 and 9 September 2016, we asked the registered provider to take action to make improvements relating to their quality assurance arrangements, and this action has been completed.

This inspection was undertaken on 16 and 23 November 2017 and 11 December 2017. At the time of the inspection five people were receiving a domiciliary care service from Regents Care Services.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and when things go wrong.

Staff received an induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have choice and control of their lives.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

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 improved to being safe.

Policies and procedures were followed by staff to safeguard people and staff understood these measures.

Risks to people were identified and managed to prevent people from receiving unsafe care and support.

Recruitment procedures were followed to ensure the right staff were employed.

Is the service effective?

Good ●

The service improved to being effective.

Staff had the right competencies and skills to meet people's needs and received regular training opportunities.

Suitable arrangements were in place for staff to receive regular supervision and an annual appraisal of their overall performance.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

Is the service caring?

Good ●

The service remained caring.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences.

Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Is the service responsive?

Good ●

The service remained responsive.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs.

Social activities were available for people to enjoy and experience both 'in house' and within the local community.

Complaints management arrangements were robust.

Is the service well-led?

Good ●

The service improved to being well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider, manager and management team to monitor the service provided and to act where improvements were required.

Regents Care Services

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 checked whether the provider is 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.

This inspection took place on 16 and 23 November and 11 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure that the registered manager would be in. The inspection site visit activity started on 16 November 2017 and ended on 11 December 2017. We visited the office location on 16 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with staff on 23 November 2017 and spoke with relatives on 11 December 2017.

The inspection team consisted of one inspector.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with three relatives, four members of staff, the registered manager and care co-ordinator. We reviewed three people's care files and three staff recruitment and support records. We also looked at the service's quality assurance arrangements, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 8 and 9 September 2016. The topic areas relating to these concerns were under the key question of 'Safe' in the previous assessment framework, and remain within this key question when the framework was reviewed and refined. This relates specifically to the management of risk, recruitment practices and arrangements; and medicines management.

Relatives told us they were confident that their member of family was kept safe at all times. Effective safeguarding arrangements were in place to keep people safe. No safeguarding concerns had been highlighted since our last inspection to the service in September 2016. Staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Suitable arrangements were now in place to manage risks appropriately. Risk assessments were in place and information recorded within people's support plans identified risks associated with individuals' care and support needs. These related to people's manual handling needs, medication and more specific risks, for example, accessing the community and undertaking social activities. Environmental risks, including checks to equipment to ensure people's and staff's safety and wellbeing, had not been considered to reduce the potential risk of injury resulting from a person's living environment. This was discussed with the registered manager and care co-ordinator at the time of the inspection. An assurance was provided that these would be completed and acted upon as a priority for the future.

Information provided identified people who could become anxious and distressed; and which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve their quality of life. Staff spoken with had a good understanding and knowledge of the risk management strategies in place for each person. Staff had received appropriate training relating to physical intervention and 'breakaway' techniques so as to support the person safely and to ensure their own safety.

Relatives told us there were always sufficient numbers of staff available to provide the care and support as detailed within their family member's support plan. Where staff were assigned regular visits each day, staff stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's needs. There had not been any missed calls. Where 'live in care' arrangements were in place, relatives told us and records confirmed that people received care and support as they should. 'Live in care' is where support is provided 24 hours a day and over seven days a week.

Relatives verified that their member of family received a consistent and reliable service and the service ensured that people were supported by the same staff so they can become familiar with them. Care had been taken to 'match' staff with individual people, taking into account people's diverse needs relating to

their ethnicity and faith. The registered manager and staff confirmed that one person was supported by a member of staff with the same ethnicity and faith and this enabled them to attend the local mosque each week.

Appropriate arrangements were now in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. No information was recorded as part of good practice procedures relating to the interview for two out of three applicants so as to demonstrate the outcome of the discussion and the rationale for the appointment. An assurance was provided by the care co-ordinator that this would be reviewed.

Information within people's individual support plans specified which people required their medication to be administered, who required their medication to be prompted and who had their medication administered by family members. No one was identified as requiring their medication to be given without their knowledge or consent. One person was identified as being able to manage their own prescribed medication with minimal staff support. We looked at the Medication Administration Records [MAR] forms for three people. These showed what medicines had been prescribed and were being administered to the person by staff at any one time. No safety concerns had been identified in relation to medicines management since our last inspection in September 2016.

People were protected by the prevention and control of infection. Staff told us they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance when supporting people in their own homes. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 8 and 9 September 2016. The topic areas relating to these concerns were under the key question of 'Effective' in the previous assessment framework, and remain within this key question when the framework was reviewed and refined. This related specifically to staff not receiving regular opportunities for formal supervision and an annual appraisal of their overall performance.

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised and evidence based guidance. Significant steps had been undertaken by the registered manager to ensure where appropriate people were supported to have their diverse needs met.

Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and training viewed was up-to-date. This was confirmed by staff as accurate.

The registered manager and care co-ordinator told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme.

Supervisions had now been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check' visits. The latter is where the provider's representative calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations. Staff employed longer than 12 months had received an annual appraisal of their overall performance. Where these had been completed aims and objectives for the next 12 months had not been identified and set.

Where staff were involved in people's nutritional support they did so as required to meet people's specific dietary needs. This took into account their cultural and religious requirements. One person was assessed as requiring a diet in line with their ethnicity and faith. Staff spoken with were aware of this and confirmed that the traditions of the person's ethnicity and faith were closely followed and adhered to. Relatives told us that staff supported their family member as needed with meal preparation and the provision of drinks and snacks throughout the day. This was confirmed by staff spoken with.

Staff worked well with others organisations to ensure that they delivered good care and support. The care co-ordinator and staff knew the people they cared for well and liaised with other organisations to ensure the person received effective care provision and support. The care co-ordinator told us and information

available demonstrated that people using the service were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. One person had been assessed as requiring assistive technology and appropriate 'Environmental Control Equipment' had been installed in October 2017. This offers the person complete control of the home environment and helps the person to maintain their security, answer the telephone and operate a host of other electronic devices. This improves the person's quality of life as it maintains and increases the person's independence, security and comfort whilst remaining in their own home. The domiciliary care service had worked closely with the person's social worker and occupational therapist in relation to the above. These are professionals who work with a person to put in place the things they need and can arrange for aids and adaptations to be provided within a person's home. This demonstrated that the management team were working collaboratively across different services and organisations to ensure the person's needs were met and they had the right support.

The management team told us that if staff were concerned about a person's health and wellbeing, information would be relayed to the care co-ordinator or registered manager for escalation and action. Relatives confirmed that people experienced positive outcomes regarding their health and wellbeing. Records showed that appropriate and timely referrals to healthcare professional services were made when required.

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. We checked whether the service was working within the principles of the MCA.

The care co-ordinator confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions. While staff had not received MCA training whilst employed at Regents Care Services Limited, the majority of staff spoken with were able to demonstrate a good knowledge and understanding of MCA and its underlining key principles.

Is the service caring?

Our findings

Relatives told us their family member was always treated with care, kindness and received suitable emotional support as and when required. One relative told us, "The care is very good. I am very happy." Another relative told us, "The care is good and I have no concerns about the care and support provided." When asked if they would recommend the service to others, each relative confirmed they would.

Relatives told us that their family member received good person-centred care and support. Relatives spoke highly of individual staff members and confirmed their member of family had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. Relatives were satisfied that their member of family was treated with respect and dignity at all times. Staff told us that people were supported to be as independent as possible and that they encouraged people to do as much as they could for themselves according to their individual abilities and strengths.

Staff spoken with knew people very well and were able to demonstrate a good understanding and knowledge of the person's individual care and support needs. A member of staff was able to tell us how one person using the service had clear daily routines in place throughout the day so as to enable them to handle their activities of daily living. This enabled the person to develop and maintain social networks with people close to them and within their local community. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. Staff confirmed that one person using the service required specific technology and communication aids to help them to communicate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through the completion of annual questionnaires.

Is the service responsive?

Our findings

The registered provider told us that recommendations and referrals to the service were made through the Local Authority, direct payments or personal budgets and Continuing Health Care [CHC]. Referrals and enquiries were also received by the service from people wishing to contract privately with the organisation. An initial assessment was completed by the organisation and the information gathered was used to inform the person's care plan.

People's care plans included the level of support required and additional duties and tasks to be undertaken by staff, for example, support with food shopping and household chores. This ensured the full range of support needed to help the person to live how they choose, including practical support. Records also showed that assessments relating to moving and handling and medication were completed.

Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed. No evidence was available to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. The registered manager and care co-ordinator were advised that information to evidence this process should be included to show people and those acting on their behalf had been involved in the assessment process and where appropriate had signed to state that they agreed with the content of the care plan.

Guidance on how to make a complaint was given to people when they first started using the service and also recorded within the provider's Statement of Purpose and Service Users Guide. Relatives told us they knew how to make a complaint and who to complain to and that they would feel able to raise any concerns, or make a complaint by speaking to the management team or a member of staff. Records showed and the registered manager confirmed, no complaints about the service had been made since our last inspection to the service in September 2016.

Although no one using the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care and support so as to ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 8 and 9 September 2016. The topic areas relating to these concerns were under the key question of 'Well-Led' in the previous assessment framework, and remain within this key question when the framework was reviewed and refined. This related specifically to there being no formal quality assurance arrangements in place to effectively assess and monitor the quality of care and service provided.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run. No changes to the management team had occurred since our last inspection to the service in September 2016.

Relatives told us that in their opinion the service was well-led and the service well managed. Staff were complimentary about the registered manager and care co-ordinator and told us they liked working at Regents Care Services Limited.

The registered manager and care co-ordinator knew the people they cared for well. They were able to demonstrate a very good understanding and knowledge of people's individual care and support needs. Staff were very complimentary about the registered manager and care co-ordinator and told us they liked working at Regents Care Service Limited. Staff stated that in their opinion the service was well run and managed.

The registered manager and care co-ordinator told us that information to assess and monitor the quality of the service provided was now in place and undertaken in a variety of ways. This referred specifically to checking and reading through people's daily records at regular intervals to ensure these truly reflected the care and support provided by staff for people using the service. These were also checked to ensure no serious untoward incidents had occurred that the management team may not have been made aware of. We also noted that people's Medication Administration Records [MAR] were also now being checked to ensure people received their medication as intended and that the records were accurate and up to date. This helped to identify and manage risks to the quality of the service and to help drive improvement.

Staffs conduct and performance was monitored through the service's formal supervision arrangements, annual appraisals and 'spot visits.' Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed. As stated previously within the report, the service worked well and in collaboration with all relevant agencies so as to ensure there was joined-up care provision.

Relatives and staff had completed an annual satisfaction survey in January and March 2017. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided and evidenced the service had consulted with them. When asked if they would

recommend the service to others, relatives confirmed they would. Comments included, 'I am very happy with the service that Regents Care provide' and, 'The service is very good and I would definitely recommend the service.' Where areas for improvement were recorded these related to the management team responding in a timely manner to emails. Staff comments were also positive. The only negative comments related to staff wishing to complete a vocational qualification. They told us that this had been discussed with the registered manager but had yet to be provided. An action plan had not been completed to show how these issues were to be addressed. We discussed this with the registered manager and an assurance was provided that this would be completed.