

Docmar Limited

# Respectful Care

## Inspection report

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Date of inspection visit:

12 May 2016

16 May 2016

Date of publication:

23 June 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 ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 12 May 2016.

Respectful Care is required by the Care Quality Commission to have a registered manager. A registered manager is a person who has 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. A registered manager was in post at the time of our inspection.

Respectful Care is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection, the service was supporting 100 people.

People we spoke with told us they felt safe. People were supported by staff who were trained to recognise the signs of abuse and knew what actions to take to protect people and keep them safe. Any risks were recognized, and managed through the use of risk plans. The risk plans told staff the best ways to try and keep people safe.

There were sufficient staff to meet people's needs, and people received support from the same staff members. The provider had carried out relevant checks to make sure staff were recruited safely.

People who needed support to take their medicines were assisted by staff that had been trained to administer medication in a safe manner.

Staff received appropriate induction, training, appraisals and supervision. Caring and positive relationships had developed between people who used the service staff and staff.

People were involved in their care planning and reviews and in making decisions about what care they wanted. People were treated with respect and dignity by staff who showed an understanding of the importance of this.

People received the care they needed and staff understood the different support each person needed. Care records gave sufficient information to enable staff to provide personalised care. People felt able to make a complaint if they needed to and understood how to do so.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to improve and monitor quality of the service provided.

## 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.

People were protected from risk of harm. Staff understood the actions they needed to take to keep people safe. Risks were assessed, and measures put in place to reduce the risks.

Recruitment procedures ensured that only suitable care staff were employed. There were sufficient staff to meet people's needs.

People's medicines were managed in a safe way by care staff who were trained and assessed to be competent.

### Is the service effective?

Good ●

The service was effective.

People's individual needs were met by staff that have been trained to give the support they required. Staff were supported and encouraged to increase their skills and knowledge as an on-going process.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to maintain their hydration and nutritional needs where relevant.

People received support with meeting their health care needs.

### Is the service caring?

Good ●

The service was caring.

People had developed caring and positive relationships with staff.

People were at the centre of planning their care, and staff consulted them about their support preferences and needs.

Peoples' dignity and privacy were upheld and respected.

### Is the service responsive?

Good 

The service was responsive.

People received support according to their individual needs and preferences. Staff were knowledgeable about people's choices, preferences, and needs.

Some people were supported to access the community.

People understood the complaints process, and knew how to raise concerns. The registered manager responded to complaints and followed a clear process.

### Is the service well-led?

Good 

This service was well -led.

People and staff felt there was an open and transparent culture within the organisation.

Systems were in place to monitor the quality and safety of the service and people were supported to express their views about service.□

People were supported to give their views about the service.

# Respectful Care

## **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 May 12 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we contacted the local commissioners for health and social care to obtain their feedback. We contacted the local Healthwatch team. We looked at the statutory notifications that the service sent to us. These contain important or serious information which the provider must tell us about.

On the day of our inspection, we spoke with, and received feedback from the nominated individual and the other director of the company. The registered manager was on leave at the time of our inspection. We spoke with two care staff members. We looked at the care records of nine people who used the service, and we also looked at files for three members of staff. We looked at records of accidents and incidents, records of complaints, checked the policies and procedures that were used by the service. We checked staff training records, and looked at how the service showed they were maintaining the quality of the service.

After the inspection we spoke with 10 people used the service, two relatives and two members of care staff. We contacted three social care professionals for their views and feedback.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe when they were being supported by staff from Respectful Care. One person told us, "Yes, I feel safe with them [Respectful Care]. They know what they're doing." Another person said, "Yes, I feel very safe. They are all very professional." One relative explained, "[Person's name] is absolutely safe with them. We have never had a problem."

Staff were trained to identify the different types of harm, and knew what actions to take if they had any concerns. A staff member told us, "I would contact the office if I had any concerns." There was a safeguarding policy in place that gave detailed information on the different types of harm, and what actions needed to be taken in the event of any concerns. Staff received training when they started working at the service about safeguarding adults, and it was clear what was expected of staff. The director of Respectful Care explained that all staff on their initial induction received safeguarding training, and also the topic of safeguarding was raised in monthly staff meetings. Records we saw confirmed this.

Staff understood that there was a whistleblowing policy in place, and they knew how to escalate their concerns if they felt that they were not being listened to. However, staff told us they were confident that the management team would act on any concerns raised.

People were assessed by a senior staff member before receiving support from the service in order to identify each person's needs and highlight any risks. We saw examples of risk plans, which told staff of how best to provide the support people needed in a safe manner. For example, we saw risk plans that advised staff about assisting people to move safely if they had difficulties with mobility. A person told us, "They are always on hand when I move. They make sure my walking frame is left close by me."

A staff member told us, "The risk plans give us details about what the risks are, and how we can minimise these risks." Another staff member said, "We want to keep people safe, without limiting them." We saw in one person's records that staff were assisting a person to eat, but there was no risk plan in relation to this. We raised this with the director, and they immediately agreed to put a risk plan in place for this person. This assured us that the service was managing the risks to people.

We saw the service kept detailed records of all accidents and incidents that had taken place, and included what action had been taken. A relative told us, "Staff from Respectful Care found [person's name] after a fall and they took care of everything." Staff told us that, and we saw from looking at records, they knew what action to take in times of emergencies. We saw records where staff had found a person had fallen when they arrived at person's home. Staff told us, and records confirmed, that the staff member had called an ambulance but had made the person comfortable and stayed with them until help arrived. We saw that the registered manager also reviewed accidents and incidents, and signed to say that they had agreed with any actions taken or what further action was required.

Staff were safely recruited. We saw that the service carried out the appropriate checks before staff started work at the service. These checks included criminal record checks (Disclosure and Barring checks), previous

employment references, proof of identification and right to work. Staff confirmed that these checks had been completed before they were allowed to start work at the service. This is important in order to ensure that staff are safely recruited and are suitable to work at the service.

People told us they thought there were sufficient staff. One person told us, "They always come. They have never missed a call. Another person told us," They always turn up on time. I cannot fault them." Staff we spoke with also felt there was enough staff. A staff member said, "We don't do fifteen minute calls, and we have time to do what is needed. If we have done everything we sit and talk with the person." Another staff member told us, "All of my calls are close together so I am always on time."

The director told us that the service had a greater number of staff than was required by people using the service. They said that this was so that when staff were on leave, there was still enough staff to cover the service. In addition, the staff that worked in the office were also all trained to deliver care if required if there was a shortage of staff numbers. This assured us that there was enough staff to meet people's needs and keep them safe.

Where people needed support to take their medicine, staff received training to support them safely. A person told us, "They help me with my medicine." Staff told us they were trained before assisting with medicines, and also that a senior staff member regularly checked to make sure they continued to offer support with medicines safely. A staff member told us, "The medicines have to be in blister packs from the pharmacy, and there is a list of medicines which a person takes in their care plan." This showed that staff were following guidelines to ensure people were safely supported with their medicines.

One member of care staff told us, "If someone refuses to take their medicine, I would report it to the manager, and record it in the care plan." We saw, that where staff were supporting people with their medicine, staff were signing the medicine administration record (MAR) sheet in the care plan. This is an important record as it records when the person last took their medicine. Staff we spoke with were aware of the importance of safety in relation to medicines, and were confident that if any mistakes were made, they would feel able to report this. A staff member said, "If I found a medicines error, I would report it straightaway." Staff told us and we saw records which confirmed that the registered manager was ensuring that staff who administered medicine were regularly checked to ensure they were still competent. This assured us that the service had systems in place to ensure people received their medicines safely.

# Is the service effective?

## Our findings

People told us that they were confident that staff knew what needed to be done. A person told us, "They do exactly what they need to do. If they see a problem, they sort it out." For example, a relative spoke of how staff had cleared up some broken glass in their relation's home following an accident. Another person said, "The staff are well-trained and turn up on time." A relative said, "Staff are well trained. I am confident in them"

Staff felt the induction and training they had received had been supportive, and assisted them in their roles. A staff member told us, "The training gave me the skills to do the job." Another staff member said, "I've never had such a good induction. I learnt so much." A staff member told us, "I had to shadow an experienced staff member when I first started. Now I'm one of the shadowing officers to support new staff."

People and staff both confirmed that new staff shadowed existing staff before they started working alone. Records showed staff had received training as part of their induction, and demonstrated that their training was regularly updated. Once staff had completed their basic induction training, the company gave them a fob watch as a recognition of their hard work. New staff were put on a probationary period, during which extra checks were made on their performance by the registered manager. A staff member told us, "I had a review after three months, and then at the end of my six month probationary period." Another staff member said, "It's so organised here. If I had any problems it would be picked up straightaway."

We saw copies of competency checks carried out upon staff to ensure they were still working in safe ways, for example in regards to assisting with medicines, and with assisting people to move safely. The registered manager ensured regular checks were carried out on staff to monitor their knowledge and skills were up-to-date.

We saw records which showed, and staff confirmed, that they were completing the Care Certificate. The Care Certificate is a nationally accredited set of standards introduced by the Skills for Care Council. The nominated individual told us the service had just entered a partnership with a local college to provide a rolling two-year training programme for staff on areas such as safeguarding, pressure care, dementia, and equality and diversity

Staff told us and records showed that staff received appropriate supervision and support. A staff member said, "I get supervision every three months and an annual appraisal." Another staff member said, "We are well prepared for our role here."

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. Any applications must be made to the Court of Protection.



We checked whether the service was working within the principles of the MCA. At the time of our inspection, no applications to the Court of Protection had been required.

People's consent to their care and treatment was sought in line with legislation and guidance. A person told us, "Yes, staff always check I'm happy with what they are doing." People told us they were asked for their permission prior to any care being given. Care plans and medicine charts had been signed by people to say they agreed with what was written in them. Staff told us about the importance of gaining people's consent before providing any care. A staff member gave an example and said, "I always ask a person if they are happy to have a shower or not." Another staff member said, "We try to encourage people, but if someone refuses support, we have to accept that." Staff members clearly showed a good understanding of the principles of the MCA and how they applied this in their daily working life. Staff understood when people had varying capacity how best to support the person without restricting them.

Some people required support with eating and drinking. A person told us, "Staff get my lunch. They ask what I prefer." A staff member told us how they supported a person who often would only eat small amounts. The staff member said, "Sometimes [person's name] forgets, so we gently remind them. We leave snacks and lots of drinks so there is always something [for them] to nibble."

Another staff member described how they had to carefully watch when assisting a person to eat to ensure they were following the person's pace of eating. Staff were aware of what to do if they had concerns about unexpected weight changes in the people they were supporting. A staff member explained the importance of taking precautions when assisting a person to eat. They told us, "I make sure the person is sat upright." Staff were able to explain about the needs of people on special diets, for example if they had diabetes or swallowing difficulties. This showed that the service supported people when required to have sufficient food and fluids according to their needs and preferences.

People were supported to maintain good health. People told us that staff assisted them to access healthcare services such as GPs or emergency services when required. We saw in a person's care plan that staff had involved an occupational therapist for a person who was having a number falls. A relative told us, "Staff found [person's name] after a fall, and they were brilliant. They called an ambulance, stayed until it arrived, and sorted everything out." One member of care staff told us, "I have had to call out the GP a few times for people, and also the community nurses." We were confident from speaking to people and staff, and looking at records, that if people needed support to access healthcare services, staff at Respectful Care knew what actions to take.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. A person said, "They [staff] are lovely; very caring." Another person told us, "They are very caring. I cannot fault them in anyway." A relative said, "Staff are excellent; I cannot fault them." Staff seemed genuinely interested and spoke in a caring manner about the people they supported. A staff member told us, "Everyone I've worked with is very caring. We are all here because we care." Another staff member said, "We genuinely care, and we want the standards to be as high as they can be."

People and their relatives, where applicable, were involved in making decisions and planning the care to be provided. A person told us, "I was involved in setting up my care. The registered manager came to see me for an assessment before the care started." A relative told us, "Yes, we were involved in the care planning before the service started." We saw in the care plans that people and their families had signed to say that they had been consulted on what was in the care plan. When people were new to the service, they were visited by the registered manager or another senior staff member to discuss their needs and preferences, and consider any risks before the service started. We saw copies of these pre-assessment visits in people's care plans.

Staff described how they involved people in their day-to-day care, and gave people choices. A person told us how they were regularly supported to go out into the community by staff. The person said, "I choose where we go. If I don't feel well, we spend time together at home. It's always up to me." Another staff member described how they helped a person choose what clothes they wanted to wear. We saw that care plans were reviewed on a regular basis and updated as people's needs changed. Plans contained detailed information so that even when people could not communicate verbally, there was clear information on individual preferences in the care plan for staff to follow.

People told us they were treated with dignity and respect by staff. A person told us, "They always close the bedroom door. They protect my dignity." Another person said, "I am wrapped in a towel whilst I wash. I always get dressed in the bedroom." A staff member explained, "I make sure the door is closed, I used towels to cover personal areas, and I try to make them [people] feel at ease." A relative we spoke with said that staff were very respectful in their approach to their family member and they felt confident to leave the staff to do their job. One of the directors explained that dignity and respect were highly valued, and an integral part of the aims of the organisation.

The language used in relation to people in care plans was respectful, and appropriate. Staff spoke about people in a genuinely caring manner, whilst still trying to maintain people's independence as much as possible. People told us that staff enabled them to be as independent as possible. A relative told us, "They are very respectful with my family member. They still encourage [person's name] to do things for themselves." A staff member told us how they tried to maintain people's independence. The staff member said, "If a person is able to do something themselves, I let them do it to keep their independence." We also saw evidence of this in people's care plans. Another staff member said, "We give people as much independence as possible. We try to encourage people to do as much as they can themselves."

## Is the service responsive?

### Our findings

The people we spoke with told us they received the support they needed when they wanted it. People told us that they received care that met their individual needs and that staff never missed calls. People told us that staff arrived on time and let them know if there were going to be unavoidable delays. A person said, "Staff turn up on time." Another person told us, "They are usually on time. In the rare event of a problem, the office staff let me know." A relative told us, "They usually turn up on time. There are odd occasions when they are late, but they let us know." We saw from looking at staff rotas that staff supported people at the times that had been agreed with them. The records also showed that people received the amount of support they had been assessed as needing. People told us and staff confirmed, that wherever possible, the same small group of staff was used for each person to try and maintain continuous care for the person. This meant that staff got to know each individual person and their routines well.

People told us and we saw in their records that the registered manager regularly carried out reviews of their care plans and needs. A person told us, "One of the ladies from the office has been and done reviews to see what's happening."

People we spoke with were positive about the impact the support from Respectful Care had upon their lives. A person said, "They have certainly made a big difference to my life." Another person said, "They are absolutely brilliant, I would be lost without them." We saw records that showed a senior member of staff always visited people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, which was based on each person's needs and preferences.

People we spoke with told us how the management team organised a Christmas party every year in the local community hall for all the people and staff at Respectful Care. A staff member told us, "For some people this is a rare chance to have a social outing." The service also organised an annual craft event in which people were encouraged to make various craft items. We saw photographs of both events which clearly showed people enjoying themselves.

The staff told us they were provided with enough information about people's needs before visiting them for the first time. Staff also were aware of the content of the care plans and felt they had sufficient time to read the plans in people's homes before starting to work with the person.

Staff told us that they felt the registered manager responded to their feedback if they felt a person's care needs had changed. We saw that people's care plans were reviewed on a regular basis with the involvement of people and their relatives if relevant. People confirmed that their care plans were regularly reviewed and were up-to-date and accurate. People told us that some reviews were done via the telephone, but others involved a visit to the person's home from a senior staff member.

People told us that staff were aware of their individual and cultural preferences, and that these were respected. Care plans contained information regarding people's diverse and individual needs and gave detailed information to staff on how they could meet those needs. For example, we reviewed a care plan

that gave very specific information on a person's morning routine, including where the support was to be given, where toiletries were kept, and the order person liked to be assisted.

People told us they would know how to make a complaint. A person said, "Yes I would know how to raise it if I had any concerns." Another person told us, "There is a phone number in my book I could ring." A person told us how, when they had not got on with a particular staff member, they had raised this with the office staff. The person said, "The office sorted it out straight away."

Staff understood how to respond to complaints. A staff member said, "If a person made a complaint, I would speak to the office, and recommend that they also phoned the office." We saw the service had a clear procedure for staff to follow in the event of any complaints. The service kept a detailed record of complaints and also of the actions taken by the service to resolve the complaint, including copies of any letters sent. This showed that the service listened to people's complaints concerns and acted upon them.

## Is the service well-led?

### Our findings

The service had a registered manager and they understood their responsibilities in relation to running the service. People were aware who the registered manager was and said that they were approachable. One person said, "The manager came out at the beginning and was very helpful." Another person said, "The [registered] manager and office staff are really good too. I cannot fault any of them."

People told us that they were regularly asked their views on the service that they were receiving. The registered manager sent out annual satisfaction surveys to people. Surveys were completed by people who used the service and their families. The feedback from surveys was positive regarding the quality of care provided by staff. We saw that people's levels of satisfaction with the service had increased over the last year. We saw that the registered manager responded and made improvements if concerns were identified in the surveys, or by other methods such as reviews. For example, we saw that in the early days, some people's homes had been difficult for staff to find which had caused delays. As a result of concerns raised, the registered manager included detailed information on how to find each person's home. We saw detailed responses from the management team in relation to surveys completed by both people who used the service and staff. We saw that the registered manager had taken action to respond to any highlighted areas of potential improvement and had acted upon these. This demonstrated that the service had good management and leadership, and strove to constantly make improvements for people using the service.

We saw, and office staff told us, that each morning, any particularly difficult issues that may be presenting were discussed and any necessary actions taken. This included areas such as unexpected staff sickness or if a person's needs suddenly had changed. The management team held meetings twice weekly to ensure that any forthcoming reviews, staff observations, staff appraisals and accidents and incidents were dealt with and managed according to the service's timescales.

There was an open and honest culture within the service and people that used the service and staff were encouraged to speak up. The people we spoke with told us they felt able to approach, care staff, office staff or the registered manager if they wished to raise anything. A person told us, "Nothing is too much trouble." Another person said, "We can always contact the office. They are very approachable."

Office-based staff kept in regular contact with each person or their relative to check that they were satisfied with the service. This meant that communication remained on-going and any issues that were raised were quickly acted upon. Staff told us there was an open and honest culture in the service and said they felt their suggestions were welcomed. A staff member said, "Yes, they the registered manager take ideas on board if we make suggestions." Another staff member said, "The registered manager is brilliant. It's a great company to work for." Staff spoke enthusiastically about the registered manager and the general support received from the management team. A staff member told us, "I feel very valued here." The registered manager and directors held regular staff meetings to ensure staff were kept up-to-date about any issues. Staff we spoke with confirmed this.

The registered manager had introduced a 'carer of the month' award. This is where the service had received

particularly good feedback about a staff member, or the staff member has gone 'the extra mile' for someone. The management team gave members of staff a small gift and a certificate in recognition of their hard work. One staff member told us how important it was for them to receive this award. Staff also told us they were regularly given feedback on their performance by management, and this was a positive experience.

A whistleblowing policy was in place and contained appropriate details. Whistleblowing was discussed at the interview stage of staff recruitment, and staff we spoke with were familiar with the policy, and how to act upon it.

Staff told us they would be comfortable raising issues should they have any concerns. The guide for people who used the service described the values of the service and staff clearly explained how they worked alongside those values. The registered manager made the necessary notifications to CQC as required.

We saw and staff told us that regular staff meetings took place and the registered manager clearly set out their expectations of staff. The registered manager carried out regular spot checks of staff and their work to ensure that standards and quality was maintained.

The directors of the service told us they regularly attended meetings with the local council for voluntary service as a way of learning about and maintaining links to their local community.