

Retons Care and Training Services Ltd

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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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Retons Care and Training Services Ltd is a domiciliary agency providing care and support to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection they were providing personal care to 23 people.

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

People spoke highly of the care and support they received from staff. Comments included, "I am very happy with the service provided" and, "They're doing a marvellous job."

Staff followed detailed guidance to reduce potential risks posed to people to keep them safe. Staff were recruited safely, and systems were in place to inform people if staff were running late. People told us care staff had never missed a care call.

People told us they had built a relationship with their care staff who knew how to meet their needs. Staff knew how to protect people from the potential risk of harm and abuse. Staff had been trained and understood the action to take if they had suspicions.

Medicines were managed safely, and people received their medicines as prescribed. Medicine records were audited monthly by a member of the management team. Care plans were individualised and contained detailed guidance informing staff how the person wanted their needs met.

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. Checks were made to ensure people had the legal authority to sign on other people's behalf.

Staff had been trained to meet people's needs and felt supported in their role. Staff attended regular team meetings giving them the opportunity to raise any concerns or to make suggestions.

Systems were in place to monitor the quality of the service people received. People were asked for their views and changes were implemented promptly to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 18 and 23 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 (Safe Care and Treatment), Regulation 11 (Need for Consent) and Regulation 17 (Good Governance).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Retons Care and Training Service Ltd on our website at www.cqc.org.uk.

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 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 ●

Retons Care and Training Services Ltd

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

The inspection was completed by two inspectors and an Expert by Experience who spoke with people on the telephone. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also needed consent from people using the service to receive a telephone call to give their feedback about the agency.

Inspection activity started on 14th July 2021 and ended on 16th July 2021. We visited the office location on 15th July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last 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 nine people who used the service and eight relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and three care staff.

We viewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, records relating to the management of the service and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from the risk of skin damage and pressure area care had not been assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection care records had been reviewed and updated. Support had been sought from external health care professionals to ensure the records detailed relevant risks and how these could be minimised. Staff followed guidance to reduce risks such as, skin integrity or falls risks.
- Specific risk assessments outlined potential risks and detailed the support required from staff. For example, comprehensive guidance was available to support a person to manage a specific health condition. This guidance reduced the risk of the person becoming unwell and needing medical intervention.
- Safety and security within the persons' home environment were detailed within the care plan. For example, how to access the property and environmental risks including fire safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who understood their needs and followed their care plan. One person said, "The carers are there to help me feel safe." A relative said, "[Loved one] is very safe with them [staff], they are better than the previous company."
- People were protected from the potential risk of harm and abuse. Staff had been trained and understood the potential signs of abuse and the action to take if they had any concerns.
- The registered manager told us there had not been any safeguarding concerns since the last inspection. However, staff had access to the providers' policy and procedure which included the local authority's protocol, if a concern required reporting.

Staffing and recruitment

- People told us the agency had never missed a visit however, some people commented that the care calls could be later than scheduled. One person said, "Timekeeping is a bit hit and miss, but they never rush the call." The registered manager told us they were aware of this issue and were working on solutions. People had received their care calls within 30 minutes either side of their allocated time, as per the contract.
- Staff told us they were allocated enough travel time however, staff using public transport had been

affected by delays during the pandemic. Systems were in place if staff were running late to a call; the office team would contact the person to let them know staff were running behind.

- The registered manager told us they were implementing a reward and recognition service to reduce staff turnover and recognise the work staff had completed.
- Staff had been recruited safely. Employment records contained full employment history of staff and references were obtained. Criminal records checks had been made with the Disclosure and Barring Service to prevent unsuitable staff working with people.

Using medicines safely

- Medicines were managed safely. They were administered by staff that had been trained and had their competency assessed by the registered manager.
- Staff followed detailed guidance describing the exact support people required with their medicines. Any specific instructions had been recorded such as, staff putting the medication into the persons' hand ensuring they had a drink of water. Medication administration records (MAR) were clear and advised staff of the route and dosage of the medicines.
- MAR were checked and audited on a monthly basis by the registered manager. Any errors were identified and acted on promptly. Staff's administration practice was regularly checked by the registered manager.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) such as, gloves and aprons to minimise risks to people. Staff had been trained and followed the infection control policy and procedure. Staff told us they were given supplies of PPE and used hand sanitiser, as well as regular hand washing to reduce the risk further.
- The registered manager encouraged staff to accept COVID-19 vaccinations to help protect themselves and the people they were supporting. A log was kept of staff's vaccination status as well as the weekly PCR test results.

Learning lessons when things go wrong

- Staff followed the provider's incident and accident policy. The registered manager told us there had not been any accidents since the last inspection. However, they discussed the action staff should take in the event of an accident during team meetings. Any accident or incident would be reviewed to identify any actions that could be taken to prevent 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.

At the last inspection this key question was rated as Require Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to demonstrate that consent had been provided by the relevant persons'. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection, the registered manager had reviewed people's care records to ensure they contained a mental capacity assessment or documentation to show another person had been given the legal authority to make specific decisions on their behalf.
- Staff had been trained and understood the importance of enabling people to make as many decisions for themselves as possible. Staff spoke about offering people a choice of food to eat or what they wanted to wear that day.
- People's capacity to make specific decisions such as, agreeing to their care was assessed. Decisions were made with the person and, if required relatives, health care professionals and those with the legal authority.

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

- People's needs were assessed prior to receiving any care or support from the agency. The assessments were completed with people and their relatives and included people's specific needs and preferences. The

assessments were completed and reviewed by the registered manager to ensure care staff could meet the person's needs.

- A relative told us they felt the initial assessment was comprehensive and, that once the care had started, a supervisor followed up and made changes to the care call times.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs. This information was transferred to the care plan which outlined the support required from staff.

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

- People's health needs were identified in the initial assessment. Staff worked alongside and followed guidance from health care professionals to improve people's health, mobility and well-being. For example, guidance from an occupational therapist detailing how to support a person when using the hoist and transferring between the bed and chair. A relative told us when their loved one started to use a hoist the agency did a 'dress rehearsal' to ensure the person was happy and comfortable.
- People said staff looked after their health and contacted relevant health care professionals to ensure they remained as healthy as possible. A relative told us that care staff had taken their loved one to hospital and GP appointments.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew what they were doing and felt they were able to meet their needs. One person said, "The staff are very good. They don't say a lot, they get on with their job, I like the quiet." Relatives told us that staff knew their loved one well and knew how they liked to interact with people.
- Staff said they received the training, support and guidance to fulfil their role and meet people's needs. This was through a variety of methods including training and refresher training, supervisions and spot checks. One member of staff said, "I always have the support of my manager. My manager is very hands on and is also always available."
- New staff completed an induction which included time to read people's care records and working alongside experienced members of the team and the registered manager. New staff completed 'The Care Certificate' this is a nationally recognised qualification within the care sector.

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

- People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Staff followed guidance from dieticians and speech and language therapists for people at risk of malnutrition or dehydration.
- Care plans contained detailed guidance of the support people required with their meals. Some people required jugs of drinks and fresh water to be left within their reach at the end of their call. Other people required staff to prepare breakfast, lunch and dinner of their choice. People told us they were happy with the meal support from care staff.
- Staff were trained in food hygiene and understood the importance of encouraging people to eat a healthy balanced diet and to maintain hydration.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection we recommended the provider sought advice to ensure care planning documentation reflected personalisation and person-centred care. The provider had made improvements.

- Care plans were individualised and recorded every detail of what was important to the person. For example, being called by their preferred name, having access to magazines and newspapers and promoting their independence such as, being involved in their personal care.
- People's care records were reviewed with them and their relative to ensure they continued to meet their needs. Daily logs completed by the care staff at the end of each care call were monitored and audited by a member of the management team, this was to check for accuracy against the person's care plan.
- People spoke highly of the staff, comments included, "The nicest girls I have ever met. They are kind and considerate" and, "I am very happy with the service provided." A relative commented, the care staff had got to know their loved one and "They are all very nice and doing a great job."

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.

- People's communication needs, and preferences were gathered at the initial assessment and transferred in the persons' care plan. Some people required staff to speak slowly, clearly and louder than usual to enable them to hear and understand the information.
- The registered manager told us, documents were available to people in formats they were able to understand such as, easy read or larger texts.

Improving care quality in response to complaints or concerns

- Information about how to make a complaint or raise a concern was detailed in the statement of purpose and service user guide. People were given the opportunity to raise any concerns or compliments at their review meetings with a member of the management team.
- Records showed complaints had been investigated, acted on and resolved. For example, a complaint had been made regarding care staff leaving a drink out of reach. The registered manager spoke with all care staff and the complainant was happy with the outcome.

End of life care and support

- There was information in people's care plans about whether they wanted to be resuscitated by the emergency services should they require this intervention to maintain life.
- At the time of the inspection, no one using the service was receiving care at the end of their life.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust auditing systems were in place to improve the quality and safety of the service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager had reviewed and updated the auditing system to identify shortfalls. The management team completed a range of audits which included, medicine records, daily report logs and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence.
- Staff spoke highly of the management team and the ongoing support they received from them and the office. Staff comments included, "I feel supported by the entire team including the office staff" and "There is very good communication. The management are great."
- Staff told us they felt there was an open culture where they were kept informed and their suggestions and ideas were listened to. Regular team meetings were held enabling staff the opportunity to share best practice and to make suggestions for improvements. One member of staff said, "We can bring ideas to meetings and they are very open to receiving any ideas."

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

- Systems were in place to monitor and improve the quality of the service people received. Checks on staff competency had been undertaken to ensure they had the knowledge and skills to meet people's needs and undertake tasks such as, administering medicines. A member of the management team completed spot check visits, observing staff and speaking with people. These visits enabled staff to receive some feedback regarding their working practice, that had been observed.
- The registered manager, care coordinator and staff team were aware of their role, responsibility and who they were accountable to. Care staff were given a job description and a contract of employment which outlined their role and responsibility. Staff attended regular team meetings which enabled them to be updated with any changes to their role or people they were supporting.

- The registered manager had informed the Care Quality Commission of significant events that happened within the service, as required by law.

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

- People and relatives were involved in the development and review of the agency and the service they received. Monthly telephone checks and annual surveys were sent out to gather feedback, ideas and suggestions. Results were reviewed by the registered manager and changes were made to improve the service based on people's feedback. For example, during a telephone monitoring call one-person feedback that staff had spoken to each other in their own language; as a result, all staff were spoken to at a team meeting and individually in supervision meetings.
- Regular team meetings were held enabling staff the opportunity to share best practice and to make suggestions for improvements. The registered manager told us they had increased the frequency of the meetings during the pandemic to ensure smaller groups of staff could meet on a regular basis.

Working in partnership with others

- Staff worked in partnership with health care professionals such as district nurses, occupational therapists and GP's, to ensure people remained healthy.
- The registered manager had worked with the local authority following the last inspection to make improvements to the service. We received positive feedback from the local authority who had been monitoring the action plan they had submitted to CQC. They commented, "I felt the registered manager had worked to improve all areas of concern."

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 registered manager understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.