

Regents Care Ltd

# Regents Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 September 2016.

Regents Care Services is registered to provide personal care to people who live in their own home. There were seven people receiving a service at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our inspection and we were assisted by the care coordinator.

Established systems were in not place to monitor and assess the quality of the service people received. Processes were not in place to manage any risks in relation to the running of the service. Policies and procedures were not linked to current guidance and legislation. While people had some opportunities to say how they felt about the service provided, the information was not evaluated to show that people were listened to and to see if any improvements were needed.

Work was needed to improve records relating to people's individual risk and care records and medicines. Systems to ensure robust staff recruitment and to ensure staff were provided with timely training and supervision were not consistently organised. Staff appraisal was not well implemented. Actions had commenced to develop the staff induction training programme.

Care records included people's preferences and individual needs so that staff had information on how to give people the support that they needed. People, and their relatives where appropriate, were fully involved in the planning and delivery of the support provided. People confirmed they received the care they required and their individual preferences and practices were responded to positively.

People's dignity and privacy was respected and people found the staff to be reliable, friendly and caring. Staff had positive and caring relationships with the people they supported. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People knew the registered manager and found them to be approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Systems to manage risk in the service, including staff recruitment, were not consistently applied and guidance on supporting people's medicines was not robust to ensure people's safety.

The provider had systems in place to manage safeguarding concerns.

There were enough staff to meet people's needs safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Improvements were needed to systems that supported staff induction, training, supervision and appraisal.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives where appropriate were involved in the planning and review of the care and support provided.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs. People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care and support that met their needs and took account of their preferences and personal circumstances.

People were confident to raise concerns and knew how to complain if the need arose.

**Is the service well-led?**

The service was not consistently well led.

Systems were not in place to monitor the service effectively so as to ensure that people's health, safety and welfare were promoted.

Organisation and management oversight were not robust. People's views of the service were inconsistently sought and were not shown to be taken into account.

**Requires Improvement** ●

# Regents Care Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 8 and 9 September 2016. The provider was given 24 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 8 September 2016. We visited people and their relatives in their own homes, spoke with staff and spoke to a relative by telephone by arrangement on 9 September 2016. We sent a request for information by email to 13 staff and received seven responses.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process, we spoke with two people who received a service and three people's relatives. We also spoke with the care coordinator who was leading the service while the registered manager was on leave and one member of staff.

We looked at three people's care records. We looked at records relating to four staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints and monitoring and assessing the quality of the services provided.

# Is the service safe?

## Our findings

People confirmed they felt safe when supported by staff in their own home. One relative told us this was because of the staff approach to the person and that they always treated them gently and respectfully. Another person told us it was because staff were patient. We found however that some improvements were needed to ensure the safety of the service. One person told us that while they knew staff now, staff did not always wear identification when coming to their home.

The way information was written in risk assessments needed improvement to ensure it was always clear and accurate. One person's assessment, for example, referred to lifting the person, which is unsafe practice. The care coordinator, the person and their relatives confirmed that no lifting took place as the person was able to stand. Risk assessments needed more work in places to include all relevant areas, such as the risk of falls, so that control measures could be put in place to ensure people's safety. We requested evidence of risk management in relation to the business. The care coordinator told us that contingency plans to ensure the continued operations of the service for people in the event of emergency such as bad weather or power failures in the office were not available.

The Provider Information Response stated that a robust recruitment procedure was in place. Recruitment files showed that references and checks had been completed before staff started working in the service and this was confirmed by staff. We noted however that one staff member had not identified in their employment history that they had worked in a local care service, although this was evident in one of the other documents they provided. This had not been identified and explored during the provider's recruitment process which meant that improvements were needed to ensure the process was robust.

The service provided support with medication to a limited number of people using the service. The policy and procedure had recently been updated following the local authority's review of the service. Staff competency assessment or audits of medicines were not in place. Copies of one person's recent medication administration records [MAR] were viewed during the office visit. We found that the handwritten MAR were completed by only one staff member and showed that the person was receiving their medicines at incorrect times. We made the care coordinator aware of this concern and they visited the person's home on the same day to check this. The care coordinator and a relative confirmed to us that, while the records had not been accurately completed, the person had received their medication at the correct times as prescribed. They also confirmed that a new system had been set up immediately to ensure accurate recording.

The provider had policies and procedures in place to safeguard people. These had been recently updated following the local authority's review of the service and copies were provided to people to keep in their own home. The care coordinator and staff had received training in safeguarding people. They were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. The care coordinator confirmed that no safeguarding alerts had been raised in the service since the last inspection.

People confirmed that they were supported by familiar staff from a core staff group and that staff stayed for the full amount of time allocated to ensure the person's needs were met. People told us staff arrived at the

agreed time and were flexible when needed. One person said, "The staff are very reliable, they never let us down and come regularly and on time. We have never had a missed call." Another person said, "The staff do turn up when they are supposed to."

## Is the service effective?

### Our findings

While staff told us they felt well supported through regular supervision, we found through records that formal supervision was not being carried out routinely for all staff. Where records were available, the content did not detail what had been discussed, wording was repetitive and follow-up action was not demonstrated. This was agreed by the care coordinator who had completed some recent staff supervision sessions which showed an improved content.

We requested a copy of the provider's policy and procedure in relation to staff supervision and appraisal. The care coordinator told us that this was not available. Appraisal of competence was not completed routinely for all staff and did not include goal setting or review to support staff development. The stated aims on a 2015 appraisal record that was available advised that appraisal would be completed annually and would include the staff member and their line manager. The records we saw contained input only by staff members with no contribution by the registered manager. The PIR told us that providing staff with an annual appraisal was an improvement they planned to introduce in the coming year.

Staff told us that they received a suitable induction when they started working at the service which included being introduced to people and reading their care plan. Records confirmed that inexperienced staff had completed an induction to a recognised industry standard; the care certificate. The care coordinator demonstrated a new system being set up to show more clearly what topics staff had covered and that their competency in each had been assessed. The PIR told us that all staff were to complete the care certificate as a planned improvement to the service and records showed that this had already been discussed with staff in preparation.

The PIR told us that all staff received training in, amongst others, medicines and The Mental Capacity Act. Our review of staff training records found that one staff member had not received training in medicines management. The care coordinator arranged for the staff member to complete this training electronically during our inspection. Staff told us they received the training they needed to complete their role well. Records showed that staff had completed training in core areas such as manual handling, infection control and medication. Staff confirmed that while much of their recent training was completed electronically, training in manual handling had included practical training and demonstration on the use of equipment.

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. At the time of our inspection we found that the provider was generally working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Most of the staff team had completed training in MCA and an invitation for all staff to complete this electronically was set up during our inspection.

Staff had an understanding of supporting people's right to make decisions and stated they always sought



people's consent. This was confirmed by the people we spoke with and or their relatives. People's pre-admission assessment included information on their capacity and also on those people designated to act on the person's behalf where this was indicated. We saw that, as part of the action plan in response to the local authority's review of the service, written consent had recently been obtained, for example, to support the use of photographs.

People spoke positively about staff and their ability to provide effective care. One person said, "The staff are very good."

People told us that staff encouraged and supported people to have a nutritionally balanced diet in line with the person's assessed needs while respecting people's right to make their own decisions. Staff had received training in food handling and nutrition. Care plans showed where people were to be supported with meals and drinks and how to support the person to exercise choice. People told us that staff were not currently involved in supporting the person to manage their health care needs, as this was supported by people's family members.

## Is the service caring?

### Our findings

People confirmed that staff were kind and caring. One person said, "They are good and kind. They talk to me. They ask how I am and how I feel." A relative said, "Staff are kind and caring and this is shown in the way they are with [person], in the way they speak with them and care for them." Satisfaction surveys completed by people using the service confirmed that people were treated in a caring way. One contained the comment, 'Have always been treated very well.'

People were involved in decisions about their care, lifestyle and about the support they were provided with. People and their relatives, where appropriate, had been involved in the assessment and planning of the care and support provided. When they enquired about using the service, the registered manager met with them and discussed what they wanted from the service. One person said, "We were both involved right from the start. The manager came out to talk with us and discussed what we needed. It is in the care plan. We have a copy of the care plan here. It has not been updated since we first joined but then there have been no changes as to the care needed so it is still valid." Another person told us that staff had gone through the care plan with them very recently to review it and that a new copy was being typed up.

People were supported by familiar staff who they knew and who knew the person and their needs well. People told us they had developed good relationships with staff and felt comfortable with them. A relative told us, "It is so helpful to have a team of care staff who know [person] and understand their needs so well." Another relative told us that the person could have difficulty in expressing themselves and so became frustrated. The relative advised us that staff remained calm and did not take the person's comments personally. All of the people we spoke with told us that staff knew what support was needed although they always took time to ask if there was anything else the person would like them to do.

People confirmed that they, or their relatives, were treated with dignity and respect. Staff told us that they always ensured people's dignity during personal care by using towels to cover people and ensuring doors were closed. Staff confirmed the importance of maintaining people's skills and independence and supporting them to complete tasks they needed assistance with only after asking the person if they wished staff to do so.

## Is the service responsive?

### Our findings

People told us they received care that met their individual needs, choices and preferences. One person told us, "Staff know what to do and they do it well". Another person said, "The personal care is very good."

Each person had a care plan in place showing the support they required and when this was to be provided. While there was limited evidence of historical review, the care plans were currently being updated so that staff had clear guidance on how best to meet people's current needs. Care plans were available in people's homes. We noted some contradiction in the information contained within care documents, such as between the care plan and the risk assessments relating to mobility. We also saw that staff were repetitively recording that massage was being provided to a person. The care co-ordinator told us that staff were not suitably trained to provide this, that it was not an identified task within the person's care plan and was a poor use of words to describe application of the their skin cream. The care co-ordinator confirmed they would contact staff immediately to advise on more accurate recording.

People told us that the services was responsive to their needs. People told us for example that they needed flexibility as to the days support was provided and the service accommodated this. One person said, "We can change the days if we need to, it is not a problem, they always help us." The care coordinator told us that, for some people, staff arranged the days and times of the visits directly with the person and their family member and staff then informed the office of the arrangements made. Support was organised in a way that met people's diverse circumstances. The care co-ordinator advised that same faith staff were rostered to work on specific days to support a person to attend their religious meetings. People told us that they had expressed a preference regarding the gender of the staff that came to their home to provide support and that was always met.

People told us that staff did not only keep to the tasks stated in the care plan but used a practical approach to communication with the family. One person told us that staff left notes for the family to ensure the person's comfort. These advised, for example, of shopping requirements that staff had noted were needed or that while the milk in the fridge was in date, it needed checking as staff did not feel it was really fresh. Another person told us that staff took time when applying cream to their skin to rub the areas gently to soothe the person and improve their feeling of well-being.

The provider had a system in place respond to people's complaints. A pictorial version of the complaint procedure was also available. The complaint procedure had been reviewed recently following the local authority review of the service and was available in people's homes. Staff were aware of how to respond to any concerns or complaints people might raise with them in line with the provider's complaints procedure. Staff confirmed they would support the person to make a complaint and would telephone the office for people to pass on the concern on the person's behalf for the registered manager to deal with.

People told us that they felt confident to raise any concerns if they had any issues, although most people said they had not had any reason to do so. People told us that they received information on how to raise concerns or make a complaint when they started using the service and felt sure that they would be listened

to and action would be taken. One person told us there had been some communication issues when they started to use the service which they had discussed with the registered manager. The person confirmed that the registered manager had listened, discussed the issue with staff and improvements had been made.

## Is the service well-led?

### Our findings

While people and staff knew the registered manager by name and found them approachable, a view was expressed that leadership was not robust. One person told us that while they were satisfied with the actual care provided they did not feel there was always suitable management oversight and organisation in the service. The person said, "Sometimes [registered manager's name] does not know what is happening. There is not much management oversight; the staff are left to sort it out amongst themselves."

There was not an effective system in place to assess and monitor the quality of the service. The care coordinator confirmed there was no quality assurance system in place in the service, to monitor or audit medicines, care records and staff files.

While the Provider's Information Response [PIR] told us that policies and procedures were in place we did not find this for some relevant aspects of the service provision. This included staff supervision and staff appraisal so that staff knew what was expected of them and what they could expect. Some policies and procedures had been recently reviewed by the provider in response to the requirements of the local authority review of the service. These however referred to compliance with legislation and standards that were no longer in force. This showed that the provider's knowledge was not up to date in relation to the legislation pertinent to their registration.

There was no clear structure in place relating to reviewing care planning to ensure the service was continuing to meet people's needs, or to seeking people's views on the service. We saw that some satisfaction surveys had been completed at inconsistent intervals. One form of 'spot check' completed in the service was a pictorial questionnaire completed by the registered manager through visits to people in their own home. The care coordinator confirmed that no analysis or summary of the responses of either approach was available to show that people's views were listened to and actions put in place if needed to improve the service.

Records were not always well structured, available or confidentially maintained. The care coordinator told us that some of the records we had requested and found not to be available, may have been taken home by the registered manager to work on, as part of the action plan in response to the local authority's review of the service. A second type of 'spot check' indicated a brief assessment of staff practice at people's homes. The record did not state which staff member they related to although it may be possible that other staff would know this. Several of these checks were recorded on one page and so could not be added to individual staff files as they did not protect staff members' confidentiality. The care coordinator was unclear as to the relevance of these checks and if this information was used for any practical monitoring purpose.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post who was on leave at the time of the inspection. The care coordinator supported the inspection. They told us that they had started working in that role quite recently to support

the registered manager to complete an action plan for the local authority and to support improvements in the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not operated effective systems to protect people against the risks of inappropriate or unsafe care as robust arrangements were not in place to assess and monitor and improve the quality of the service provided.</p>