Redspot Homecare (Contracts) Limited

Redspot Homecare Milton Keynes

Inspection report

1-9 Barton Road,
Bletchley,
Milton Keynes,
Buckinghamshire.
MK2 3HU
Tel: 01908 821130
Website:

Date of inspection visit: 22 and 23 October 2015.
Date of publication: 18/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 22 and 23 October 2015.

Redspot Homecare is a domiciliary care agency that provides services to enable people with care or support needs to continue living independently in their own home. The Bletchley based agency provides support services mainly to adults living in or around Milton Keynes.

There were 62 people using the service at the time of our inspection.

The service had a manager who had been in post for three weeks. They were in the process of applying to register with the Care Quality Commission. Prior to this the service had not had a registered manager for eleven months. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service did not maintain a record of medicines administered to people.

Risk management plans were not always in place for people who used the service, to promote and protect their safety.

Staff recruitment processes were not robust and did not ensure that only appropriate staff were employed to work with people at the service.

Not all staff were up to date with their training. This had been identified as an area for development by the manager and a training programme had been implemented.

Quality assurance systems and feedback from people who used the service had not been undertaken regularly to monitor performance and manage risks.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

There were appropriate numbers of staff employed to meet people's needs and to provide consistency of staff.

People's consent to care and treatment was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion.

The privacy and dignity of people was promoted by staff and they treated people with respect.

People received care that was responsive to their needs and centred around them as individuals.

The service had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

Staff felt positive about the recent change in management at the service.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

Records were not maintained by the service of medicines administered to people.

Risk management plans were not always in place to promote and protect people's safety.

The service did not follow safe and robust procedures when they recruited staff.

Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

Staffing arrangements meant there were sufficient staff to meet people's needs.

Is the service effective?

Requires improvement

This service was not always effective

A training programme had been implemented to ensure staff were up to date with their training.

Improvements had been made to the support staff received which included staff meetings and formal supervision.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

This service was caring

Staff knew people well and had developed positive and meaningful relationships with them.

People and their families were treated with kindness and compassion.

Staff treated people with respect and dignity.

Is the service responsive?

Good

This service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

People contributed to the planning of their care.

Summary of findings

People had access to information about how to raise a complaint. The service dealt with complaints in a timely manner.

Is the service well-led?

Requires improvement

This service was not always well-led.

Notifications had not always been submitted to the Care Quality Commission in line with requirements.

Improvements were being made to records management and quality assurance systems used to monitor the service.

The manager had improved the support mechanisms for staff that included formal supervision and team meetings.

Redspot Homecare Milton Keynes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 October 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we received information of concern in relation to inadequate recruitment procedures. We viewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with five relatives of people who use the service, two care staff, the manager and the group general manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to four people who used the service, four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Requires improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe administration of medicines and found that we were unable to look at any records of medicines administered by care staff. This was because the medication administration records [MAR] were kept by the district nurse. The Royal Pharmaceutical Society of Great Britain guidelines; 'The Handling of Medicines in Social Care' requires that 'when care is provided in the person's own home, the care provider must accurately record the medicines.'

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "Staff administer my medicines and they never miss." A relative commented, "There have never been any issues with my [relative] medicines. In fact I am going away for a week and the staff member who will be living in will do all the medication. I'm not worried."

Staff told us they had received online training in the safe handling of medicines. One said, "I feel confident and competent to give people their medicines safely. Our guidance is clear."

Records showed that staff had been trained to give medicines to people using the service. Consent to administer medicines had been obtained from the person or their appropriate relative. The service had policies and procedures in place to manage people's medicines when they were not able to, or chose not to take them themselves. We saw that detailed risk assessments had been completed to support people to self-administer their own medicines or to provide guidance for staff when they were expected to administer people's medication. We saw that there was good information in people's care plans about the medication they took, how they liked to take it and any side effects the medicines may have.

Prior to this inspection we received information of concern that staff were working at the service before the necessary employment checks had been completed. During this inspection we found that some staff had been commenced working at the service before all necessary recruitment checks had been completed. However the manager and the group general manager had already identified these issues and steps had been taken to ensure the recruitment of new staff was more robust. They told us that no staff would now commence work until all the necessary checks had been received. We looked at a file for someone who was going through the recruitment process. We could see that checks had been applied for, some had been returned and the service was waiting for the other checks to arrive before the person could start work.

Staff were aware of and responsive to the risk factors related to people's care and support needs, however we found that formal risk management plans were not always in place.

We looked at people's care files and found that risk assessments were not always in place for people where risk had been identified. We discussed this with the manager and the group general manager. They acknowledged this shortfall and we could see that through recent audits they had identified this as an area for improvement. The manager told us that risk assessments were currently being reviewed and updated for all people using the service.

One person told us, "I know I have some risk assessments. They have been discussed with me."

Another person explained that they were supported to take some risks. For example, they were supported to use the gym and to administer their own medicines. We found that each person had a detailed and comprehensive risk assessment in place in relation to medication. These were used for people who were able to administer their own medicines and for those who couldn't.

People told us they felt safe and comfortable in the company of staff. One person told us, "Yes they are all very good and make you feel at ease. I definitely feel safe when they come to my home." Another person said, "Without a doubt I feel safe. It's because they are knowledgeable and know how to keep me safe when they are providing my care." People's relatives also shared this view point. One family member told us, "I know my [relative] is looked after and kept safe by the carers. I know this because if my [relative] felt in any way uncomfortable or threatened they would tell me."

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse which they would look out for. Staff members explained that if they suspected somebody had been abused, they would take action to stop the abuse and report the incident. They told us that, as well as reporting internally, they would also report it directly to the local

Requires improvement

Is the service safe?

authority safeguarding team. One staff member said, "I would certainly report anything of concern. In fact I have. " Another told us, "I feel confident that my concerns would be dealt with properly and I would be supported."

Records showed that safeguarding procedures, including whistle blowing procedures, were available to members of staff in the staff handbook. We found that incidents had been reported and investigated in accordance with the local safeguarding policy and this information was available for staff guidance. Records also demonstrated that most staff had completed up to date safeguarding training.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

One person told us that staff were reliable. They said, "I have no problems. They arrive on time and stay for as long as they are needed." Another person told us, "I don't have any worries about staff not turning up. They always do and usually on time." People's relatives also expressed satisfaction with the staffing arrangements and felt the needs of their family members were being met. One commented, "I have peace of mind. I know that staff will arrive on time and do everything they can to make [relative] comfortable and happy."

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, "Most days are okay. If someone goes off sick and we need to pick up extra calls it can be difficult. Overall it's pretty good." Another staff member said, "It's organised very well. I don't feel I have to rush."

We were told that several staff had recently left the service. The manager said the service would not take any new referrals until they had recruited more staff and their workforce was large enough to meet any increased demand. We saw that people were attending recruitment interviews on the day of our inspection.

We asked a staff member; who had responsibility to formulate the staff rotas; how they made sure there were enough staff available to meet people's individual needs. We were told that there were 62 people receiving care, and they required varying levels of support. Care and support was based upon a number of assessed support hours and whether the person required one or two staff members to provide that care. This meant that staffing numbers were based on the level of people's dependency needs. We looked at rotas and saw that staffing levels were planned and sufficient to meet people's needs. Rotas' also gave staff time between calls to get from one place to the next which was based on the geography of the calls.

Requires improvement

Is the service effective?

Our findings

People told us that staff had the right skills, knowledge and experience to meet their needs. One person told us, "Yes my carers know what to do. They are very good at helping me with everything I need." A relative said that their family member had complex needs but the staff were competent and confident to meet their needs. They commented, "They are very good and provide all the care my [relative] needs in a professional manner. I have total confidence that they are well trained and know what to do."

Staff told us when they started working at the service they had completed an induction. This involved identifying training needs, whilst completing mandatory training courses, such as safeguarding and moving and handling. One staff member told us, "Yes I did an induction and was able to shadow more experienced staff until I felt competent." We found staff were knowledgeable about the needs of people using the service and were confident they knew people well.

The manager told us that the service was about to implement the Care Certificate Standards Induction programme. They told us that any new staff recruited would be signed onto this to complete over a number of months. We saw records in staff files to confirm that staff had completed an induction process at the start of their employment with the service.

We also spoke with staff about the on-going training they received. One staff member told us, "It's been a bit hit and miss lately. I think under this new manager it will improve a lot." Staff explained that they completed refresher training on-line in mandatory areas that included, basic food hygiene, health and safety and moving and handling. Both staff felt this was not always the best way to learn. One said, "It's okay for refresher training but if you are new, face to face training is more effective." A second member of staff said, "If we get good quality training we can provide good quality care."

Staff training records demonstrated that there were some gaps in training. However, the manager had identified these and plans were in place to provide staff with up to date training. We were also informed that face to face training was to become part of the training regime at the service.

Staff told us that formal supervision with a line manager had not taken place regularly. One staff told us they had never had supervision despite working at the service for two years. However, we saw that the new manger had drawn up a matrix with dates for all staff to receive supervision and we found that ten of these sessions had already taken place in October 2015. One staff member told us, "The manager has only been here three weeks and already I have had a supervision. That's a big improvement."

People told us, and records confirmed, that consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person commented, "They [staff] will always check its okay to do something before they do it."

Staff told us they always sought people's consent to provide them with care and support. One staff member said, "It goes without saying that you gain people's consent first before you do anything."

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated an understanding of the principles of the MCA 2005 and were able to explain how the requirements worked in practice. One member of staff said, "It's not something I've come across yet but I know what it's about." At the time of our inspection no one using the service was deprived of their liberty.

People told us that, where necessary, staff supported them to prepare meals and drinks. One person said, "They are very good. I get the food I like. If I fancy something different they will make it for me." A relative said about a live-in carer, "They are a very good cook. We are lucky."

Staff explained that they provided people with the food they had chosen and involved them as much as possible in its preparation if they wished. A staff member told us, "It's important to keep people involved if they want to be."

We saw good guidance in one person's file who had difficulties swallowing. There was information about their condition, a list of foods that were suitable for the person to eat and a list of foods to avoid. There was also guidance for staff to support the person to eat their meal. Staff we spoke with confirmed that before they left their visit they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people's reach.

Requires improvement

Is the service effective?

Staff had received training in food safety and were aware of safe food handling practices.

People were supported to access health services in the community. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support them if needed and staff would liaise with health and social care professionals involved in their care if their health or support needs changed. One person told us, "I have on one occasion had my carer come with me to my appointment. They were very helpful."

Staff told us they supported people to attend any health appointments if that support was required. One staff commented, "I have taken people to see their doctor when it's been necessary."

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Good

Is the service caring?

Our findings

People and their relatives told us they had developed good relationships with the staff that supported them. One person said, "I have the same carers so it's been easy to make friends and build a relationship with them." Another person told us, "The staff are very kind and understanding. They always ask if there is anything else they can do for me before they leave." A relative commented, "The carers are kind and compassionate, not just to my [relative] but to the family as well. They have been very supportive and a shoulder to cry on sometimes."

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, "I really enjoy my job. I look after some wonderful people and I have built up some good relationships with them." Another member of staff said, "I have learned a lot. The work is rewarding and no two days are the same."

We looked at the staff rotas which demonstrated that where possible, the service ensured that people saw the same members of staff to allow them to build relationships and their understanding of their strengths and needs.

People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, "I was involved in my care plan. I like things done a particular way." Another person said, "I feel they [the service] are prepared to listen to me. If things aren't right I know it will be sorted out."

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focussed on them and their wishes. At the time of our inspection the manager told us that under the previous management care plans had not been reviewed regularly. We were told, and records confirmed, that at the time of our inspection, all care plans were being audited. Following this, reviews of people's care would be arranged in order of priority. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

People told us they had information about the service and the range of care and support people could access. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the user guide given to people who used the service. There was no one using the services of an advocate at the time of our inspection.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person told us, "All the carers treat me with dignity and respect. They are very considerate and always take my wishes into account." Another person said, "They always try to protect my modesty." A relative commented, "They are very good at making sure my [relative] has privacy and dignity. They always provide care in private, they don't talk about other people in front of us and they are very polite at all times. I can't fault them."

Staff confirmed that they respected people's dignity and that privacy and people's rights were important to them. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always keep people covered up with a towel or a sheet. I always close the door and make sure they are comfortable." Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Good

Is the service responsive?

Our findings

People told us that staff visited them in their homes before a care package was offered to fully identify their care preferences and future wishes. One person told us, "I remember them coming to my house and asking me what I needed and how I wanted my care to be provided. They even asked me if I had would prefer a male or female carer." Another person said, "It was very organised. My [relative] was with me and I felt very comfortable with everything." A relative informed us, "My [relative] has a lot of care needs. We have live-in carers and carers that visit daily. I have been involved at every step. Without exception they all provide good care and they always take our opinions into account."

Staff knew and understood the people they provided care for. They had taken time to familiarise themselves with people's care plans, as well as spending time chatting with people to get to know them. This meant that staff had an understanding of people's needs and wishes, but also of their strengths and abilities. A staff member said, "We like to ask people and their families for information. The more we know the better care we can provide."

The manager explained to us that people had an initial assessment before a care package was commenced. This was used to identify the areas where the person may require support, as well as the skills they already had. This would then be reviewed and used to produce the person's main care plan. Care files we looked at confirmed that people had a comprehensive assessment of their needs before they received care.

Staff supported some people to go out locally and minimise the risk of them becoming socially isolated. One person told us, "I look forward to their visits." Records demonstrated that staff supported some people to attend the gym, day centres and the local community.

People were encouraged to raise any concerns or complaints they might have about the service. One person said, "I don't have anything to complain about but I would if it was necessary." A relative informed us, "I would feel comfortable picking up the phone and making a complaint. That would not be a problem. Things have to be right."

All the people and relatives we spoke with were confident that any concerns would be dealt with appropriately and in a timely manner. One relative said, "I haven't had to make any complaints. They are very good to my [relative]. I know my complaint would be dealt with straight away if I ever did complain."

Staff confirmed that people had access to the complaints policy and we were told that following the last satisfaction survey in 2014 a new and updated complaints procedure had been sent to all people who used the service.

We looked at the complaints received by the service and saw these had been responded to swiftly and thoroughly. We saw action plans had been put in place following the complaints to minimise the risk of the same occurrence happening again.

Requires improvement

Is the service well-led?

Our findings

During this inspection we found there had been changes to the management of the service and a number of care staff had left. A new manager had been in post for three weeks and was being supported by a senior manager.

People told us that they were not sure who the manager was, or if there even was one in post. They told us that they were not affected by this though, as they could contact the office or talk to their care staff if they had a problem. One person told us, "I know the manager has left. I didn't really know them. I never saw them much." A relative said, "We always speak to someone in the office but it's never the manager."

Staff we spoke with acknowledged the issues that the service had been through and described how they had seen improvements after three weeks of the new manager taking up the post. One staff member said, "I didn't have confidence in the old management. Already I can see things are improving with the new manager." Another staff member commented, "There have been problems previously but I think it's going to be okay now with the new manager. They are very much on the ball."

We found that quality assurance systems had not been undertaken regularly and this was being addressed. At the time of our inspection there was a group general manager who was supporting the new manager. They told us they were in the process of auditing all paper work, staff records, care plans and other documentation relating to the running of the business. They said this would provide them with a baseline of improvements that needed to be made. An action plan would then be drawn up of all areas that required improvement with timescales.

Staff felt that when they had issues they could now raise them and felt they would be listened to. One staff member told us, "I feel much more comfortable raising any concerns with the new manager. I didn't feel that my concerns would be dealt with before." They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. Feedback had not previously been sought on a regular basis from staff. However, the new manager had implemented formal supervisions, spot checks, team meetings and was in the process of organising staff annual appraisals.

Systems to gain feedback from people about the service had not been used regularly. People and their relatives told us they had not recently been asked to provide feedback on the quality of the care provided but would welcome the opportunity. One person said, "I actually think the service is very good. Sometimes there are a few niggly little things but I would like to tell them what I think."

The last service satisfaction questionnaires had been sent out in October 2014. The group general manager told us that the new manager was going to send out questionnaires in the near future.

The new manager told us they were committed to improving the service and the quality of care and support that people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not protected people against the risk of unsafe care and treatment because, a record of medicines administered to people had not been maintained by the service.