

Redpanda Care Limited

RedPanda Care Main Office

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

RedPanda Care Main Office is a domiciliary care agency located within the Borough of Bromley. It provides personal care and support to people living within their own homes. Not everyone using RedPanda Care Main Office may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to one person.

People's experience of using this service

A relative spoke positively about staff and the service their loved one receives. Safeguarding policies and procedures were in place and staff had a good understanding of them. Recruitment checks took place before staff started work. There were enough staff to meet people's needs appropriately. Risks to people were assessed and there were systems in place that ensured medicines were managed safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs and wishes were completed before they started using the service. People received support to maintain good health and to access services where this was required. People were supported to maintain a healthy diet where this was part of their plan of care. 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 supported by staff who were kind and who understood individual diverse needs. People's communication needs were robustly assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that enabled good oversight of the management of the service and to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. People's views were taken into account and the provider used feedback to help drive service improvements.

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

Rating at last inspection

This service was registered with the CQC May 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

RedPanda Care Main Office

Detailed findings

Background to this 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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. Our inspection activity started on 30 August 2022 and ended on 1 September 2022. We visited the office location on 30 August 2022.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority who commission the service and the local authority safeguarding team for information they had about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager and the director. Following the office visit we spoke with a relative of a person using the service to seek their feedback on the service they received. We reviewed a range of records including one care plan and care records, one staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

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 service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm.
- Policies and procedures to help keep people safe were up to date and robust.
- Staff had received training in safeguarding adults and were aware of their responsibilities to report and respond to any concerns.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. There were systems in place to oversee, manage and learn from accidents, incidents and safeguarding.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- A relative commented, "My [loved one] feels safe and secure with them [staff], we are very happy with the care."
- Risks associated with people's needs were appropriately assessed. Care plans documented individuals identified risks to help staff mitigate them when supporting people.
- Risks to people were regularly reviewed to ensure any changes to their needs were safely managed and met.

Using medicines safely

- At the time of our inspection there was no one using the service that required support with administering their medicines. However, there were systems in place that would ensure people's medicines would be managed safely if required.
- Care plans contained medicine risk assessments, Medicines Administration Records (MAR), PRN (as required) protocols and tools to capture information relating to people's medicines and medical conditions.
- Staff had completed up to date medicines training and were knowledgeable in managing medicines safely.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- There were systems in place to ensure accidents and incidents were monitored. This enabled staff to identify any themes and trends as a way of preventing recurrence. Lessons learnt were shared with staff to

ensure any improvements required could be implemented.

Staffing and recruitment

- There were enough staff employed to meet people's needs when required.
- A relative told us, "The carer is consistent and knows the family very well. They are always on time and very reliable."
- At the time of the inspection the provider was in the process of implementing an Electrotonic Call Monitoring system (ECM). This will identify if staff are running late or if visits have not been completed, this would then allow for issues to be promptly remedied ensuring people receive their care safely and responsively.
- Staff were safely recruited and pre-employment checks were completed before staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Baring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff.
- Staff had completed training on infection control and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where required.

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 to ensure they could be appropriately met.
- People, their relatives, and health and social care professionals where appropriate contributed to the assessment process to ensure their individual needs were considered and planned for.
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

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

- People's nutrition and hydration needs, preferences and cultural needs were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, meal preparation requirements, known allergies, any risks when eating such as choking and any special dietary and or cultural requirements.
- Staff received training on food hygiene and diet and nutrition and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services to maintain good health and well-being when required.
- The service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's and community nurses to ensure people received the support they required.
- Staff knew the people they supported well and monitored their well-being at each visit, documenting any issues or concerns. Staff knew how to respond in a medical emergency if they had any concerns about a person's health and wellbeing.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. A relatives told us, "They [staff] are well trained and confident in what they do and that makes my [loved one] fill confident."
- Staff completed an induction programme in line with the Care Certificate. This is a nationally recognised training programme for health and social care workers. Staff received appropriate training to meet people's needs. Training covered areas such as health and safety, dementia, palliative care, medicines management, moving and handling and safeguarding amongst others.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld. Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

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 were supported by staff that treated them with kindness, respect and compassion. One relative told us, "They [staff] are simply brilliant. The way they are and work with [loved one] makes all the difference. We are lucky we have this service."
- Staff had built respectful relationships with people and their relatives. They understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to race, disability, sexual orientation and religion. For example, they respected people's preference for receiving support from a specific gender of staff and, where requested, culturally matched staff to ensure their needs were met and respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity.
- Staff knew how to maintain and promote people's privacy and dignity and were aware of the importance of maintaining confidentiality. Information about people was treated sensitively and shared on a need to know basis only.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.
- People and or their relatives told us, they were provided with information about the service and decisions they had made were respected by staff. One relative commented, "We are very happy with the service and communication with them is very good. They [staff] listened to what we needed and wanted."
- People's views and choices were sought and documented within their plan of care. Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's individual care needs were planned, documented and delivered to meet their wishes.
- Care plans documented people's physical, emotional and mental health needs as well as their histories and the things that are important to them. Records were maintained by staff on a regular basis to ensure that people received their support as agreed and planned for.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes. Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes, where they had chosen to share this information for staff reference. Staff received end of life care training to ensure they had the knowledge and skills to support people appropriately where required. The registered manager told us that where required, they worked in partnership with people, their relatives, health and social care professionals and local palliative care teams to ensure people's end of life care needs and wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and differing communication methods, for example Makaton. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.
- The service produced information and care plans in different formats that met people's needs. For example, easy to read and the use of pictures or large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet their social interests and needs where this formed part of their plan of care.
- Care plans supported the documentation of individuals social needs, interests, hobbies, social networks

and any support required from staff to enable them to meet those needs.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately in line with the providers policy. People were provided with a copy of the complaints policy and procedure when they started using the service. This provided people with information on how to report any complaints or concerns and how the provider would address and respond to them.
- A relative told us, "We are really happy with the care and have no problems. We know how to contact the manager if we need to, they [manager] are very good."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and timely. At the time of our inspection no complaints about the service had been received.

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.

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

- People received good care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was actively involved in the day to day running and delivery of care and promoted a well-led service. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were well supported and received on going relevant training, support and supervision. Staff were able to contact management for support and advice when needed.
- A relatives spoke positively about the service and staff. They said, "The service is very good and well-led. We are very happy with the carers; they are just brilliant."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality and safety of the service on a regular basis. Checks and audits conducted monitored areas such as, care plans and records, medicines management, accidents and incidents, staffing and the ECM system and safeguarding amongst others.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- There were systems in place to seek the views of people, their relatives where appropriate and staff through accessible means. These include reviews of care, telephone monitoring, spot checks, satisfaction surveys and staff meetings and supervisions.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good care. When required staff worked alongside and communicated with professionals such as, GP's and community nurses to ensure people's needs were met appropriately.

