

Retain Healthcare Ltd

Retain Healthcare Ltd, Chippenham

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

Retain Healthcare Ltd, Chippenham is a small domiciliary care agency providing care and support to people living in their own homes. At the time of our inspection there were four people receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by sufficient numbers of staff who had been employed through safe recruitment processes. Staff received training on safeguarding and knew how to report any concerns. Risks had been assessed and management plans put in place. People had their medicines as prescribed. Details of the support people needed to take their medicines was recorded so staff had guidance.

People's needs were assessed prior to any service starting. Staff assessed needs in a range of areas including support needed for eating and drinking. Staff worked with healthcare professionals to make sure health needs were supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care was provided by a staff team who were trained and supported by the provider.

People and relatives all told us staff were kind and caring. Mutually supportive relationships had developed, and staff enjoyed their work. People were involved in their care and were encouraged to share their views. People's privacy and dignity were promoted and maintained by staff who recognised the importance of treating people respectfully.

People had personalised care plans which were reviewed. Care plans were available in people's homes, so they could read them when they wished. These contained guidance for staff to follow to provide the right care and support. People had the opportunity to record any end of life wishes and the staff worked with professionals to provide appropriate end of life care experiences.

The management team were established and experienced. People, relatives and staff all felt able to approach the registered manager and gave us positive comments about their leadership style. Quality monitoring was in place, feedback had been sought and was used to make improvements to the service. There was a complaints policy in place which people and relatives were aware of.

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 us on 29 May 2019 and this is the first inspection. The last rating for this service was Good (published 25 January 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Retain Healthcare Ltd, Chippenham

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 August 2019 and ended on 9 September 2019. We visited the office location on 28 August 2019.

What we did before the inspection

We reviewed the information we have about the service. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff and the director, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, updated policies and monitoring forms. We contacted five professionals for their feedback.

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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that people were safe. Comments included, "If I thought [relative] wasn't safe with the carers I would not leave [relative] with them, they are very capable" and "I definitely feel safe with the staff or I would not use them."
- People and relatives felt safe because the service had been reliable, and workers had consistently arrived on time for their shifts. If needed managers from the office would provide care and support so people knew there was always a member of staff available.
- Staff had received training on safeguarding and were knowledgeable about the different types of abuse. Staff told us when they would report any concerns and were confident management would take the appropriate action.
- The registered manager told us they had a good relationship with the local authority and would not hesitate to make safeguarding referrals if needed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks had been assessed and there was guidance in place to make sure people were supported safely. Risk management plans were reviewed when needed.
- People's home environment had been assessed for risks to make sure staff were working in safety. There were also lone working risk assessments to guide staff on precautions and systems in place to keep them safe.
- Staff received training in infection prevention and control and food hygiene. Staff had access to personal protective equipment which they used when needed.
- The provider had developed a traffic light system which identified which packages of care were critical in an emergency. For example, if a package was red this was time critical and could not be re-arranged. This gave the management oversight of what was required in situations such as adverse weather conditions.

Staffing and recruitment

- People were supported by staff who had been recruited safely. The necessary pre-employment checks had been carried out. This included a check with the disclosure and barring service (DBS). The DBS help employers to make safer recruitment decisions. The registered manager told us the service checked with the DBS on an annual basis.
- There were sufficient numbers of staff deployed to meet people's needs. The service was actively recruiting more staff with a plan to expand the service. The registered manager told us they would not take any new packages of care until there were enough staff employed.

Using medicines safely

- People were supported to take their medicines as prescribed. People had a medicines administration record (MAR) which was used to record what medicines were given and when.
- People's needs with regards to their medicines support were recorded in their plans so staff had guidance. Staff received training on medicines administration and were observed to make sure they were competent.
- For any specialist medicines such as application of transdermal patches to people's skin, the provider's clinical lead observed staff. They recorded their observations and assessed staff as competent.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated. Staff were encouraged to reflect on what had happened to identify any learning. The registered manager told us reflection was important for all the staff to use to develop and learn.

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.

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

- People were supported by a staff team who worked well with each other and other agencies to provide care and support. For some people, Retain Healthcare Ltd was providing care at night whilst another agency provided care during the day. This meant staff were working with other domiciliary care agencies. The registered manager told us this needed clear lines of communication. One relative told us, "The service is good at contacting me to let me know if there are any concerns, it is nice to have that support."
- Staff were aware of common health issues and signs to look out for. For example, staff told us signs of possible urine infections. They told us what they would do if they were concerned and they would record all action taken.
- Staff worked with healthcare professionals to make sure people had the care they needed. Records demonstrated that people were referred to professionals such as occupational therapists and community nurses in a timely way. One member of staff told us if they had any concerns they left a note for the community nurse who visited every morning.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed by trained staff prior to any package of care starting. The clinical lead told us they assessed people who had a clinical need identified. This made sure where people's care packages were more complex the staff would have good guidance to follow.
- The service used a range of assessment tools to make sure needs were assessed in line with national guidelines. For example, staff used the Malnutrition Universal Screening Tool (MUST) to assess if people were at risk of malnutrition.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service then updates as needed. Where appropriate, staff completed the Care Certificate as part of their induction.
- Training was provided to make sure staff had the skills they needed to carry out their roles. The service employed a member of staff to plan, monitor and provide training to staff. All staff we spoke with told us they had received training and could ask for updates if they needed them. Comments about training included, "I asked for some end of life training and I got it", "I feel I have enough training for my role, if I wanted something specific I can ask" and "I have done all mandatory updates, moving and handling, first aid, it is all up together."
- Staff had opportunity for supervision and told us they found this process useful. One member of staff said, "Supervision helps me to speak up if I have any queries or worries, I can mention about my training if needed. It is personal time with my supervisor." Another member of staff told us, "I had one [supervision] last

week, I do find it useful. My supervisor is incredible, she understands me, I understand her, she knows what my ethics are. I know what is expected of me and I try at all times to deliver it."

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

- People were supported to eat and drink where needed. Staff told us they mostly supported people during the night, so this was mainly supporting with fluid intake. One member of staff said, "If they [person] said I am hungry I would get them something, I would not say it is the middle of night you can't have anything. I always make sure people's fluid levels are good."
- People's needs for eating and drinking were recorded in their care plans. There was good guidance for staff to know how to support people to eat and drink, including guidance from professionals such as speech and language therapists.

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 and found they were.

- People were supported to make their own decisions at all times. Staff had been trained on the MCA and applied the principles to their daily work. The provider had documentation in place for staff to use to assess capacity if needed and any best interest decisions made.

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 and relatives were positive about the staff and the care they provided. Comments included, "The staff are really nice, respectful and flexible" and "I have every confidence in the carers, they are lovely." People had signed their consent to care documentation to agree to staff supporting them.
- People were being supported by a staff team who really enjoyed the work they were doing. Comments from staff included, "I enjoy working for Retain as I am in control of what I do", "I do think as a whole we work really hard to make sure the quality [of care] we deliver is really good" and "I enjoy working with [person], we get on really well, I like to think [person] is happy with the support I give."
- The registered manager and staff were knowledgeable about people's needs and spoke with respect about how they provided support. People's preferences were known and likes and dislikes recorded. One member of staff told us, "I encourage staff to remember regardless of people's needs, backgrounds or abilities, they are a person. They have had dreams, they have family, they are a person. Little things matter, like what side they want to get out of bed, whether to open the curtains. I want people to feel like they are still living their life."
- Staff had been recruited based on their values and experiences. In the provider information return the registered manager told us, "We are also moving to a values-based recruitment model to ensure we employ people with the right values and caring personality."

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

- People and relatives told us they were involved in making decisions about their care and support. One person said, "They [staff] are guided by me, I am in control of what I need. The staff follow my direction."
- People were encouraged to share their views when management carried out staff observations. One member of staff told us, "We ask for feedback from people, they will tell us if they can. Sometimes I have to encourage them to give me feedback and reassure them."
- People and relatives were confident that if they spoke with the management team about changing anything they would be listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the need to promote privacy, dignity and independence. Some staff had signed up to be dignity champions on the dignity in care campaign website. The registered manager told us these dignity champions promoted good practice in relation to treating people with dignity amongst other staff.
- People's records were kept secure and staff had signed a confidentiality declaration. This explained to staff the provider's expectations about how to maintain people's privacy.
- Staff we spoke with gave us examples of how they respected people's dignity. One member of staff said, "I

make sure people are covered up when I am doing personal care, make sure doors are closed. I always explain exactly what I am going to do before I do it." Another member of staff told us, "I expect staff to take the lead from the person, make sure you are not walking in and dictating but you are asking, what would you like to do next."

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

- People had a plan of care in place with details for staff to know how to meet their needs. The nominated individual told us the care plan format had recently been reviewed to develop person centred care. They said the work was ongoing and could change dependent on people's wishes and preferences.
- People had been encouraged to express 'what was important to them' which staff had recorded. There was information about who was involved in people's care and support and who was important to them.
- Details of the care provided to people had been recorded in daily notes which were completed by staff at the time of support. We saw records were completed in full and written positively about people's needs.

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 needs were identified and recorded in their care plans. The registered manager and nominated individual told us information could be provided in different formats if needed. One person was sent their staff rotas in a large font, so they could read it easily. Another person had all documents and communication sent by email as they could use this method of communication easily.
- Where possible staff were matched to people to encourage better communication. For example, one person spoke a language which a member of staff also spoke. The registered manager matched the staff member to the person, so they could speak in the person's first language.

Improving care quality in response to complaints or concerns

- People had access to the complaint's procedure within the service user guide. The complaints process was outlined step by step and clear. There was additional information provided for people to know where to escalate their complaint if they wanted to.
- People and relatives told us they would not hesitate to complain if they needed to. Comments included, "I know how to complain, and I am not at all afraid to do that if I needed to. The managers do a brilliant job at solving any issues" and "I would not hesitate to complain if needed. I would call [registered manager] or the office staff."

End of life care and support

- People were being supported at the end of their lives. People's needs were recorded in their care plans with details of who to contact if needed. The registered manager told us this was an area of care the service wanted to develop. Staff we spoke with were passionate about this type of care. One member of staff said, "I

feel it is a privilege to care for someone in their last hours, days, minutes, to make sure they leave the world peacefully and with dignity."

- Staff had received end of life training and wanted to develop further in this area of care. One member of staff told us they were researching additional end of life training which may involve a college course. They told us the provider would support them to complete this training if they wanted to do it.

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

- Whilst the legal entity of the service had changed Retain Healthcare Ltd was still providing the same service to people. The registered manager had not changed and the same staff were still working for the organisation. The nominated individual was different but they were established and experienced working at a senior management level.
- Without exception the comments about the management of the service were positive. People, relatives and staff all were complimentary about the registered manager and office staff. Comments included, "[Registered manager] is approachable and I have a lot of respect for her, she is one of the best people I have worked with, always willing to take feedback on board", "Retain have only changed their name, not anything else, they are the same experienced staff and experienced management" and "[Registered manager] and her team have been exemplary in their support, they are very accessible and I can ring them for all issues."
- People and relatives were complimentary about the care they received. Staff told us they would recommend the service to relatives or others because the care was person-centred.
- The registered manager promoted a culture of speaking up and learning. Staff we spoke with all told us they were able to approach the management team at any time and report any concerns. The nominated individual told us, "We do lots of reflective accounts, we want a culture of staff being able to speak out at any time. The ethos here is we say it is ok to make a mistake, we want you to come and talk to us, but we want you to learn from it."

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

- The registered manager was open and honest. People, relatives and staff appreciated that approach. One relative said, "I have every confidence in [registered manager], she will do what she needs to do she is very honest."

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

- There was a registered manager in post who had numerous years of experience. They were supported by a team who were established and the provider who visited the office regularly.
- Quality monitoring systems were in place. Records such as daily notes and medicines administration records were taken to the office and audited monthly. Staff were observed regularly to make sure they were following good practice and understood their roles.

- There was a culture of continuous development. The provider told us about plans to develop the service and how they were working with a university student to improve medicines management. The student was doing some research into how medicines are administered in domiciliary care agencies. They had carried out observations and given staff training. The provider was also developing a system to help people maintain independence with their medicines management. They were working on new technology to help develop this initiative.

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

- People had been encouraged to give feedback about the care provided. Surveys had been sent out and people had responded. The registered manager told us the service asked people for feedback after one week of starting care packages, and then regular intervals to check people were happy.
- Staff surveys had been sent out to ask staff what their views were on the service. There was an emphasis from all management that staff needed to feel valued. Staff we spoke with all told us they were able to come to the office at any time and feel welcomed, or ring at any time. One member of staff said, "It is a very nice atmosphere in the office, you can come in with confidence and make yourself a coffee." Another said, "You can phone up at any time and speak to someone, they [office staff] are never too busy to speak to you."
- Staff told us they were able to attend team meetings which they enjoyed. One member of staff said, "It is good to get together with other carers to discuss what they do, it is very useful."
- Staff told us the provider had been very open in keeping them informed of the provider changes. One member of staff said, "There were lots of emails during the process, kept us updated with what was going on, it was good communication."

Working in partnership with others

- Local links were established with various organisations. The registered manager was the chair of the local registered managers network. This was a forum where other registered managers met and linked up to share good practice and learn from each other. The service was also members of the Wiltshire Care Partnership and attended conferences and learning events.
- The provider had good links with the local authority and had obtained some funding to buy a bus. The provider worked with other agencies such as Age UK to take the bus to rural areas to try and encourage people to think about a career in care.
- Staff worked with healthcare professionals to make sure people's care and support was reviewed.