

RRD Peterborough Care Limited

RRD Peterborough Care Limited T/A SureCare Peterborough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

RRD Peterborough Care Limited T/A SureCare Peterborough is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia, people with physical disabilities and people with sensory impairments. At the time of our inspection there were seven people using the service.

Not everyone using RRD Peterborough Care Limited T/A SureCare Peterborough receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Peoples experience of using this service:

Staff understood how to safeguard people and to whom concerns would be reported to. One person said "I trust staff with my care. I feel safe in their capable hands." Risks to people were identified and managed well.

Enough staff with the right skills were safely recruited. Medicines were administered and managed safely. One relative told us, "The staff always record where they have applied the [medicines]." Lessons' were learned when things went wrong. Systems were in place that promoted good infection prevention and control practises.

People's needs were assessed and staff with the right skills helped to meet these. One person said, "Staff definitely know me well and we get on ever so well." Staff supported people with their eating, drinking and to access healthcare support.

Staff were supported to develop their skills with ongoing training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff with sincerity, kindness and compassion and in a calm unhurried manner. Staff supported people in a dignified and respectful way. People's independence was promoted and respected. Staff listened to what people said and acted accordingly. Care records were kept confidential and were detailed and respectful.

People's care was person centred. Records and documents were reviewed regularly to ensure they were current and relevant. People were supported with hobbies, pastimes and interests they enjoyed. Complaints were resolved and actions taken were effective in preventing recurrences. Policies and procedures were in place for any person who may need end of life care. People benefitted from using technology and this helped promote safety and independence.

The registered manager led by example, demonstrated the values of the service and was aware of their responsibilities; how to discharge these correctly and promoted a positive, open and honest staff team culture. Staff were unanimous in praising the positive support they received, and this helped them to work as a team. Oversight, governance and audits were effective in driving improvements.

People had a say in how the service was run. The registered manager worked well with others to provide people with joined up care and support. The provider promoted equality and diversity. One relative said, "I would absolutely have no hesitation in recommending the service to anyone. I already have done to a friend."

Why we inspected: This service was registered with us on 17 October 2019 and this is the first inspection of RRD Peterborough Care Limited T/A SureCare Peterborough.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

RRD Peterborough Care Limited T/A SureCare Peterborough

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. Inspection team: Inspection team.

This announced inspection was undertaken by one inspector. We gave the service four days' notice, to ensure the registered manager was in and that people and relatives consented to us contacting them.

Service and service type:

RRD Peterborough Care Limited T/A SureCare Peterborough is a domiciliary care service and provides assisted living support to people living in their own homes. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection activity took place between the 8 and 13 April 2019. We visited the office location on 13 April 2019 to see the registered manager.

What we did before this inspection:

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 checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We used this information to assist with the planning of the inspection.

We sought feedback from the local authority and professionals who work with the service. No concerns were reported. We spoke with two people using the service, two relatives, the compliance manager, the registered manager and three care staff.

During the inspection:

We looked at various records, including care records for one person, as well as other records relating to the running of the service. These included two recent staff's recruitment files, supervision planning records, training records, medicine administration records, audits and various meeting minutes.

After the inspection

The registered manager sent us records to clarify people's medicines administration.

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 Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were given information about what safeguarding meant including to whom they could report concerns such as the local safeguarding team or the Care Quality Commission.
- Staff had a good knowledge of safeguarding practice and knew what needed to be reported to the registered manager or local safeguarding authority. Staff understood and applied this knowledge well. One person told us, "I trust [staff] with my life. I feel very safe."
- One staff member told us they would always report any concerns such as, unexplained bruising or change in a person's behaviours. They said, "I would report these to the [registered] manager. I have done in the past and action was taken."

Assessing risk, safety monitoring and management

- The registered manager identified risks and put risk assessments in place. Staff adhered to these and this helped mitigate any risk to people such as choking, pressure sores or falls.
- One relative told us how diligent staff were in identifying any change in the condition of their family members skin and alerting the registered manager. Relevant health care professional's advice to manage risks was implemented and acted upon.
- Risk assessments such as for moving and handling were detailed and gave clear guidance for staff and how to safely use equipment, and what each staff member's role in the repositioning was.

Staffing and recruitment

- There were enough staff and they were deployed to keep people safe. People and relatives described staff as being "punctual", "rarely more than a few minutes later than planned" and "always two staff for the repositioning". One staff member said, "We always have enough travelling time and no need to rush, ever."
- Staff were subject to a robust recruitment process including checks of photographic identity, criminal records known as a Disclosure and Barring Service check.
- One staff member told us, "I had to provide previous employment references and evidence of my good character, proof of the right to work in the UK, and I had to explain gaps in my employment."

Using medicines safely

- Trained and competent staff administered people's medicines as prescribed. This included pain relief which had to be administered in a specific way. One relative said, "Staff are ever so good at cajoling my family member to take their medicines. It has become routine, whereas before it was a challenge."
- People were supported wherever possible to independently administer their own medicines. This included technology which helped ensure medicines were taken at the right time.

- Medicines administration records were accurate and provided a clear record. Audits of these electronic and paper records ensured staff adhered to the prescriber's instructions.

Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had enough personal protective equipment (PPE), they used this effectively and disposed of it safely. One relative told us, "I have never seen staff without their PPE. They change their gloves frequently."
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19, including regular testing for COVID-19 and provision of face visors for staff caring for any person who may be infected.

Learning lessons when things go wrong

- There were systems in place to identify when things had not gone quite so well. Lessons were learned, shared amongst the staff team and improvements were put in place to prevent further occurrences.
- The registered manager told us that instilling the right values in staff right from the start meant that making a mistake was seen as a chance to make things better next time. One staff member said, "We are human after all. If we make a mistake, the [registered] manager investigates and then tells us what to do differently or if something needs changing."

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

- People's needs were assessed, and their care delivered in line with current legislation, standards and evidence based guidance. This included for health conditions, people's preferences, mental capacity and equipment people used that promoted independence.
- Staff provided care and support that helped people to be more independent. One person said, "[Staff] get all my medicines and some water out, but I do the rest." A relative told us, "Staff are ever so good knowing when my [family member] needs their medicines or referral to the diabetic nurses."
- People could choose the care staff who supported them and when they did this. Staff were matched to people such as similar hobbies or interests.

Staff support: induction, training, skills and experience

- Staff received regular and effective support. This included training in a range of subjects based on people they supported. For instance, The Mental Capacity Act 2005 (MCA), moving and handling, pressure sore prevention and food hygiene.
- Staff had a comprehensive induction that included completion of a qualification in care standards known as The Care Certificate, shadowing experienced staff, and having their ongoing confidence and competence assess through observations, and mentoring.
- One person described how well staff knew them, when to provide support as well as when to allow the person to be independent with their walking equipment.

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

- People were supported with their eating and drinking including with adapted cutlery or drinking utensils.
- People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted people, including preparation of a favourite meal, drink or food that was low in sugar.
- The registered manager told us how people, if needed, were referred to a dietician, speech and language therapist to help promote eating and drinking enough. One relative told us about the difference staff had made in knowing exactly what food and drinks to prepare, how and when to do this and how much healthier the person had been since returning home.

Staff working with other agencies to provide consistent, effective, timely care

- Staff identified any need to liaise with other organisations such as a hospital prior to discharging a person back home.
- The registered manager described how they ensured that all necessary preparations were completed prior to discharge, including equipment such as a hospital bed or for moving and handling.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans included a detailed record of people's health conditions such as skin integrity, and how staff would manage these.
- Staff knew when to request support, such as in an emergency following a person's fall, change in health condition or other need, including further support from occupational therapist, community nurses or a GP.
- One relative told us how staff had called an ambulance after their family member fell before staff had arrived, and that they now had a walking aid.

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

The 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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff undertook training and familiarisation about the MCA and its five key principles. This included promoting choices and respecting people's decisions. One person said, "I might be [age] but the staff listen to what I want and act accordingly."
- All staff spoken with knew when to offer people a choice such as, for food clothing or pastimes, and when to allow people to make unwise decisions. Staff understood when they needed to intervene to keep people safe.
- People who had a lasting power of attorney appointed through the CoP, had decisions made for them that were in their best interest, such as for finances and health matters.

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

- People's care plans were detailed and provided staff with relevant and informative guidance. All staff and the registered manager were able to tell us in detail what people's needs and support involved, including promoting dignity and independence.
- People and relatives we spoke with were unanimous in their praise for how gentle, kind and compassionate staff were. One person said, "The staff are very polite, kind to me and they listen. They don't rush me. We have a good routine." Another told us, "I don't know what I would do without them."
- The registered manager told us how they had recruited staff based on equality and diversity and it was people's choice which gender of care staff they preferred.

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

- The registered manager told us how from the very first meeting with people, they came first and foremost, if advocacy was needed or if there were court appointed representatives. This meant decisions that were important to people were given the consideration and actions needed.
- They told us how people's views about the care they wanted were acted on, such as the time of a care visit, the duration of this and the care and support that was needed.
- One person described their care and support as being "a very happy relationship". They went on to tell us how staff always listened to what they said and how often they could enjoy some laughter.

Respecting and promoting people's privacy, dignity and independence

- People and relatives described staff as knowing when to close a door, give privacy and how to promote independence.
- A relative told us of the big difference a lengthy rehabilitation and ongoing support from staff had on their family member. Staff had taken time and care with the family member had enabled them to do tasks on their own, including oral care. This made a big difference to them in not relying on care staff all the time.
- People told us how staff's knowledge of them meant they were encouraged to develop their independence, or regain this if it had been lost due to a health condition.

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 meet people's needs, preferences, interests and give them choice and control

- People's care records and daily notes from staff showed how much attention to detail was paid. For instance, ensuring people had their favourite sweetener in a drink, how they were assisted to get out of bed, or how assistance was provided with moving and handling tasks.
- People, their relative or representative said they had contributed to the planning of their care and support. This included input from the registered manager, relevant health professionals or social worker.
- One person said, "[Staff] make a huge difference to my life. I do most things on my own and can ask staff to help." A relative told us, "[Registered manager] came to see us. They have made several improvements and changes including a recent change to [where the care was provided]."

Improving care quality in response to complaints or concerns

- Information was provided to people how to raise concerns or make a complaint, if needed. This was also available in alternative formats including large print.
- People and relatives we spoke with all knew how to raise concerns or make a complaint. One person said, "I just need to ring the office and the [registered] manager gets things sorted. I have never had to raise a complaint." Where concerns had been identified, changes had been made to the out of hours contact process.
- Compliments showed what the provider did well. One example was how astounded a relative was at how quickly their family member had been accepting of care staff's input, and of the positive difference this had made. Another praised staff for the support a person had received during some recent loss of independence.

End of life care and support

- The provider had an end of life care policy, but the registered manager told us that they were not currently supporting anyone with end of life care.
- However, they understood advanced care planning, training and had the skills to respond appropriately at a sensitive time for people, their families and care staff.
- The compliance manager told us that there were support arrangements in place should any person require end of life care. This included reviews of people's do not attempt resuscitation decisions. Other arrangements included access to palliative care teams and health professionals and anticipatory medicines for dignity and pain relief.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager fully understood their responsibilities. They and the provider had notified us about events when needed such as, safeguarding incidents and actions taken to prevent recurrence.
- They were clear about their expectations for staff to report mistakes, incidents and anything which could affect the quality of people's care.
- Staff were supported in a positive way and this had led to an open and honest staff team culture. One staff member told us that making a mistake was seen as an opportunity to make things better next time. They said, "It was better than leaving it or trying to cover it up for the registered manager to find out."

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

- The management team was passionate about making the service the best it could be. The registered manager was supported by a compliance manager, senior care staff and a team of care staff. The provider also shared good practise with other registered managers with regular meetings held virtually during the pandemic. This led to quicker and more effective learning.
- Everyone we spoke with only had praise for the quality of care provision, that it was well organised and responded to their needs well. One person said, "If I have a minor grumble or need to change my care arrangements, I just call the office."
- All staff we spoke with had a shared passion for working at the service and making people's lives better. Staff confirmed they felt well supported and they always felt listened to. One staff praised the registered manager by saying, "I have never had such a good boss. They always provide answers to my queries."

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

- People, their relatives or representatives had a say in how the service was run. People's views were sought in a variety of ways including regular spot checks of staff's working practises, and an annual quality assurance survey. The most recent survey showed every person was satisfied with the quality of their care.
- Comments from people had helped change working practises in a positive way, such as how to raise concerns out of hours where this was urgent.
- The registered manager completed observations of staff's care practice, to help ensure that all staff upheld the provider's values of providing good quality care that changed people's lives in a meaningful way.

Continuous learning and improving care

- The registered manager shared good practice with the staff team including accessing the latest guidance around COVID-19. Also, where learning could be had following an incident such as, a fall, to prevent others in a similar situation from falling.
- The registered manager fostered and promoted an open and honest staff team culture. One staff member said, "We definitely don't have to wait for a supervision or spot check. I just need to ask for advice. If needed they will offer to assist me with a visit to the person to ensure what I was doing was correct."

Working in partnership with others

- The registered manager worked well with others including with hospital discharge teams, social workers, other care providers, occupational therapists and the local authority's safeguarding team.
- Guidance and involvement from health professionals was promptly sought and systems were in place to check that these were effective in improving people's lives.