

R and S Medical and Allied Services Limited

R&S Medical & Allied Services Limited

Inspection report

Unit B1a, Neptune House
Neptune Road
Harrow
HA1 4HX

Tel: 02088306838
Website: www.randsagency.com

Date of inspection visit:
14 November 2018

Date of publication:
14 December 2018

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

R&S Medical & Allied Services Limited is a domiciliary care agency. It provides personal and nursing care services to people in their own homes and hospitals. The service provides care to people with a range of care needs including those living with dementia, and people receiving end of life care.

Some people using the service receive support with tasks including shopping and house work not the regulated activity personal care. The Care Quality Commission (CQC) only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided. R&S Medical & Allied Services Limited also provides personal care for children but at the time of the inspection there were no children receiving a service. There were thirteen people using the service at the time of the inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People using the service and their relatives informed us that they were satisfied with the care and support that people received. People received consistency of care from staff who they knew.

People using the service told us that staff treated them with respect and they felt safe when staff supported them with their care and other tasks. They told us that staff were reliable, respected their privacy and understood their needs.

Arrangements were in place to keep people safe. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting all concerns.

Risks to people's safety were identified and monitored.

Arrangements were in place to make sure people received their medicines as prescribed.

Appropriate checks were carried out before staff started to work to make sure they were suitable to work with people using the service. The provider ensured that there were enough staff in place with the right skills mix to meet people's needs.

People and where applicable their relatives, were fully involved in making decisions about people's care. Staff respected the choices people made and supported people's independence. Staff understood the importance of obtaining people's agreement before supporting them with personal care and other tasks.

Staff received training which was relevant to their role. They received ongoing support from the registered manager and office manager.

People's care plans included information about the care people needed and wanted, so staff had the necessary information to effectively meet each person's individual needs.

The service was flexible and responsive, so changes in people's needs and preferences were met.

Staff had a good understanding about people's equality and diversity needs and knew the importance of respecting people's differences and human rights.

The service liaised with healthcare and social care professionals to make sure people's needs were met.

People, their relatives and care staff told us they thought the service was well run and would recommend it.

There were systems in place to check, monitor and develop the service. We found some quality monitoring records could be developed to better show the effectiveness of the quality checks that the service carried out. Action to address this was commenced by the registered manager and the office manager during the inspection.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

R&S Medical & Allied Services Limited

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 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 was an announced comprehensive inspection. We gave the provider two working days notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

The inspection took place on 14 November 2018 and was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR 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. We discussed the PIR with the registered manager during the inspection.

During the inspection at the office we spoke with the provider who is also the registered manager, the office manager and two care staff. Following the inspection, we spoke with three people using the service, four people's relatives and two care staff by telephone. We also contacted four healthcare and social care professionals and received feedback from one healthcare professional at the time of writing this report.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, four staff records and a range of other records including the service user guide and staff handbook.

Is the service safe?

Our findings

People receiving care told us they felt safe when being supported with their care. A person using the service told us, "Yes, I feel always safe with them [staff]." A person's relative told us that they felt that a person using the service was, "absolutely safe with the carers."

There were systems in place to keep people safe and policies that informed staff of the action that they needed to take if they suspected abuse or were aware of poor practice from staff. Care staff were knowledgeable about types and signs of abuse. They knew that they needed to report any abuse to the registered manager, and if necessary the host local authority safeguarding team, police and CQC.

Assessments of risk were carried out. Risk assessments included risks of falls and assisting people with moving and changing position. These were reviewed regularly and included risk management strategies to minimise the risk of people and staff being harmed.

Before a person started receiving a service, a comprehensive risk assessment of their home environment was carried out to identify and minimise any risks of harm to the person and staff. A care worker told us that they would report straight away to the registered manager any concerns to do with the safety of the environment. Staff were knowledgeable about risk assessments and where to access them.

The service checked that required safety checks of equipment used by staff including moving and handling hoists had been carried out. A care worker told us that they always checked the service date of equipment and would report any concerns to management.

Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults and children.

Arrangements were in place to ensure that there were enough staff to meet people's care needs. The registered manager spoke about the flexibility of care staff who were responsive in carrying out extra care visits when needed. The registered manager also carried out care visits when necessary.

Arrangements were in place to make sure appropriate action was taken in response to accidents and incidents and to learn from them and minimise the risk of other similar events occurring. Staff knew that they needed to report all accidents and incidents to the registered manager. They also knew how to respond appropriately in an emergency.

There were policies and procedures in place to ensure that staff administered people's medicines safely. Staff told us that they received the medicines training and refresher training that they needed to administer medicines safely. A care worker spoke positively about the medicine training and told us that their competency to administer medicines to each person using the service had been assessed by the registered

manager. We discussed recording staff's medicines' competency assessments with the registered manager and office manager. They told us that they would ensure that they were recorded.

Care workers spoke of the importance of recording each medicine that they administered and told us that they would contact the registered manager if they had any queries to do with a person's medicines. A person's relative told us that care staff reminded the person to take their prescribed medicines.

Systems were in place to minimise the risk of infection. A care worker spoke of the infection control training that they had received and told us that about the importance of frequently washing their hands. Protective clothing including disposable gloves, shoe covers and aprons were always available to staff.

The staff handbook included detailed information about infection control. It also included information about a range of other health and safety issues, and summaries of policies and procedures that staff needed to follow to ensure they provided people with a good quality safe service.

Is the service effective?

Our findings

People using the service and their relatives spoke positively about the service that they received. Comments from people using the service included, "I get exactly the same carers. They [staff] know what to do. I don't have to tell them," "They [care staff] do everything." and "They [staff] are absolutely brilliant."

People's relatives told us that people received consistency of care from care staff who were known to the people using the service. A person's relative told us "Same carers most of the time."

Care staff told us they had completed a comprehensive induction when they first started work. They told us that the induction had included practical training to do with moving and handling people safely and a range of other training that was relevant to their role. Staff completed a period of 'shadowing' other staff to learn about their role and of completing care duties safely. A member of staff told us that the induction had helped them become more confident as they had been "nervous at first." We discussed the Care Certificate induction standards with the registered manager. These are a set of standards that are the benchmark for the induction of new healthcare and social care workers, which care staff should abide by in their daily working life when providing care and support to people. The registered manager told us that most care staff had achieved a relevant health and social care qualification but they would look at incorporating the Care Certificate into the care staff induction.

Records showed that care staff had completed a range of training relevant to their role and responsibilities. Training was also provided to meet people's specific needs. This training included dementia awareness, epilepsy, diabetes and management of a person's particular feeding needs. A care worker was very knowledgeable about a person's medical condition and of the effect that it had on a person's dietary needs. Refresher training in topics including moving and handling, safeguarding adults and children, health and safety, medicines and infection control also regularly took place. Staff training was monitored closely by the service. Records showed that staff had been reminded by management to complete refresher training.

Care staff told us that they were well informed about people's needs before they started providing them with care. They told us that they had been introduced to people using the service by the registered manager, who had explained each person's care needs to them before they started providing the person with care.

Staff told us they felt very well supported by the registered manager and office manager. They told us that they regularly discussed the people that they cared for with the registered manager, who was always available for advice and support. Care staff told us, "I can ring them [registered manager] anytime" and "I get the supervision I need." A care worker told us that they had one to one meetings with the registered manager. They told us that during those meetings the registered manager always asked them how they were and discussed their progress and development. Records showed that the service had been responsive in making improvements to address issues to do with staff practice. The registered manager told us that they would develop the records of staff one to one supervision to show all areas discussed. Records of staff appraisals were available. However, records indicated that some care staff had not received an appraisal for over a year. The registered manager told us that they would ensure appraisals for care staff were completed.

People's healthcare needs were understood and supported by the service. The service liaised with healthcare professionals, and supported people to access the healthcare that they needed, such as chiropody care. Healthcare professionals provided staff with the training that they needed to care for people's specific health care needs. The service helped people to access equipment and other aids so that their care needs were met. The registered manager told us that on one occasion staff had set up a specialist bed in a person's home after following delivery, it had not been prepared for the person's use. A healthcare professional told us that they found that the agency went the "extra mile" so people's needs were met.

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.

Staff received training on the principles of the Mental Capacity Act (MCA) 2005. They knew how these principles applied in their work and that people's capacity to make decisions about their care and treatment could change. Staff told us they would report to the registered manager any concerns to do with a person's capacity to make a particular decision or consent to care. A person using the service told us that staff always asked them for their agreement before providing them with care and support.

People told us that they were fully involved in decisions about their care. A person using the service told us, "I feel involved. They [staff] listen." Staff told us that people were encouraged to make day to day decisions to do with their lives, such as choosing what to wear, do and eat.

Staff were trained in food safety. People's care plans included information and guidance about people's nutritional needs and the support that they needed with meals and drinks. A person's relative told us, "They [staff] give [person using the service] a yoghurt when [they] want one and make sure [person's] water container is refilled." A care worker spoke of a person's vegetarian dietary needs and of ensuring the person was always offered choice.

Is the service caring?

Our findings

People using the service and their relatives told us that staff were kind and respected people's privacy. A person using the service spoke very positively about the staff who provided their care. They told us, "I am absolutely happy."

Care staff told us that they read people's care plans, and spoke with people using the service, people's relatives and the registered manager to gain information about the background and interests of people that they cared for. A care worker spoke of the interesting lives of people they cared for and told us, "We talk about things with [people] about what they like to do and like to eat. We go that extra mile to make sure people are ok. [People] are very appreciative."

People using the service and their relatives told us that care staff were reliable, stayed the allocated amount of time and mostly arrived on time. A person using the service told us that they understood when care staff were a few minutes late due to heavy traffic.

Staff spoke about the importance of respecting people's dignity and privacy, and were aware that people and their relatives at times needed emotional support. A care worker told us that they always ensured the bathroom door was closed and people had a towel to cover them when receiving personal care. A person using the service told us, "They [staff] respect my dignity." A person's relative told us that staff were respectful and that care staff were competent and kind.

The registered manager told us that they tried their best to match staff with people using the service. They told us that the staff team spoke a range of languages so could communicate with people whose first language was not English. The service had a gender care policy. People could choose whether they wanted to receive care from care staff of the same gender.

Staff knew the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care. The staff handbook and the service user guide included information about the importance of respecting people's confidentiality.

Staff told us about how they supported people's independence. They told us that they encouraged people to do as much as they could for themselves, such as some personal care tasks. A person using the service confirmed that staff encouraged them to wash themselves but provided them with the assistance they required. They told us, "I do my face, they wash my back and feet."

Records showed that staff had completed training in equality, diversity and human rights. Staff we spoke with had a good understanding the importance of respecting people's differences, sexuality, culture, religious and disability needs. A care worker spoke of a recent religious festival celebrated by a person using the service.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was

introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager told us that they always did their best to ensure information was as accessible as possible to people using the service. Records showed that people's sensory needs were assessed prior to receiving a service. Guidance about effectively supporting people's sight and/or hearing needs was included in people's care plans.

Is the service responsive?

Our findings

People using the service and their relatives told us that people received the care and support that they wanted and needed from the service. A person using the service told us about the an "extra" task that care staff regularly carried out which significantly helped them and was much appreciated by them. People using the service told us, "I feel involved in decisions about my care" and "I have a care plan." A person's relative told us that the service was "going well."

People's relatives told us that they were kept informed about any changes to do with the service. One person's relative told us that there had been an occasion when a care worker had not turned up but the issue had been resolved by the registered manager. People's relatives provided us with examples of how the service had been responsive and flexible. A person's relative told us that following a request from them a visit time had been changed.

People's relatives and people using the service told us that people had been asked a range of questions about their needs and preferences before receiving a service from the agency. A person using the service told us that they were listened to and participated fully in the assessment of their needs. The initial assessment carried out by the registered manager helped the service identify people's care needs by obtaining information about people's mobility, nutrition and hydration, health, medicines, cultural and religious needs, and other needs. The registered manager told us that the service only accepted care referrals when the service could meet the person's needs.

People's care plans were developed from the initial assessment and provided personalised guidance for staff about people's needs and care preferences. care needs. The registered manager spoke of the particular personalised support that a person received, which involved comprehensive frequent communication and liaison with community healthcare services, as well as frequent reviews of the person's needs. A healthcare professional was positive about the effectiveness of the service in meeting people's often complex needs.

A person using the service spoke of the responsiveness of the registered manager. They told us that on one occasion they had contacted the registered manager late at night and they had promptly visited the person accompanied by a care worker and provided them with the care and support that they needed.

Arrangements were in place for people's care plans and risk assessments to be regularly reviewed by the registered manager with full involvement from people using the service and when applicable people's relatives. For example, following a review of a person's care the registered manager introduced a fluid monitoring chart in response to a person's change in needs.

Staff told us they were provided with the information that they needed to care for each person using the service, and if they had any queries regarding people's care they would contact the registered manager for advice and support.

Staff completed detailed 'daily' notes during each visit about the care and support that they provided each

person receiving a service. This helped ensure that care staff shared information about the people they cared for so they were up to date with people's current needs.

The service had a complaints procedure, which was included in the service information pack that people received when they started receiving a service. Records showed that complaints had been responded to in line with the provider's policy. The registered manager told us about learning from complaints and making improvements to the service when needed. People using the service and their relatives knew who to contact if they wished to make a complaint. A person's relative told us that they had no concerns with raising concerns or complaints and were confident that any complaints would be managed appropriately by the service. A person using the service told us, "I have no complaints."

The service was providing end of life care. The registered manager told us that they worked closely with a local hospice, community nurses and local authority healthcare commissioners regarding the provision of palliative care. Care staff told us that they received the information and support that they needed to provide people with personalised end of life care. Records showed that staff had received training in palliative care. The registered manager told us that she was in the process of planning a specific end of life education course for care staff to complete. A care worker spoke of the importance of ensuring that people were supported to be as comfortable as possible at the end of their lives. The registered manager spoke about the support they provided to staff who cared for people at the end of their life.

Is the service well-led?

Our findings

People using the service and their relatives told us that they were very satisfied with the way the service was run. A person using the service told us that they would, "definitely recommend the service" to other people. Another person told us, "[Registered manager] is good. I can contact her at any time. It is well run."

People's relatives told us, "It is all good. I am happy" and "[Registered manager] is very good." Written feedback from people's relatives included, "Thank you all so much for looking after [person] so well" and "We'd like to thank you and the team for all the care and attention for our [relative] over the last year."

The service had a registered manager. 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.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service provided to people. We found that checks of staff practice, care plans, care records, medicines administration records were carried out. People were also asked for their feedback about the service and improvements to the service when needed. Although, it was evident from speaking with staff, people using the service and people's relatives that checks of the service and staff supervision were carried out and action was taken to address shortfalls. Records did not always show this. Records of quality monitoring checks were discussed with the registered manager and office manager. They were responsive during the inspection in starting a system where details of the checks would be better recorded and better show when action was taken to make improvements to the service.

Staff told us that the registered manager and office manager were very approachable and supportive, and available at any time to provide them with advice and support. A care worker told us, "I enjoy my job, we work well as a team." Staff told us that team meetings had taken place. A care worker told us, "I feel able to speak up, we are listened to." Another care worker told us, "I am happy working for the agency. It is good and well run."

Care staff told us that they regularly visited the office and spoke with the registered manager and office manager about aspects of the service including people's care needs. They knew that they needed to keep the registered manager informed about any changes in people's needs and any issues that affected the service

There was a 24 hour on call service to provide guidance and support. Staff told us that they always got a quick response from on call staff when they contacted them. The service supports staff training needs and provides staff with the support that they needed.

The registered manager told us that they frequently visited people using the service and carried out checks of their care needs and the quality of the service people received. Staff and people using the service

confirmed that these checks were carried out. The checks included observation of care staff carrying out their duties and asking people for feedback about the service.

Staff told us that there was good communication about the service from management. They told us that they were kept fully up to date by email, telephone and text messages about any issues and changes to do with the service. Care staff also spoke of regularly visiting the office to speak with the registered manager about issues to do with the service and people's needs. The registered manager told us that staff were encouraged to feedback suggestions about improving the service. Care staff told us that they felt confident to speak up about any issues and felt that they would be listened to and taken seriously by the registered manager and office manager.

People using the service and their relatives told us, and records showed that they had opportunities to provide feedback about the service during telephone calls and during care reviews. Records of recent telephone and email feedback from people's relatives was available. They showed that people were satisfied with the service.

The service had up to date policies and procedures in place. Staff knew how to access policies and procedures to obtain the guidance that they needed to follow to keep people safe and to respond to complaints and health and safety matters. Summaries of these were included in the staff handbook.