

Rest Assured We Care Ltd

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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

Rest Assured We Care Limited is a domiciliary care agency that only provided live in care to people in their homes. The staff provided help people with personal care where required. Staff also provide support to people for domestic tasks and companionship. They cover London, Surrey, Berkshire, Hampshire, Sussex, and Dorset. The registered office is in Surrey. At the time of inspection, there were 36 people receiving a service, with 23 people receiving support with their personal care (the regulated activity).

The service was run by a manager who was not yet registered with CQC, although an interview date is pending. The manager had been with the service for two months. 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 and associated Regulations about how the service is run.

People's human rights were not always protected as the manager had not ensured that the requirements of the Mental Capacity Act were followed. For people that lacked capacity to make decisions there were mental capacity assessments, however it was not in line with the MCA code of practise. Best interest decisions did not occur.

People told us that staff had the right skills and knowledge to support them. However, the provider did not provide much opportunity for training and staff to renew their skills and learn new ones. Staff received regular supervision. The manager and provider told us they are in the process of reviewing the training and competency assessments for staff.

The service was not always well led. There were some systems in place to monitor, review and improve the quality of care for people; however they were not robust or regular. Communication to people and staff could be improved.

People told us that they felt safe. Despite this, risks to people were not always managed. Some risks to people had been identified but there was no management plan in place, although no harm had come to people. Some people had risk management plans in place to minimise the risk of harm. We have made a recommendation about this in the main body of our report.

The manager lacked oversight of some incidents and accidents. There were no follow up or actions taken for some accidents, which meant that steps were not put in place to reduce the risks of them occurring again.

People's medicines were administered and stored safely. People were supported to maintain their health and wellbeing. People were supported to eat healthy balanced meals.

People were protected from harm as staff were clear about their responsibilities in relation to safeguarding. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures

to follow should they have any concerns.

There were sufficient staff to keep people safe. There were robust recruitment practises in place to ensure that staff were safe to work with vulnerable people.

People would receive a service should an emergency arise. We saw that the service had an emergency protocol in place which advised the management and staff what to do if events stop the service

Positive and caring relationships had been established. Staff new people needs, likes and preferences. People and their relatives were involved in planning peoples care. People's choices and views were respected by staff. People's privacy and dignity was respected.

People received a responsive service. People were supported to maintain their independence. People were supported to continue with their interests and activities.

People told us that they felt listened to. There was a complaints procedure in place, complaints had been dealt with in line with the company policy.

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 always safe.

Risks were identified but were not always managed. Incidents and accidents were not always reported to the manager. Actions were not always taken to reduce the risks of them reoccurring.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered safely and people received their medicines when they should.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Peoples human rights were not always protected as the requirements of the Mental Capacity Act was not always followed. Staff asked for people's consent prior to providing care.

Essential Training was not always provided to staff to ensure they could support people effectively. Staff received supervision.

People were supported to maintain healthy balanced diets.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were well cared for. People were treated with care, dignity and respect and had their privacy protected.

People were supported to be independent and made their own decisions about their care.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service. Staff knew people's preferences and their needs.

Care plans were reviewed and updated when people's needs changed.

People and their relatives felt there were regular opportunities to give feedback about the service. Complaints were managed effectively.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were some systems in place to monitor the quality of the service. However, they were not always effective or occurred regularly enough to sustain improvement.

People said that they felt supported and that the management. There were mixed views from staff about the management. Communication could be improved between the provider, their staff and people.

The manager and provider promoted an open and positive culture.

Rest Assured We Care Limited

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 took place on 17 January 2017 and was conducted by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience conducted telephone interviews with people who used the service and their relatives on the day of the inspection.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns. On this occasion we did not ask the provider to complete 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people, three relatives, five staff members, the manager and the nominated individual.

We reviewed a variety of documents which included six people's support plans, risk assessments, some staff recruitment records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

Is the service safe?

Our findings

People and their relatives told us that they felt safe. People told us that because they have a regular staff member it provides them with consistency which makes them feel safe. One person said "I feel totally safe," another said "I am definitely safe." One relative said "Brilliant, X is absolutely safe with the carers." People told us that staff checked the security of their home by ensuring the doors and windows were locked at night time.

Despite this risks to people were not always managed consistently although no harm came to people. Two people who needed staff support to maintain healthy skin did not have a risk assessment in place to guide staff on how to do this. These two people needed help to turn in bed but again there was no information available to staff on how they should do this. This meant that the risks of damage to their skin were increased because staff did not have guidance to tell them how to maintain it. Another person was identified as a risk of malnutrition however there was no risk assessment to guide staff in how to manage this. Despite this staff were able to tell us how they managed some risks to people. We also discussed our concerns with the manager who sent us one risk assessment after the inspection.

The manager did not always have oversight of incident and accidents. There were a small number of accidents that occurred in December which the manager had not been made aware of until January. Furthermore, care staff did not always report accidents and incidents to the management team in a timely manner. For example, one person had a fall and this had not been report until seven days after the event. The manager told us that they were not always told of accidents occurring. This meant that they were not always able to make sure that actions and follow ups had been completed, leaving people at risk of harm.

One person had three falls in six days, one of which resulted in them sustaining a head wound. Although medical assistance was sought, the staff member had written "No follow up action required." No risk assessments had been completed or put in place to reduce the risk of falls for this person. There were inconsistencies from care staff as to what information was reported on the accident form. One person who had a fall, although staff called for medical help, there was no information as to how the staff treated the person or cared for them, such as applying first aid to the wound. We discussed this with the manager and provider. They told us that they would take action to make sure that the manager is made aware of all incidents and accidents and action would be taken as appropriate. We saw a copy of an email that was sent to all staff on the day of the inspection, reminding them of the reporting procedure for incidents and accidents.

As risks to people were not always managed, this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For other people, staff had guidance so they could support people when they needed to, to reduce the risks of harm to themselves or others. Care plans contained individual risk assessments when they were required for people who were at risk of malnutrition or skin breakdown. There were risk assessments in place to tell staff how to reduce risks to people when they needed equipment to help them move and transfer safely.

They told staff what equipment to use, when and how to use the equipment. This was to help ensure that people were safe in their homes. Staff also completed risk assessments on the home and garden environment, including fire safety.

Staff told us how they would respond to an incident and accident. For example, staff told us that if a person had a fall they would use first aid and call an ambulance if required. Since the inspection the provider told us that staff receives basic first aid training in their three day induction.

People were safe because the provider had ensured that staff were recruited were suitable to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were enough staff to meet people's needs. People and relatives told us they have regular care staff and they get to know them well. Staff told us they are allocated the same people to live in to ensure consistency. Staff would live in for a period of three to six months. The manager told us that if a staff member was sick or there was an emergency, cover would be found quickly.

People were not always protected from avoidable harm, as accidents and incidents were not always reported. However, staff had an understanding of safeguarding, what types of abuse there was, how to identify it and who to report it to. One staff member told us "There is institutional, physical, financial and neglect. I would tell the police and report it to the manager." Staff knew about external agencies that they could contact such as the local authority or CQC.

The provider had the details of an outside organisation that staff could contact for whistleblowing purposes if they had concerns about the care or treatment people received. However staff were unaware of the organisation and therefore would not be able to utilise this should they have concerns. Staff told us that they had training in safeguarding and this was confirmed by the training records. The manager reported safeguarding concerns to us and to the local authority safe guarding team when required. When required she put actions in place to reduce the risks of it occurring again.

Medicines were managed and administered safely by staff. Staff administered medicines for some people. People told us that they received their medicines on time. One said "I always get it on time and the carer records it on their chart." Where staff administered a person's medicine there was a medicine administration record (MAR) in place which detailed how to take it, the dose and time of medicines to be administered. We saw copies of the MAR; they had been completed fully, indicating that medicines were being administered.

Staff had completed medicine training. Competency assessments were undertaken annually by the care co-ordinators. We saw records to confirm that this was the case.

People would receive a service should an emergency arise. We saw that the service had an emergency protocol in place which advised the management and staff what to do if events stop the service. The service operates an out of hour's telephone service that staff members and families can contact them on for support or advice.

Is the service effective?

Our findings

People and relatives told us that they thought that the care staff were well trained. One person said "My carers have to have previous medical and care experience. I have 100% trust in my carer's ability." Another person said "Carers are well trained and they have 24hr handover before they take over."

Despite this, we found that staff had not had frequent or up to date training. Staff told us that their knowledge and skills came from previous work placements. There were mixed views from staff about the training, some people thought that they had enough whilst others felt that they didn't. One staff member said "I think I have the right skills and training. Training is quite good, usually on line." Another said "I have not had first aid training from this company and the medicine training wasn't up to my expectations."

The core training that staff received was safeguarding, medicine administration and moving and handling. However, for the core training of fire safety 30 out of 40 staff did not have it, 30 21 staff did not have food hygiene training and health and safety training. e. 32 staff did not have training in the Mental Capacity Act and 33 staff did not have first aid training which was also core training. People were also receiving care from staff that did not have training in their specific health conditions some neurological conditions. As training for staff is not always up to date, there is a risk that staff did not always have up to date knowledge and skills to care for people effectively and safely. The manager told us that they were in the process of reviewing the training for staff. Since the inspection the provider has told us that the three day induction training covers fire safety, MCA, first aid and food hygiene.

For new staff, the manager told us that they received a three day induction; however the Care Certificate was not undertaken. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Since the inspection the provider told us that all Care Certificate standards are implemented through their induction programme.

Staff competencies were assessed on an annual basis in medicine management and moving and handling. The manager and provider told us that they were in the process of reviewing the training and assessing staff competencies. The manager told us that she was going to introduce frequent spot checks on staff, to review staff' competencies and skills as this was not being done at present. One person said "The new manager seems hot on training, recently came and asked my new carer to demonstrate how they moved me to bed, chair and toilet and commented how good my carer was."

The above evidence demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager ensured that staff had regular supervision which looked at their development needs and policies. One staff member said "I have just had supervision; we talked about the proper way to administer medicines." This was confirmed by staff and the records held.

People's human rights were not always protected manager had not ensured that the requirements of the

Mental Capacity Act were followed. 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.

The manager told us that there was no mental capacity assessments completed for people who lacked capacity to make decisions prior to her starting. The manager had implemented an assessment that partly reviewed a person's mental capacity; however it was not in line with the MCA Code of Practice. Where people lacked capacity to make decisions about their care, their capacity was not being assessed or best interest decisions made on their behalf. For those people who may have lacked capacity, people's next of kin had consented to the person's care with no legal right to do so. The service did not always have a record as to who had consented to their care.

People told us that they were always asked their consent before staff provided any care. The manager and staff had mixed thoughts about mental capacity. Some staff told us that they thought people's next of kin could make decisions on people's behalf whilst some other staff understood who could make decisions. One staff member said "We assume person has full capacity, until proven otherwise. Support them with the decisions making, make decisions in whatever they can."

As the requirements of the Mental Capacity Act were not always followed this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat healthy balanced meals. People told us that they choose the meals and were possible helped the staff prepare the food. One person explained "This morning I asked for poached egg on toast and it came with tomato, lettuce and ham. I am spoilt rotten and I am trying to lose weight. They make sure I have plenty of water to drink." A relative told us that their loved one had been losing weight, they said "The carer encourages [my loved one] to eat and drink. The carer is very good at preparing nutritious meals. X is now putting on weight."

People were supported to maintain their health and well-being. People told us that they organise their own health appointments, however the staff will attend at their request.

Is the service caring?

Our findings

People told us that the staff were very caring. One person said "They are very caring, very sensitive and considerate." Another person said "They are very caring, they help me in the way I want them."

People were supported by regular staff who knew their needs well. This enabled a consistent approach so that the staff could build up positive and caring relationships with people and their relatives. One person said "They [the carer] is like part of the family." Another person told us that they had their last carer for six months. A relative told us "They [the carer] work well with the family."

Staff had developed warm and caring relationships with people. One staff member told us that a person they had cared for did not like being rolled on one side, but the staff gave lots of reassurance to the person. A relative told us "I can see by their body language that the carers are caring when X gets upset. The carer goes over, reassures her and rubs her arm gently." Another relative told us that there had been an improvement with their loved ones appearance due the care and attention that the staff were giving the person.

People were supported to make their own choices and their wishes were respected. One person told us how staff were very flexible to the persons changing routines, as the person liked to get up at different times, they said "It is never an issue (carer) always willing to help." Another person told us that their needs had recently changed and the staff was "Totally adaptable."

People and staff were matched with their interests and requirements wherever possible. One staff member told us that they enjoy providing a companionship service to people and the service only matched the staff with people who wanted companionship. One person told us "So far matching has been very good. I have told them the age group I preferred and what I expected them to do for me; they will talk about individual carers with me, their qualities and why they think they would a good match."

People and their relatives told us that they were involved in planning their care. One person said "When my new carer started we reviewed the care plan I have full ownership of the care plan. It is always sent to me." A relative told us "We are very much involved with the care plan; it changes regularly, last update in October. I am always sent a copy of the plan. The carer informs the agency and me of any changes in needs." Staff confirmed that they always tell the agency when there is a change in need in a person's care. People's care plans confirmed that people and their relatives were involved in them.

People's dignity and privacy was respected by staff. One person said "They treat me with respect and dignity. They leave me alone [when I need some privacy] and I call them when I want to move." Another person told us "When they see the door shut they [the carers] knock, they wouldn't interrupt when I have visitors." Staff confirmed that they knew how to respect people's privacy and dignity. One staff member explained "I would give someone their own space when they didn't need me. I would talk with them about what we are doing when I was supporting someone with personal care."

Is the service responsive?

Our findings

People received a responsive service. The manager told us that when meet the person for the first time, they had been completing the care plan and risk assessment as the initial assessment of the person's needs. The care plan was then developed from the initial assessment and in place before care started. The manager showed us an initial assessment form that she had recently introduced but had not had the opportunity to use it.

People had care plans in place which were person centred. They told how staff should provide care and support to the person. Care plans included information such as personal care, eating and drinking and mobility. They told staff what peoples likes and preferences were, such as if a person preferred a bath or a shower, or tea to coffee. There was a comprehensive section on 'my daily routine' which detailed preferences of rising and going to bed, and what choices people were able to make.

People told us that their care needs were reviewed on a regular basis. One person said "Once a month staff from the office comes and also come when there is a change in carer. They spend time with me and then the carer." Another person told us that staff would come monthly to look at the care file and to ask the person how everything was and would make changes if needed. The manager had recently introduced a new client visit document, which recorded 'what's working well, what's not working well and what can be improved'. We saw from one record that a person wanted to be more involved in their own cooking. The manager was in the process of updating their care plan to that affect.

People received a consistent service. When a new staff needed to start, there was a thorough transition and handover. One person told us that they were to have a new staff in two months' time and that the planning had already started to find a new one and the person was involved with this. The person explained "As soon as we have decided hopefully I will be able to skype them and start getting to know them before they come. Staff completed thorough handover documents which detailed information such as reviewing the care plan, medicines and emergency contact details. These were signed off by the staff member.

People were supported to maintain their independence. A care plan stated 'Give X the hoist control to transfer themselves and they could groom themselves' Another care plan told staff 'I will decide what I will do in the afternoon'. One person told us "I decide what help I get from the carer. The carer does what I want to do, they are directed by me, there is a good relationship between us." Another person told us when cooking a meal "I prepare the carrots and potatoes and put the cooker on. I tell the carer how long it takes to cook." A relative said "The carer encourages my (loved one) to dry up."

People were supported with their hobbies and interests. People told us that staff supported them with trips out and other activities. One person said "I love shopping the carer comes with me and we will have lunch out." A relative told us "They go shopping, go out for coffee at the garden centre and go out for short walks." One person told us that the carer encourages the person to 'go out and about' and helps them do their exercises.

People and their relatives knew how to complain and felt that the manager listened. People who had made a complaint felt the service had dealt with their complaint satisfactorily and promptly. The service had a complaints policy and complaints had been dealt with in line with the policy. We saw a record of complaints, we could see that action had been taken to resolve and improve the situation.

The service had an out of hour's telephone line that people, relatives and their staff could use if they had any concerns or problems. Staff and people told us that the office staff were very responsive and knowledgeable and the 'phone was always answered. One relative said "We have good communication with the office staff and they are always very responsive."

Is the service well-led?

Our findings

The service was not always well led. People told us that they found the recent changes in management quite unsettling despite being told of about the changes. One person said "I have a sense that it was not as smooth as it should be." People and their relatives were complimentary about the service. Complements received in the last two months said "The carer was marvellous", "Outstanding, brilliant carer" and "I was looked after really well."

There were some systems in place to monitor, review and improve the quality of care but these were not always effective at identifying areas for improvement. There was a quarterly audit undertaken by the organisations quality assurance manager, areas for improvement had been identified, but had not been actioned previously. For example it had been identified that some staff's training was out of date but this had not been addressed fully.

The manager and provider had an action plan in place which had identified areas of improvement. The plan had actions recorded, what the time frames for completion were and which staff were responsible for completing the actions. On the plan tasks such as a lack of consent forms signed by people and management not completing staff spot checks had been identified as an area for improvement. The manager had completed actions, such as a new daily record sheet has been introduced to ensure that staff record people's wellbeing and food and fluid intake.

The manager told us that she had just started spot checks on staff although this had not be done regularly or always recorded previously. Spot checks and observations of care are an important as this enables management to have oversight of the care that is provided and to assess staff competencies.

People, their relatives and staff were listened to. An annual questionnaire was sent out to people and staff asking for their feedback. This was completed in July 2016. Responses from people were positive, stating that they felt that they were respected and the care was tailored to their needs. There were recommendations, such as some staff needing more supervision and guidance; however there is no action plan or follow up as to how these suggestions could be acted upon. The staff survey stated that staff felt valued and they were happy with their job, praising the office based staff. However staff had made some recommendations, in relation to training and supervisors, however there was no action plan to make improvements. Since the inspection, the provider told us that there was an action plan in place for both survey's, we requested the documents however it was not sent to us.

As the provider did not have robust systems in place to monitor, review and improve the quality of care, this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff were not always kept up to date with changes. As staff meetings for staff could not occur due to the nature of their work providing 24 hour care, formal systems of communication to and from management and staff was vital. Some staff told us that they did not know that the office had moved, or that there were changes in the management. We spoke to the manager about this and the provider sent out an

introductory letter out to people and staff the next day. Monthly newsletters were being sent out. However, this had stopped in the last few months. The manager told us that they would start them again soon.

People were positive about the management of the service. One person said "The new manager left a very positive impression when they left. They seem very hot on training." Another person said about the service "It's managed quite well. The new manager is extremely efficient."

Staff had mixed views about the new manager. A staff member told us that there had been a few issues with regards to payroll, however the manager had "responded very quickly" and was satisfied with what they had done.

Some staff were positive about the new changes; however, some staff told us that they felt the manager's manner was abrupt. Despite this staff told us that they felt supported.

The manager had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required. All care records were kept securely throughout the service.

The management and provider interacted appropriately with us during the day. They were knowledgeable about the care and support needs of people. The manager and provider promoted an open and positive culture. The manager and provider were open, honest and transparent with us throughout the day.

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 11 HSCA RA Regulations 2014 Need for consent The manager had not always ensured that the requirements of the Mental Capacity Act were being followed.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The manager had not always ensured that risks to people were managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The manager had not ensured that there are robust systems in place to monitor, review and improve the quality of care.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The manager had not always ensured that staff had the skills and training they needed to care for people effectively.