

Restgarth Domiciliary Care Limited

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Inspection report

Cott Yard Rural Resource Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Restgarth Domiciliary Care Ltd provides personal care to people living in their own homes in the community. It provides a service to older adults in the Liskeard, Looe, Saltash and surrounding areas of Cornwall. At the time of our inspection 45 people were receiving a personal care service.

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

People told us they were happy with the service they received and had regular staff who arrived on time. They had agreed the times of their visits and were kept informed of any changes. People said they felt safe using the service and staff were caring and respectful. Comments included, "I am extremely happy with the service. There are carers and those who care, and they really care", "We would be lost without these carers; they are most communicative, and we have a lot of laughter together" and "The carers are brilliant; I don't know what I would do without them. They have made such a difference."

Rotas were well organised and there were enough staff available to provide all planned care visits. Staff had a good knowledge and understanding of people's routines and had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing an effective and caring service in line with people's wishes.

There were robust recruitment processes in place to help ensure staff were suitable to work with vulnerable people. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

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 had a care plan detailing their needs and care plans provided guidance for staff about how to meet those needs. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Risk assessments and care plans were kept under regular review and updated as people's needs changed.

Staff supported people to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements 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 and update

The last rating for this service was good. (Report published on 20 February 2018)

Why we inspected

This was a planned inspection based on the previous rating. At this focused inspection we reviewed the key questions of Safe, Effective and Well-led only.

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 remained 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 Restgarth Domiciliary Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Restgarth Domiciliary Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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

Restgarth Domiciliary Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

Notice of inspection

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on 23 April 2021 and ended on 30 April 2021. We visited the office location on 27 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we

had requested when the inspection was announced.

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.

During the inspection

We spoke with five people who used the service and seven relatives. We received feedback from 12 staff and one healthcare professional.

We visited the service's office and spoke with the manager, and the other two members of the management team who were responsible for specific areas of the running of the service. We looked at a range of care records in relation to people who used the service, staff recruitment and training records, quality assurance records and information related to the running of the service.

After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the manager prior to and during the site visit.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "Everything they do is so caring, I feel safe, I'm not just a number to them" and "The carers are very good, they are excellent. They never rush, they take their time, and I just cannot find fault with them."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- Managers had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. There was a positive approach to risk taking to enable people to regain and maintain their independence. Any identified risks were well managed.
- The rota system was used effectively and consistently, which resulted in people receiving safe and timely care. People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. Comments included, "I have carers three times a day, they are very rarely late and have never not turned up", "We get a roster every week so that we know who is allocated to us. Ninety percent of the time it is those people who arrive" and "[Person] mostly has the same carers. One carer who seems to be her primary carer and then a group of five or six who cover the week".
- People were given information packs containing details of their agreed care and telephone numbers for the service, so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. As one person told us, "I know the number for the office and there is an out of hours number too if I ever need to contact them."
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice. Staff were appropriately trained to use any equipment needed, to help people to move around their home. One relative said, "The carers are very safety conscious; they ensure [person] is secure when [person] is using the stand aid. They double check the little things."

Staffing and recruitment

- There were sufficient staff employed to meet the needs of the people who used the service. The service had continued to recruit throughout the COVID-19 pandemic to ensure there were enough staff to cover staff sickness and for staff who needed to shield or self-isolate.

- The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People told us they were supported with their medicines and received them on time.
- Staff had received medicine training. Spot checks were carried out regularly to help ensure staff competency.
- Medicine administration records (MAR) were completed in people's homes and returned to the office for checking and auditing.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- People told us staff always wore the appropriate PPE. As one person said, "All the staff wear masks, gloves and aprons when they help me to wash."
- The office held stocks of PPE for staff to collect as needed. Hand sanitiser was available for visitors in reception.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by management. Any areas of learning identified were shared appropriately with staff to improve safety.

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

- Before agreeing to start a new package of care, the service ensured they had as much information as possible from the person, their family and/or the funding authority.
- At the time of this inspection it was not possible for the service to complete their assessment before the service started. However, an experienced worker would carry out the first visit and an assessment at the same time.
- Assessments of people's needs detailed the care and support people required.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Comments from people about staff included, "The carers all know what they are doing, they are very good", "[Person] is supposed to do physio every day and the carers support them to do it" and "The carers will always ask me what I want to do, they will give me a choice as to a bath or a shower. They are very tactful in seeing what I prefer and when they help me, they will do things like dry my back, and cover my front up at the same time."
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs. Some staff supervisions and appraisals had fallen behind due to the impact of the COVID-19 pandemic. However, there was a plan in place to bring these up to date, which had already started.
- Staff had access to regular training and this had been mostly kept up to date throughout the pandemic. Before the pandemic training was a mixture of online and face-to-face sessions. However, in recent months all training had been completed online. Some staff said they had found this more difficult and management recognised this approach was less supportive for staff. The service planned to return to facilitating group training sessions, as soon as it was safe to do so, and had already booked some smaller group sessions.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

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

- Some people needed support with meal preparation and people told us staff were competent in preparing food. Commenting, "The carers cook my meals; they give me a choice from the ready meals, but sometimes I will fancy a steak, so they will cook that for me. They are always happy to get me what I want" and "They help [person] with their meals and are conscious of providing them with the right calories and nutrition."
- Staff completed food hygiene safety training.

- Where necessary care plans included details of people's dietary needs and preferences.

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

- Staff worked with other agencies, such as GPs and community nurses, to help ensure people's health needs were met. When staff recognised changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- People, and their relatives, told us the service had responded appropriately if people felt unwell and had either arranged appointments or informed a relative. Comments included, "If the carers notice anything they are concerned about they will let me know straight away. They saw that [person] was not walking so well and let me know, so that I could arrange a GP visit" and "They pick things up, they notice things. When we have called the paramedics, they have always been right, there has always been something wrong."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff always asked for their consent before completing any care tasks.
- Where people lacked capacity, care plans contained details of specific decisions they might need help to make. There was guidance for staff about how to support people to be as involved as possible in making these decisions.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.

Is the service well-led?

Our findings

Well-Led – this means 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The current manager, who been in post for three weeks at the time of our inspection, was not registered with the Care Quality Commission (CQC). However, we received confirmation that an application had been submitted to the CQC and was in the process of being assessed. The regional manager had been overseeing and managing the service during a short period while a new manager was being recruited. The regional manager was continuing to support the service and the new manager.
- The service was well organised and there was a clear staffing structure. The office team worked together to manage the day to day running of the service, including working hands on, alongside staff where required. There was a good communication between the management team and care staff.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. The new manager had carried out an assessment of the service and identified some areas for improvement in relation to staff training and supervision. An action plan was in place and had started to be implemented.
- People and their families were positive about how the service was managed. Comments included, , "Overall happy with the service", "They (Restgarth) asked me what I needed, and they have delivered, in fact they have gone the extra mile" and "I talk to the staff in the office once or twice a month. They are all extremely helpful and will call me if there are any issues. They know who I am when I call, and the phone is answered very quickly."
- Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "I am so proud to say I work for Restgarth Network. It is a very professional, run company and every one of our carers cares passionately, for our clients and each other", "Office team are approachable and very supportive, and this includes out of hours times", "We had been without a manager for a short time and during that time office staff have worked very hard to keep things safely running and especially during a demanding and uncertain time with COVID-19"

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

- People and relatives said there was a positive culture in the staff team and staff confirmed they were happy working for the service.
- People told us they had their personal preferences and choices respected and supported. If a person raised any objection to a member of staff, for any reason, this was added to the electronic system and that staff members name would not be accepted on to the rota to visit that person in the future.

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. People had a copy of their care plan in their home and people and staff told us these were kept under regular review and updated when necessary. One Care worker told us, "Care plans are in all client's homes and we are updated if the client's needs changes."

- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Commenting, "I like working for Restgarth, I enjoy my work and find it rewarding helping people to stay in their own homes", "I just like my job" and "We meet lovely clients, and family's too, so it's like having a extended family of our own."

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 provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- While face-to-face staff meetings had not taken place during the pandemic, team leaders and management had kept in regular contact with staff. Weekly newsletters were sent out to staff to update them about new guidance and any operational changes. Staff felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and regular calls from management. People and families told us they knew how to complain and would be comfortable doing so if they needed to. They told us, "I contacted the office once as [person] was not happy with one of the carers. They listened to me and sorted things. They did a good a job", "I completed a customer satisfaction survey just before Christmas, asking for feedback. I certainly gave them better than good in my response" and "We are happy with the care and if we were unhappy about anything, we would phone the office, as we have done previously, and get things sorted."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The new manager had developed a service improvement plan which included ensuring training and supervision was brought up to date and implementing different ways of seeking people's views.
- Systems used to plan rotas and monitor the service provision were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

