

## Restgarth Domiciliary Care Limited

# Restgarth Domiciliary Care Limited

### Inspection report

Cott Yard Rural Resource Centre  
St. Neot  
Liskeard  
Cornwall  
PL14 6NG  
Tel: 01579321758  
Website:

Date of inspection visit: 25 and 26 November 2015  
Date of publication: 04/01/2016

### 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 

### Overall summary

The inspection took place on 25 and 26 November 2015 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Restgarth DCA provides a personal care service to people living in their own home. On the day of the inspection over 100 people were supported by the agency with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People's care records contained information that described what staff needed to do to provide personalised care and support. Staff responded quickly to people's change in needs. Where appropriate, friends, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were monitored and managed well. The agency had policies and procedures in place which were understood by staff to help protect people and keep them safe. However some staff were not always fully aware of the agency's Lone Worker policy.

People were supported and encouraged to maintain a varied and healthy balanced diet.

People had their medicines managed safely and people told us they received the prompts required to help ensure they received their medicines as prescribed.

People, relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding from abuse and equality and diversity. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Some staff had received training in the Mental Capacity Act. These staff displayed an understanding of the requirements of the act, which had been followed in practice.

There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good



### Is the service effective?

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

The registered manager had good knowledge of the Mental Capacity Act, which they and staff put into practice.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and practice changed accordingly.

Good



### Is the service well-led?

The service was well-led.

There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values which were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Good



# Restgarth Domiciliary 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.

The inspection was undertaken by one inspector and an expert by experience (Ex by Ex). The ex by ex was a lay person with experience of caring for an older person. The inspection took place on 25 and 26 November and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and five members of staff. We also spoke with two relatives and two visiting friends. We spoke to eight people via telephone about the care they received and a health and social care professional.

Restgarth DCA supports adults in their own home. We visited four adults in their own home and spoke with the registered manager about other people the agency supported. We looked at five records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. Family members confirmed safe care was provided by staff. One person, when asked if they felt safe with the staff said; “Yes-Definitely-no problem!” Another said; “I have an alarm I can use at any time and feel safe because I can call for help” and “I’ve been with them a long time so I definitely feel safe.”

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff knew how to recognise signs of potential abuse and would have no hesitation in discussing safeguarding issues and reporting them. Some staff spoken with did not fully understand the agency’s Lone Worker policy. The registered manager agreed to print out copies and would ensure all staff received a copy. This would help keep staff safe.

People were supported by sufficient numbers of staff to keep them safe. The registered manager said they had had some difficulty with staffing levels in the past but felt after the recent round of recruitment, things had improved. Staff agreed there were sufficient staff employed with the right skills, knowledge and experience to meet people’s needs. People had staffing hours at set times across the week. The registered manager informed us staffing levels were dependent upon people’s needs. One person told us “They had been short of staff but they never let me down.” Relatives said the agency had always sent staff but they didn’t always know who was coming.

The agency was able to monitor when staff arrived and left people’s homes. If staff were going to be late the agency’s policy was staff needed to notify them to contact the person concerned. An out of hour’s team supported any staffing difficulties in the event of sickness or unplanned absence. The out of hours team had the essential information they needed to ensure replacement staff had the necessary skills to meet people’s care safely.

People were protected by safe recruitment practices. Required checks had been completed. For example, files

held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. A staff member said, “All checks were done before I started work”.

Before the agency provided support to people, an initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risks, ensuring staff would be protected. Assessments included checking the equipment in people’s homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists, wheelchairs and shower equipment. Risk assessments included the pets people had and details on how to manage these to ensure staff were safe when they visited. Information about how to access people’s home was known and kept safely.

People’s personal risks associated with their care were known and recorded, for example those at risk of skin damage or who required a diabetic diet. People and their family members confirmed staff gave safe care and took account of these risks ensuring skin creams were applied and people monitored their own blood sugar levels. One person told us staff knew the risks associated with their health needs and looked out for possible signs they were not well.

People’s medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. A person said; “They are very good with my medicines and always check if I have taken them.” Another person said; “They always give me my medicine on time, so that makes me feel safe.” Medication administration records we reviewed were complete.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and we observed staff wearing protective clothing as they carried out personal care.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said; “They have become like friends now-they are lovely.” One relative said; “They have been really helpful and we couldn’t manage without them.”

People told us the staff always involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and signed by people to provide care. One person said “They always ask me if I’m happy with everything.”

Staff received an induction when they first started working at the agency and the registered manager confirmed all new staff would complete the Care Certificate (A nationally recognised set of skills training). Staff had a six month probation period and their progress was monitored. The registered manager and senior staff carry out “spot checks” on staff to ensure they are up to date with their training and competencies.

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people’s needs during their one to one supervision, appraisals and at team meetings.

People were supported by staff that had received training. Ongoing training was planned to support staffs’ continued learning and was updated when required. Training was also arranged to meet the individual specific needs of people the service agreed to support, for example, diabetes. Staff confirmed they had received training in equipment used, for example hoists. When asked if they received training to meet people’s needs, choices and preferences, comments included; “Definitely- always being updated.” External specialists, including district nurses, provided training. Staff felt this enabled them to consistently provide effective support. The registered manager monitored the training

skills required to meet each person’s package of care and ensured staff competency was regularly checked. Family members spoke highly of staff confirming they received good training.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Some staff had completed training in the Mental Capacity Act and further training was planned.

People were supported and encouraged to maintain a healthy balanced diet. Staff provided people with meals and snacks during their visit. People told us they did their own shopping and staff just needed to heat food. Staff knew foods people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people’s dietary needs, for example how to support people’s diabetes, foods to encourage stable blood sugars and foods best avoided. One person said; “They give me my meals, clean up and they stop and have a chat with me, lovely.”

People, who were able to make their own healthcare appointments, were managed by themselves or relatives. The registered manager confirmed referrals to relevant healthcare services were sometimes made when changes to health or wellbeing had been identified. A health and social care professional confirmed the agency contacted them promptly if they had any concerns about people. Staff knew people well and monitored people’s health on a daily basis. If staff noted a change they would discuss this with the individual and, with consent, seek appropriate professional advice and support. One person told us the service had supported them well after a fall and admission into hospital. People’s records gave specific guidance on their health needs and how to respond in an emergency, for example for those with diabetes. Essential contact numbers specific to people’s care were recorded. Staff said they would follow emergency procedures, call the paramedics if needed and ensure essential information went with the person to hospital.

# Is the service caring?

## Our findings

People were well cared for and treated with kindness and compassion. One person said; “They are very caring people and do everything for me.” Another said; “They are so wonderful and gracious, they treat me like a queen.”

People’s needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt they mattered. People and their family confirmed they were involved in their care planning.

A staff member said; “If I’m running late I always let the office know so they can contact people.”

People confirmed their privacy and dignity were respected and they were encouraged to be as independent as possible. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People received care, as much as possible, from the same care worker or team of care workers. People told us “I have 2 or 3 different carers mostly-and I like that.” Another said; “I don’t always know whose coming but they are all caring staff” And “I’ve had them five years and their caring attitude is brilliant. Nothing is too much trouble.” This ensured continuity of care.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash what they were able but helped them with areas of their body they were unable to reach. Other staff worked at people’s pace to enable them to become more independent and care for themselves. For example, if they were able but had become more dependent on support, due to long periods in care.

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person told us how the staff had helped them. They said they had fallen and needed full care but over time this had been reduced with help from care staff, they went on to say; “They (the agency staff) had given back my independence and confidence- they do a good job!”

Staff had genuine concern for people’s wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they matter. Staff were clearly compassionate about making a difference to people’s lives. Staff told us, “I always try to spend time chatting and making sure people are comfortable before I leave.”



# Is the service responsive?

## Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by Restgarth DCA. The registered manager or senior staff member visited people at home to gain an understanding of their needs, expectations and wishes. Support plans had been written from the person's perspective and included information about how they needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person would be contacted to update them. Staff confirmed they had reported people's changing needs to the agencies office who contacted the next of kin. This showed us the service responded to people's needs.

A health and social care professional said the service had been very responsive to a short notice request for assistance with one of their clients. They only had praise for the way the service responded to people's needs.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. One relative said; "The carer my son has is terrific. She takes him swimming to a local class for disabled people. She goes in the pool with him, and helps him to dress. My son loves her." Arrangements were in place to help ensure care records were reviewed and documented when people's changes in needs had been identified.

Staff members ensured they communicated important messages about each person with other staff saying; "We write in the daily records for the next staff member coming in the next day. They are then aware of any concerns and of what care has taken place."

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints and all felt confident they could call the registered manager or speak to staff if they did. People and family felt confident and comfortable sharing their views and experiences of care. One person receiving the service confirmed; "I asked that I only had female carers and they do this for me." Another person said; "In the 18 months they've been coming I have had no complaints about them, and I don't think I will." The registered manager confirmed all concerns and any complaints were recorded and analysed for themes. Reflection and learning then took place to reduce the likelihood of a similar complaint.



# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post that had overall responsibility for the service. They were supported by a deputy manager and team leaders. People told us they knew who to speak to in the office and had confidence in the registered manager and deputy manager. A health and social care professional said the registered manager was approachable and would return calls to discuss any issues, promptly.

The registered manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links were held between people, their families and health and social care professionals. One person said; “[...] (the registered manager) will sometimes visit me to help me with my care.” Another person said; “She has called me if staff are running late.”

The registered manager sought feedback from relatives, friends and health and social care professionals to enhance the service. The results of a recent questionnaire sent to people evidenced people were very satisfied with all aspects of the care and support they received. Comments recorded included; “First class quality service always provided” and “they always go the extra mile.” The registered manager agreed to send people the results from the recent survey.

The service had notified the CQC of all significant events which had occurred, in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. Staff understood what was expected of them and shared

the provider’s and registered manager’s vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from managers via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. Comments included; “Any problems I can talk to the registered manager” and “I have contacted the office and they have always been helpful.”

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people. The team leaders undertook spot checks covering punctuality, care, the person’s home environment and ensuring dignity and respect were provided by staff. The registered manager said spot checks would, in the future, also include reviewing the care records kept at the person’s home to ensure they were appropriately completed.

The policies and procedure held were the old regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and not the new regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered manager said they would print a copy of the new regulations to hold in the service’s offices.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. “I once complained about them being late once but they soon apologised and it hasn’t happened since.”