

Redjacket Specialist Care Ltd

Redjacket Specialist Care (Salisbury)

Inspection report

Unit 39
Glenmore Business Park, Telford Road
Salisbury
SP2 7GL

Tel: 01722433202
Website: www.redjacketuk.co.uk

Date of inspection visit:
09 September 2021

Date of publication:
06 October 2021

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

Redjacket Specialist Care (Salisbury) is a domiciliary care service providing personal care to 12 people aged over 18 and six children aged under 18 at the time of the 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's needs had been assessed and a care plan developed from this assessment as well as from specialist assessments from professional services. People and their relatives were involved in the development and review of their care plan.

People and their relatives were being supported by staff who had been well trained in adult and children's safeguarding, staff knew how to recognise abuse and how to report it. The service had a robust process in place to effectively manage any safeguarding concerns and trained safeguarding investigating officers.

People's risks had been identified and assessed. Guidance for staff on how to minimise those risks was robust.

Staff had been well trained in mandatory areas of knowledge as well as many specific and bespoke areas of training aligned to people's needs. The training programme and schedule was comprehensive and on-going.

People were supported by staff who were committed, dedicated and passionate about their role. Staff thoroughly enjoyed their jobs, felt valued and very well supported by their managers and the provider.

People were supported by a core group of staff to give a consistent service and develop positive relationships. People were supported by an open and inclusive service which recognised equality and diversity and the importance of well-being and socialisation.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right support:

- People and their relatives are involved in the assessment, care planning and review process to ensure they receive the most appropriate support to meet their needs.

Right care:

- The care provided is person-centred and promotes people's dignity, privacy and human rights. People are treated as individuals and differences are valued and respected.

Right culture:

- The ethos and values of the senior management team demonstrated a positive, inclusive culture for the service which was fed down to the whole staff team.

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 20/05/2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Redjacket Specialist Care (Salisbury)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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 a short period of 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 09/09/2021 and ended on 28/09/2021. We visited the office location on 09/09/2021.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the Chief Executive Officer, Chief Compliance Officer and Managing Director, Operations Director, HR Director, Deputy Manager for Regulated Services, Quality Assurance & Compliance Administrator, the Registered Manager and five other members of the staff team.

We reviewed a range of records. This included six people's care records and medication records. We looked at six 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. We spoke with five professionals who regularly visit or work alongside 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.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding processes, procedures and policies in place for both adults and children.
- The provider had several safeguarding investigating officers in senior positions, who took responsibility for identifying, reporting and managing any safeguarding incidences robustly.
- People told us they felt safe with staff and relatives had no concerns about safety. One person told us, "I have just been having them a couple of months and I feel safe with them." A relative said, "Yes he is very safe with the carers."
- Staff had access to a wide range of information and confirmed they had regular training in adult safeguarding. All staff were trained to a higher than required level of children's safeguarding which was confirmed from training records.
- Staff we spoke with knew how to recognise abuse and were confident the provider would take action if they raised any concerns. They also had a safeguarding handbook to refer to and regular workshops to embed their knowledge.
- We received positive feedback from professionals who worked closely with the service. One professional told us, "They now have a very good and solid understanding of adult safeguarding."

Assessing risk, safety monitoring and management

- The risks people faced had been identified, thoroughly assessed and effective measures were in place to reduce them. Risk assessments gave clear guidance to staff on how to manage people's risks.
- Risks were assessed using a matrix which clearly showed the likelihood and severity of the identified risk. Risk assessments were reviewed regularly or if there had been a change in the person's needs.
- Risks included amongst others, self-neglect, oral hygiene, road safety and malnutrition as well as environmental and home hazards such as lighting and pets.

Staffing and recruitment

- Staff had been recruited safely. Records we reviewed included references, work history, ID and Disclosure and Barring Service (DBS) checks. DBS checks allow employers to check whether the applicant has any previous convictions or if they have been barred from working with vulnerable people.
- The provider had a 'safer recruitment' policy and extra checks in place for staff who work with children. This had been developed alongside guidance from a national children's charity and expert on children's safeguarding and child protection.
- Potential applicants were chosen very carefully by the HR Director, with particular attention paid to their

initial informal meeting and their conduct at a values-based interview. The HR Director placed a lot of emphasis on integrity and honesty and was very keen to recruit a high calibre of staff with regards to their character. Staff who were new to care were given equal opportunities if they presented the required attributes of empathy, kindness and respect.

- The HR Director placed a high value on communication and staff well-being in order to retain good quality staff. Staff told us they felt valued and well looked after.
- The service was fully staffed and was able to recruit further. The HR Director recently had an influx of 35 new applications and was in the process of employing 20 new members of staff, within a national climate of staff shortages.

Using medicines safely

- The provider worked closely with a national pharmaceutical expert in medicines training to train staff to administer medicines safely and develop medicines guidance and policies.
- All staff had been fully trained in medicines administration to level 3 and had received competency and spot checks.
- The service was not supporting anyone with medicines administration at the time of the inspection, but staff were trained and ready when needed. A medication administration record (MAR) which had been developed for the first administration for one person in October, was robust and clear.

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- Staff had plentiful supplies of PPE and spot checks were carried out to ensure it was being used correctly.
- Staff had received training in infection prevention and control and COVID-19.
- Staff were tested regularly, and the provider followed government and public health guidance.
- Only one staff member had tested positive for COVID-19 (which had been contracted externally to the working environment) and had adhered to government guidance on isolation.

Learning lessons when things go wrong

- Accidents and incidents were investigated, and actions taken were recorded. These were shared with the staff team.
- Staff we spoke with knew how to report incidents and accidents.

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 before receiving care to ensure these needs could be met. Assessments covered areas such as the support the person required, personal choices and preferred routines.
- The provider used national guidance and quality standards to develop their assessment and care planning tools, such as the National Institute for Health and Care Excellence (NICE) and the NSPCC.

Staff support: induction, training, skills and experience

- Staff at Redjacket Specialist Care were very well supported, trained and looked after. The Managing Director had developed a very good training programme and schedule which was diverse and progressive. This ensured staff had the right knowledge and skills for their role as well as supporting their Continuous Professional Development (CPD).
- All staff, including the office staff, had received thorough and varied training in all areas of care and specific to the people they were supporting. Training opportunities ranged from mandatory areas aligned to the care standards certificate through to pharmacist led medicines training and bespoke individual areas of support and interest.
- Staff who worked only with children had specific training aligned to best practise guidance led by a national children's charity and education and children's services regulator.
- People and their relatives told us staff had been trained. One relative said, "The staff all seem well trained. I cannot fault them at all, they are absolutely brilliant with [family member] and that is what we need." Another said, "They are all well trained and we usually have the same staff."
- Staff were supported with an induction and shadowed shifts with experienced staff, initially. They had on-line and face to face training sessions which were underpinned with multiple choice questions and answers, notifications to undertake e-learning and booklets of information.
- Probationary meetings were held to ensure the staff member was confident. Several staff members told us they were able to 'practically apply' the knowledge they had attained at degree level.

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

- People were supported by staff to maintain good nutrition and hydration.
- People's dietary needs and preferences were included in their care plans.
- There was guidance for staff in people's risk assessments to be aware of changes in habit or intake which may suggest self-neglect or illness.
- Where appropriate staff had specific training in areas such as dementia and eating disorders.

- Any allergies to food were clearly recorded in red ink on people's care records.

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

- We reviewed lots of evidence to demonstrate the service worked with aligned agencies to provide effective care. The service worked closely with the community mental health team, specialist social workers, commissioners, GPs and the emergency services.
- People were supported to access health and social care. Staff reported any concerns they had to the office who referred to community or emergency services.
- We received positive feedback from professionals who worked alongside Redjacket Specialist Care. Comments included, "They are a lovely responsive company, so proactive, They are so receptive to getting it absolutely right, I am so impressed with them" and "Redjackets are an excellent organisation to work with, they provide sensitive yet robust support, they engage positively using a range of different strategies."

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.

- People's care plans contained signed consent forms, including from the parents of children being supported.
- Staff told us they asked permission prior to any care intervention and people we spoke with confirmed this.
- Staff received training in consent, The Mental Capacity Act and Deprivation of Liberty Safeguards with on-going refreshers, workshops and podcasts.

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 and their relatives told us the staff were caring and treated people well. Comments from relatives included, "They are marvellous with her", "They are all caring towards [person] I cannot fault any of his carers, they are all just brilliant" and "They are all very caring and treat her so nicely."
- People were supported by a core group of staff to promote continuity. This enabled people and the staff to develop positive relationships. One relative told us, "It's really good for our daughter to have someone like this in her life. They send the same girl and that's good as she gets used to her. We are happy for her to keep on having the same one. She is really good."
- People were supported by staff who loved their job and demonstrated a commitment to providing person-centred care. Comments from staff included, "I love my job so much, it's amazing and so rewarding", "I enjoy the variety each day and there is a fantastic selection of people" and "It's the best job I have had, I love making a difference."
- The management team were also very positive about their roles and enjoyed their jobs. Comments included, "I am one of the founders and I absolutely love it, every day is different", "If we have made one person smile in their day, we have done our job" and "We love [working with] people with complex mental health issues who have fallen through the net."
- People's care plans contained their life histories, hobbies, interests and family life. This helped staff understand people's lives, experiences and needs.
- Staff had received training in equality and diversity and had a good understanding of respecting people's differences and beliefs.

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

- People and their relatives we spoke with told us they were involved in the assessment and planning of the care being provided.
- People were supported to make their own choices and decisions and to direct their care as they wished.
- People's individual communication needs were recorded and people were given time to respond and engage in the care planning process. For example, one relative told us, "[Person] will make choices with her eyes and they respond to that."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One person said, "They all seem to know what to do and do treat me with respect. They ask my permission before they do things for

me."

- People were supported by staff who had received training in privacy and dignity. Staff encouraged people to maintain their skills and independence.
- People's daily records were written using respectful language. Daily records demonstrated a story of the person's day focussing on their well-being, mood and activity as well as the functional aspects of the support being provided.

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

- Following assessment, people had a personalised care plan which gave staff guidance on people's individual needs. Daily records showed staff followed people's plans of care.
- Relatives confirmed their family member had a thorough initial assessment and they were involved in the development of the care plan. One relative told us, "I was involved with his care plan and they stick to what it says in it. They know his likes and dislikes and treat him very nicely."

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 was fully compliant with the AIS 2016. People's specific communication needs were recorded in their care plans. Staff had guidance to show how to support people with specific communication needs. For example, Autistic people and people living with enduring mental health conditions.
- Staff were able to learn other forms of communication such as sign language.

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

- The provider had a specific interest in people's well-being and in reducing social isolation. This was particularly pertinent during the pandemic when there were restrictions in place.
- The provider had a minibus to take people out which was turned into a secure infection-controlled space. It was de-contaminated and cleaned, and people were driven to 'human free' spaces so they weren't left in the house during lockdown. The provider was passionate that they "Did not want people left at home, just sitting alone and not being supported."
- Staff collected and distributed people's shopping to their homes. The provider told us, "No-one was not seen, no-one went hungry" and "Socialisation is very important, we don't allow clients to be isolated. We have class one business insurance on cars for taking clients out, we are truly an extension of their own family."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process in place but had not received any complaints since registration.

End of life care and support

- The provider had an end of life policy and procedure in place.
- Staff had received training in end of life care and guidance as well as specialist medicines administration.
- Staff who were supporting children had end of life training led by a national children's charity.

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; 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 and management team had very strong values of empathy, respect, equality and care. The management team led by example and the service ethos was fed down to the whole staff team.
- Staff we spoke with were very happy to work for Redjacket Specialist Care. Comments included, "You get given a lot of responsibility and people believe in you that you can do the work, people have trust in you, they are a lovely group of people" and "It is so nice to work for a company who are amazing and who look after the staff."
- The service delivered person centred care for people which meant people's outcomes had improved and they were able to remain living in their own homes as part of their community. Professional feedback in this area was also very positive. "Staff are allocated to our cases and matched to build the best rapport, provide the best care and support for the person. Good skills in engaging hard to reach people with complex needs; staff are creative and work autonomously but always communicate with me as primary worker."
- A social worker commented in an email to the service, "I just wanted to say again how impressed myself and [name] have been with the work you and your team have done with [person's name] and [person's name], it has been great to see."
- The provider was aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team we spoke with were very clear about their roles and responsibilities and how these interacted and impacted on other roles in the service. For example, the training and HR managers work closely to ensure staff have the initial qualities to work for Redjacket Specialist Care and are then supported with training and experience to progress their role and career.
- In addition, the provider had several layers in their management structure where auditing and oversight is shared. This meant that all levels of management had a full picture of the service.
- Managers we spoke with had a good knowledge of regulatory requirements, risk analysis and quality assurance. The service received positive feedback from one professional regarding their performance and planning skills. "This was a very informative and evidenced return. I have shared this with fellow commissioners as an example of best practise. The return is supported by your examples of person-led strengths-based support for your customers."

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

- Staff we spoke with were very complimentary about the provider and management team. One staff commented, "They are the best management I have ever had; communication is great, they are not intimidating there is no fear or anxiety of speaking out."
- The service regularly seeks feedback from people, relatives, staff and professionals and we saw many examples of satisfaction and compliments.

Continuous learning and improving care

- The management team were passionate about continually looking for ways to improve the service they provided.
- For all incidences and auditing, a root cause analysis is used to clarify findings and develop ways to improve or manage incidences differently through an action plan.
- The provider developed a comprehensive business continuity plan for use during the pandemic.
- The management team share findings and ways to improve and actions to take with the whole staff team.

Working in partnership with others

- The provider worked closely with many national organisations as well as local networks to share experiences, good practice as well as support. These ranged from Wiltshire Council commissioners, brokerage service and social workers to a nationally recognised children's charity. They work with Wiltshire College by offering apprenticeships in social care.
- A professional from Wiltshire Council told us, "They've been really responsive this last year and presented the work they've done at the Good Lives Alliance forum. Their attendance at this forum has also been consistently good."