

Sreevijay Ltd

Royal Care

Inspection report

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27 February 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royal Care is a domiciliary care agency which provides personal care 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 seven people were receiving a personal care service. People had a variety of health needs and some people had physical disabilities. The service provided support to people at the end of their life who wished to remain at home.

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

Risks around people's health was not consistently safe. Guidance was not available to staff for one person at risk of choking. Some people had other health needs which had not been robustly risk assessed. Although nobody had come to harm, this did not demonstrate effective management of people's safety. Quality systems did not identify the concerns we found around managing risk. The provider took action in response to our concerns and sent us additional information after the inspection to tell us what improvements had been made.

People and relatives fed back positively about the staff and the calls they received. Staff were recruited safely. Staff used an on-call should they need any help or advice. People were protected from abuse and staff understood their responsibilities around reporting concerns. At the time of our inspection nobody was supported to take their medicines. People either took their own medicine or their relatives supported them. Accident and incidents were recorded and analysed to see what could change to prevent reoccurring events.

Peoples needs were assessed to ensure the service was able to support them well. People received care and support from trained staff. Most people did not require support with their meals and could either manage this alone or were supported by their relatives. 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. People's capacity was assessed as part of the assessment process and continually assessed.

People and relative's spoke positively about the service. People felt their dignity and independence was respected. Relative's and people told us they were asked for their views and involved in making decisions about their care.

People had care plans to inform staff of how care and support should be delivered in line with their needs. Staff and people accessed care plans using an online App. Care plans gave detailed information, were easy to use and easy to update. People were offered information in other formats such as large print should they need this. The service supported people at the end of their lives who wished to remain at home. Staff said they felt well trained and supported by the management team to care for people at the end of their lives.

Complaints were responded to and managed appropriately.

People and their relatives said they felt well communicated with and had met the management team, the service worked in partnership with other healthcare professionals. Staff told us they were clear about their roles and what was expected of them. Audits were made on the service to check the quality of care people received. People, staff and other individuals were asked for feedback so positive changes could be made to 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

This service was registered with us on 26 February 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the services registration date.

Enforcement

We have identified a breach of Regulation in relation to management of risk at this inspection. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Royal 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.

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. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours' notice of the inspection because we wanted to gather feedback from people. We asked the provider to seek permission from people using the service to share their contact details with us, so we could make telephone calls when we visited the office. We visited the office location on the 26 and 27 February 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from one healthcare professional.

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 to two relatives of people who used the service by telephone. We spoke to the registered manager, manager, administrator, and four care staff. We reviewed a range of records. This included five people's care 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information about health needs and information around risk. We spoke with three relatives, one person and two care staff.



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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks around people's health was not consistently safe. One person was at risk of choking. Although the person was not frequently supported by staff with their meals a risk assessment and guidelines had not been put in place. A staff member said, "If person choked, I would call the ambulance. I do agree care plan information in response to choking could be improved." Apart from calling an ambulance the staff member was unable to say what other action they would take. The manager sent us information after the inspection to demonstrate a risk assessment and guidance for staff had been implemented.
- One person was at risk of constipation. Information in the persons care plan did not describe the signs and symptoms of constipation. We asked a staff member what action they would take if the person was constipated for several days. They were unable to say what should happen apart from recording this. There was no information about what they should do if the person did not have any bowel movement for a number of days. The guidelines were updated during the inspection.
- Information around managing risks was not always specific. One person had a catheter (A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag). There was no information for staff to follow about how this should be cleaned and kept free from infection. Information was updated during the inspection. Another person had a moving and handling risk assessment that said the person should be 'kept safe and comfortable'. There was no further description of what this meant. The risk assessment was updated during the inspection. Although there was no evidence people had been harmed, this did not demonstrate a robust approach to managing risk.

The above demonstrates that the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and relatives fed back positively about the staff and the calls they received. Relatives said, "The call times are fantastic, never missed a call. At Christmas some staff were off sick, and nothing was too much trouble for the other staff. The majority of the time we get the same staff" and "Very happy, turn up on time never missed any calls. One occasion a little late and they phoned to tell me."
- The computer system the service used automatically linked the addresses of people with Google maps. The registered manager used this to plan which staff were allocated to ensure they had enough time in between calls.
- An on-call system was in place so staff could always call for support or advice. The registered manager, manager and administrator attended calls to cover sickness or if staff were held up. A staff member said, "I

feel well supported, don't feel anything is wrong in that area. There is always someone at the end of the phone." The service used an on-line system to monitor call times. The registered manager was able to identify if staff had completed calls as agreed.

- Staff were recruited safely, and checks were made before new staff commenced employment. Relevant Disclosure and Barring Service (DBS) checks were completed. DBS checks help employers make safer recruitment decisions. Employers can check if new staff have any criminal convictions or cautions, and references obtained from previous employers. We did note one staff members DBS had been completed after they had begun work. A DBS check had been completed by the staff members previous employer, but it was unclear how old this check was. All other staff had DBS checks completed before they began to work.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and staff had received training in this area.
- Staff understood how to recognise abuse and the processes to follow should they have any concerns about people's safety. Staff said, "I would report concerns to the managers or local authority" and "I would call the office and document concerns. I would log on the body maps on the App, I would get in touch with safeguarding directly."
- There were effective safeguarding systems in place and a safeguarding policy. The registered manager knew their responsibilities around notifying other agencies of any concerns.

Using medicines safely, Preventing and controlling infection

- At the time of our inspection nobody was supported to take their medicines. People either took their own medicine or their relatives supported them.
- If people required assistance in the future, staff had received training to be able to support this. Competency assessments had been produced so checks on staff administering medicines correctly could be made.
- People were protected from the risk of infection. Staff received training in infection control and were provided with enough personal protective equipment such as gloves, and aprons to complete their roles. During the inspection some staff collected equipment from the office.

Learning lessons when things go wrong

- Accident and incidents were recorded and analysed to see what could change to prevent reoccurring events. The manager was able to produce reports and analyse information on the on-line system. They said, "Every client has their own incident/accident record on the system. There were two incidents in January 2020. Both were to do with falls which were followed up. I could create an analysis from the information on the system." The manager looked at the times of the falls to identify if there were patterns or reasons people fell so further measures could be put in place to prevent this.
- Action was taken when things went wrong. For example, the manager identified alerts were not coming through to the on-call phone when the new computer system was implemented. They updated the system to ensure this happened in the future.

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

- People's needs were assessed to ensure the service was able to support them well.
- Some people had been assessed by outside health care agencies such as the hospital or continuing care team who decided how many hours of care they required for their calls. Royal Care conducted further assessments to build a care package around the assessed needs. The registered manager said, "We report back any concerns so they can increase or decrease the care package. We have told them at times to decrease the care packages if we don't need as much as the assessed support."
- People's needs were continually assessed, and referrals made to other healthcare professionals when concerns were identified. The registered manager said, "If carers think mobility is deteriorating, we will contact the Occupational Therapist (OT). We ask the family what they think and ask people for permission if we can call."
- People's care plans contained information to inform staff how to support them with their health needs. The service worked with other healthcare professionals such as district nurses, social services, GPs, Physios and OTs to support people.

Staff support: induction, training, skills and experience

- People received care and support from trained staff. New staff completed an induction when they joined the service. They shadowed more experienced staff and were observed before providing care alone.
- Training was a mix of eLearning and face to face courses. Managers regularly competency checked and made observations of staff practice. The manager said, "I do checks and observe staff. I have a spot check record which covers things like correct uniform, if staff checked the care plan, their attitude and behaviour. I then speak to the client or relative to share what I've observed."
- Staff received formal supervisions and an annual appraisal. During supervisions various areas such as training needs, personal issues, and work performance were discussed. Staff were encouraged to obtain further qualifications, develop their careers and had a personal development plan. For example, one staff member had shown a passion for dementia care so had been signed up to a course to expand their knowledge so this could be shared with other staff. Staff had either obtained or were working towards formal health and social care qualifications.

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

- Most people did not require support with their meals and could either manage this alone or were supported by their relatives. Staff reported any concerns observed around people's weight to the managers

or relatives. If necessary, people were referred to other healthcare professionals.

- Staff received training in oral care and the impact this can have on a person's health, weight, eating and drinking. Oral health was part of the providers assessment when new placements were offered. Peoples care plans contained detailed information about how oral care should be supported.

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.

- Peoples capacity was assessed as part of the assessment process when they began to use the service. If concerns around people's capacity was identified this was referred to other healthcare professionals. Capacity was continually assessed and documented in the care plans.
- Staff received training and understood the importance of people having choice and making their own decisions. A staff member said, "Everyone is deemed to have capacity before proven otherwise."

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; Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke positively about the service and said their dignity and independence was respected. Relatives said, "Carers are well trained and extremely kind. Dignity is always respected" and, "I'm asked constantly if anything is wrong or if I don't like something. They are caring and ask how I am too, I just can't fault them."
- Staff told us they had enough time to build a relationship with people as well as meet their care needs. Staff said, "Sometimes we spend over the time with people, sometimes shorter. That's the choice of the person, we get enough time between calls" and, "This is a caring DCA, I've worked at others but not caring like this."
- People's protected characteristics such as, race was respected. Religious and cultural beliefs formed part of the initial assessment and was documented in people's care plans.
- Several compliments had been received about the service. For example, 'Carers both acted in a professional manner'; 'Thank you all at the Royal Care for your kindness not just to (person) but also (other relative). The care and kindness goes beyond a paid job' and, 'Thank you all so much we couldn't have coped without you so glad we managed to keep (person) at home.'

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

- Relatives and people told us they were asked for their views and involved in making decisions about their care. Relatives said, "They are fantastic, can't fault them. Nothing is too much trouble. They are kind and talk to (person), they go out of their way to find out the little things" and, "Very good, they always say hello to me and (person) even though (person) doesn't speak. They don't treat (person) like a disabled person, they talk to them through everything they are doing."
- The registered manager and manager sought feedback from people and their relatives so any improvement could be made to the care people received. The management took time to build up a relationship with people and their relatives. The registered manager said, "(Person) used to be a (past profession). We talked about this and I got to know them, (person) showed me an award they had received."
- A relative said, "They will ask if there's anything else they can do to help. They are lovely and very caring. The registered manager, manager and administrator also come out to care for (person) I'm very, very pleased with them."
- The service was flexible to people and their relatives' requirements. For example, the day before our inspection a relative called the office to see if the time of their relative's call the next day could be changed at short notice. The amendments were made and resolved immediately to suit their needs.

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

- People had care plans to inform staff of how care and support should be delivered in line with their needs. Care plans gave detailed information and were easy to use. All care plans were stored on an online computer system. Staff had Apps downloaded on their phones which gave them access to the care plans and other important information such as, policies and procedures. People and relatives were able to access their care plans so any changes could be made straight away if their needs changed.
- The registered manager and manager were able to review information from calls immediately. This meant improvements could be made quickly. For example, the manager noticed some staff were not making enough detailed recordings about the support they delivered to people at calls. They immediately fed this back and supported staff to understand what they needed to record.
- When staff attended calls, the App assigned planned activities. Activities had to be signed off as completed before staff were able to sign out of calls. This meant important tasks would not be easily missed. For example, if a person required help with repositioning or support with their personal care.
- People and their relatives were given information when they started to use the service. This included the provider's statement of purpose, service user guide, and how to make complaints

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.

- If people could not access their information online, they were offered information in a paper format. Care plans were regularly reviewed with people and their relatives.
- Most people had relatives that could support them to communicate any wishes. If people did not have any relative's the registered manager provided advocacy information. (Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes).
- During the assessment process people's preferred way to communicate was discussed. People were offered information in other formats such as large print should they need this.

End of life care and support

- The service supported people at the ends of their lives who wished to remain at home.
- Staff said they felt well trained and supported by the management team to care for people at the end of their lives. A staff member said, "I've provided end of life care before. On my first week someone did pass away while I was there. We reported this straight away and the manager's invited me to go to the office to

talk about it."

- The service worked in partnership with other healthcare professionals to provide care and support to people in an agreed and dignified way. Most people had relatives who provided additional support when people were at the end of their lives. The registered manager said, "The carer's will support family, contact district nurses, make tea. If the family need support the carer's will do this. We may do extra hours, we don't charge for this its human compassion. We get to know the client so by the last day we would know the likes, dislikes, what would make them more comfortable."

Improving care quality in response to complaints or concerns

- Complaints were responded to and managed appropriately. No formal complaints had been made although the registered manager recorded any concerns people had raised even if they had not wanted to formally complain.
- A complaints policy and procedure was available for people, staff and other individuals should they wish to make a complaint. The policy gave information about how complaints were handled and what people could do if they were dissatisfied with outcomes.
- Relative's told us, they were confident they would be listened to if they had any concerns. They said, "I feel if I had any concerns, they would put them right, but I have no concerns and am very happy" and, "I wouldn't be afraid to raise concerns. I had raised a few niggles and they responded to them."

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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality systems did not robustly identify the concerns we found around managing risk. It had not been identified risk assessments around managing choking were missing. Some other health risks had not been robustly risk assessed so agreed measures to reduce risks could be implemented by staff. The provider took action in response to our concerns and sent us additional information after our inspection to tell us what improvements had been made.
- Other audits were made on the service to check the quality of care people received. For example, the audit in September 2019 had identified that competency assessments of staff needed improvement. A new system had been implemented so all staff received an agreed number of spot checks as well as other observations. The registered manager could monitor when checks had been completed or were due and when a review was required. Staff told us spots checks were useful to improve their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives said they felt well communicated with and had met the management team. During the inspection staff came to the office to have a meeting. They said they felt well supported and able to go to the office or contact management at any time. A staff member said, "They are professional, thorough, and look after the staff. They take time to speak to staff and take us into consideration. If you had an appointment come up for the next week you can go to them and ask for day off and they will cover you. It's nice the office staff chip in so they can see what's going on, on the ground."
- The provider sent surveys to staff, people, relatives and other individuals to gain feedback about the service. The provider used the information provided to make improvements. For example, staff surveys in January 2020 highlighted that induction for new staff and how competency around specific areas observed could be improved. This had been acted on and improvements made.
- The service aimed to continuously learn and improve. For example, the audit in September 2019 had identified interview questions for new staff were not role or values based. To improve this, interview questions were updated, and Interview packs created. This contained role specific information and a scoring tool to assess new applicant's suitability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; 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

- There was mutual respect between staff and management and staff freely came to the office to seek advice or share information. The service worked with other healthcare professionals so people could receive the care they required.
- Staff told us they were clear about their roles and what was expected of them and they felt well supported by the manager's.
- The registered manager understood their responsibility to notify the Care Quality Commission of important events as required.
- The management team had a good understanding of their responsibilities under the duty of candour. The registered manager said, "Don't think anything's ever gone wrong. We have a good relationship with relatives." They kept in regular contact with people and their relatives to check everything was going well or if anything needed to improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12