

WEF Care Limited

Respectful Care

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

About the service

Respectful Care is a domiciliary care provider providing personal care to people living in their own homes, so they can live as independently as possible.

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. There were 23 people receiving regulated care activity at the time of the inspection.

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

People were very complimentary about the registered manager and care staff.

There were enough staff to effectively meet the current packages of care which supported people's needs. People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed; to assess and reduce any risks associated with required support. Staff were recruited in line with best practice. Medicines were managed safely, and staff ensured clear infection control practices. The provider had reflected on incidents, and lessons had been learned.

People were supported by a regular team of care staff, they said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; this was in line with best practice and current guidelines. When people required support with their nutritional needs this was recorded and reflective of the individual's needs.

The care was provided by kind and caring staff and people told us they treated them with respect. Care plans reflected the individuals needs and any communication needs were identified and supported along with any cultural or religious needs. Care staff understood the importance of respecting people's diverse needs and promoting independence.

The provider worked in partnership with other agencies to make sure people received the right care and support. Health care was promoted, and staff worked in partnership with health and social care professionals.

The provider ensured that any complaints had been responded to, and people and staff were encouraged to give feedback.

There was a range of improvements made by the management team since the last inspection, to demonstrate the service was now well led. Auditing and quality assurance processes were more robust and the service was now working within the principles of the Mental Capacity Act. 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.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 19 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Respectful Care

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 carried out by one inspector 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 eight days' 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 13 August 2019 and ended on 14 August 2019. We visited the office location on 13 August 2019.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used this information to help plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people and four relatives on the telephone and visited four people with two relatives in their home. At the registered office we spoke with three staff, the registered manager, the nominated individual, who was also the Managing Director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The CEO of Respectful Care was also present at the office.

After the inspection

We spoke with two further social care professionals who have involvement with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and 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.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection, we asked the provider to take action to make improvements to managing their medicines, this action had been completed.
- There was now detailed information to support medicine administration. A medicine administration record (MAR) was completed when the person had received their medicine.
- The MAR records were reviewed monthly by the managers and any errors or concerns addressed, this included identifying where further training was required.
- Staff had received training in medicine administration and their competency in this area was reviewed regularly. Staff understood their responsibilities and we saw examples where staff had discussed concerns they had, regarding people and their medicines.
- Some people had medicines which were when required (PRN) medicine. For this medicine there was now clear guidance in place to reflect when these would be required, or when access to further medical intervention may be needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt the personal care they received was safe, and they were protected from the risk of abuse.
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had any concerns. Staff told us they had been trained to identify potential abuse, how they could raise concerns and said they felt confident they would be listened to.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with appropriately.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. Comments included, "No concerns with safety, they always take care," and "I know they keep me safe, they use the key safe, that's what we agreed."
- Risks to people's safety and welfare were identified, we saw these reflected current practice and guidance and had been reviewed when changes had occurred, to ensure they met current need.
- Procedures were in place to ensure staff knew what to do in the event of an emergency, such as not being able to obtain access to a person's home.
- The registered manager explained how they regularly met with other managers within the Respectful Care network to share best practice, to help improve assessment documentation and mitigate risk as far as

possible.

Staffing and recruitment

- Most people we spoke to provided positive comments about their care. They told us they had regular carers, their calls were on time, and that they received a phone call from the office if the carers were running late. One person said, "I am very happy, I get the same staff most of the time, I have a rota as I like to know who is coming."
- Slots of 30 minutes were the minimum amount of time allocated to people's calls, but this was increased if the person's needs were more complex, or when a person commenced end of life care. A live computer 'portal system' allowed staff to log on to see if their rosters had changed.
- Necessary checks were completed which included proof of identity, two references and background checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This demonstrated that the provider had safe recruitment practices in place.

Preventing and controlling infection

- People were prevented from risk of infection as staff competency was checked in areas such as infection control practice.
- People told us the staff wore company uniforms and were well presented. One person did tell us that a carer had long nails which they felt were inappropriate for care work. We reported this at the office and the registered manager advised they would address this and reiterate their uniform policy in the next team meeting.
- Staff had received training in infection control practices, they had access to personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents, or incidents that may occur. For example, a recent medication error had identified the staff member required further training in medicines and this was being completed prior to any more calls which would have required medicine administration.
- The registered manager told us that staff are kept updated with actions taken, when a concern had been reported to the office. Feedback to the staff was felt to be vital to ensure that staff were kept informed that any issues raised were acted on.

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 Requires 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 provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had made improvements since the last inspection, in how they recorded people's consent and if there were any capacity issues. This was now included in the latter part of the assessment process, where any issues around capacity and understanding would have been identified. Clear decision specific assessments reflected when a best interest meeting was required, and appropriate referrals were made to the relevant professionals.
- People we spoke with, confirmed that staff asked their consent before commencing care. Records showed that people had signed their care plans to agree with the care that was to be provided.
- The registered manager had completed further training on the MCA and had guidance on the MCA Code of Practice that was referred to if necessary. Training for staff was completed at their induction, as well as ongoing during in house training.

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

- The registered manager explained how they assessed people's needs before the provider started working with them. The assessment considered all aspects of people's care and support needs and was used to develop person centred care plans and risk assessments to promote independence wherever possible. They have also developed an 'about me' document, to give the staff more insight into the person's life history.
- People, their relatives and where appropriate other health and social care professionals, were also

included in developing the final document.

- The provider was trialling a communication book with some people to promote more effective communication between care staff and client's families who were not always present when people received support. This will be considered for roll out if successful.

Staff support: induction, training, skills and experience

- People were supported by staff who had undergone a training induction program which gave them the skills and knowledge to care for people. A person we spoke with said, "I think the carers are well trained, and because they come to me regularly they get to know what I like."
- We saw that care staff received the training they needed to keep people safe and meet their needs. Training on safe working practices included safeguarding, infection control, moving and handling and first aid. These courses included face to face training and well as some which were on line courses.
- We were told of the regular supervision and appraisal systems in place, staff explained they had supervisions regularly and they told us they signed a copy to be retained on their file.
- Staff told us they felt well supported in their role. One staff said, "The managers are approachable, they make you feel if something is bothering you, then you can come in and have a chat – they're never too busy for us."

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

- People were supported to eat and drink in line with recommendations made in their care plan. People told us, "The carers help me with my meals, its very nice," another person explained, "The carers make sure I have access to sugary drinks in each room, to help me be able to manage my diabetes."
- Care plans provided the details for all the dietary support people required. Staff had received the relevant training to promote and encourage independence for people wherever possible.

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

- People told us they were supported by a range of health professionals to maintain their wellbeing, we saw contact details for Community Nursing and Physiotherapist details which were recorded in care plans.
- People were encouraged to be active, more independent and to engage in the community. A dementia friends coffee morning at the office had been developed for people, their family and friends to attend, to discuss and share experiences.
- Where people had equipment to support their needs, staff had received the necessary training to give safe support and were aware of the reporting procedures for any unsafe equipment.
- The provider worked effectively with other professionals. For example, we saw where changes in need were identified, referrals to social care professionals were made in a timely way.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were very complimentary about the staff and told us they felt their privacy and dignity was always respected. One person said, "When I get out of the shower, they hold the towel in front of me to maintain my dignity," another said, "When they open my curtains – they only do it a little bit, not thrown wide open."
- People were encouraged to be as independent as possible. one person said, "they anticipate my needs without controlling me." Another person told us, "I like to do as much as I can for myself, and the good thing is they encourage me to do so." Most people we spoke to, told us they did not feel rushed, one person said, "If they finish early we spend time having a chat, I really enjoy that."

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

- People and their relatives confirmed they were involved in making decisions about care and support and how they wanted this to be incorporated into their plans. One relative told us, "I know the care plan is up to date and the carers read it regularly, so they know how to look after [name]."
- The registered manager told us they would signpost people to advocacy services if they needed help in making decisions (an advocate is someone who supports people to help express their views and wishes).

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care staff were kind and caring. Comments included, "The carers always ask if there is anything else they can do before they go," and, "They are all so polite and friendly."
- People had regular care staff which helped to develop supportive and meaningful relationships. Staff also told us they felt they had established friendly and positive relationships with people.
- People's care records included information about their preferences which included their preferred name and any important details. The registered manager promoted equality and diversity, we saw several policies in place to support with this and all staff received training in equality and inclusion.

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was responsive to their needs. People had agreed at assessment how they wanted to be supported and this was included in their care plan, along with their needs and preferences.
- People told us they were very happy with their care and they received support from regular carers. One person told us, "Even when my regular carers are off, I still get people I know."
- We saw from care records and talking with staff, that people were empowered to make choices and have as much control as possible in managing how their care needs were met.

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 care records demonstrated that the provider identified and documented any communication impairment, and steps were implemented to make sure people had access to the information they needed in a way they could understand it.
- The provider had access to a translation service, to provide information in any language or alternative format if this was requested, or identified as a need.

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

- If it was part of the agreed care, the provider supported and encouraged people to access the local community and follow their interests. The registered manager told us how they want to expand their coffee mornings; with wider workshops on dementia for people and their friends and family to gain a wider understanding.
- The provider also considered the risk of social isolation during their assessment process. They are hoping to support to address some of these issues by developing activities. They held a charity coffee morning, invited people, family and friends who use the service and raised funds, sharing this achievement through their newsletter and media stream.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the service. People did receive a copy of the complaints policy in their service file and most people knew how to raise a complaint; those who were not sure of the process, said they would telephone the office to let them know.
- We saw, when a complaint had been raised, the complaints procedure had been followed.

End of life care and support

- Some people receive end of life care in their own homes. The service was not supporting anyone with end of life care at the time of our inspection. However, we did discuss how the provider had previously supported people well, in documenting people's expressed wishes.

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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given and on their website. This is so that people and those seeking information about the service can be informed of our judgements. We noted that although the rating was displayed at the registered office when we visited – the rating on the website was missing. Once we informed the provider of this; it was resolved and displayed correctly within the same day.
- There was a registered manager in post who understood their legal responsibilities in relation to notifying significant events and notifications to the local authority and to ourselves.
- There was a management structure in place, which gave clear lines of accountability and responsibility. Staff told us they could always access support when required.
- Three mentors from the staff team were utilised in supporting the registered manager and director in their roles, supporting and mentoring new staff. A new member of the office staff team had been recruited to assist with managing the growing service.
- There were systems in place to identify and manage any risks to the quality of care provided. For example, processes were in place to monitor any patterns, or trends in reported incidents. The managers of the Respectful Care branches met regularly to share good practice, discuss any changes in policy, or identify improvements which could be made.

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

- People and their relatives spoke positively about the management of the service and how the support they received helped them to remain in their own homes. Most people we spoke to, knew there was a registered manager, and people were positive about the timely responses they had received when ringing the provider. This included times when they were ringing out of office hours.
- We saw examples where good practice by the carers was recognised and rewarded by a 'carer of the month' scheme. This was a scheme set up by the director, to offer financial rewards and recognition of good work.
- The director and registered manager both led by example and demonstrated an open approach to people who use the service and to staff. A staff member told us, "Both managers are very approachable and

supportive, their door is always open when we need to speak to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings were held regularly, and we saw minutes of these where staff could raise issues and discuss concerns.
- Questionnaires were completed from people using the service and staff, these were audited, and any feedback considered for improving the service.
- Partnerships had been developed with some professionals, which the provider hoped would be beneficial to developing the service. We spoke with professionals in the commissioning services who had knowledge of the provider, and comments received were positive.

Continuous learning and improving care

- Staff we spoke to were determined to provide a good service. They were aware of the process of 'spot checks' to monitor the quality of care and support given and told us they thought this was a good way to help drive improvement.
- There were systems in place to monitor and assess the quality of the service provided. Daily discussions were held to discuss any issues and what was happening across the service. Recent additions to the auditing process were the medication review sheets and communication sheets, this was helping to highlight any patterns, or issues with quality assurance.