

Resources Care T/A My Homecare DDNY Ltd

# Resources Care Ltd

## Inspection report

Unit 1B  
Enterprise House, Valley Street North  
Darlington  
County Durham  
DL1 1GY

Tel: 01325480700  
Website: [www.resources-care.co.uk](http://www.resources-care.co.uk)

Date of inspection visit:  
13 July 2018  
16 July 2018  
19 July 2018

Date of publication:  
29 August 2018

## 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

This was an announced inspection. We conducted the inspection from 13 July to 19 July 2018 and we made telephone calls to people using the service and staff then visited the office. The provider was given notice of the inspection because they provide community services and we needed to be sure that someone would be in.

This was the first inspection of the service since their registration with the Care Quality Commission (CQC).

Resources Care Ltd is a domiciliary care agency which is registered to provide personal care. The service provides support to people with varying disabilities (aged 18 and above), who live in their own home. The service operates seven days per week. The care packages are set up following an assessment of people's needs and support can be provided throughout the day and night. At the time of our inspection there were four people receiving support from Resources Care Ltd.

There was a registered manager at the service. 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.

There were robust staff recruitment and assessment processes in place.

People who used the service told us that there were enough staff available to support them and on the whole staff turned up on time. People were provided with continuity of care because a core group of staff were allocated to work with the same people. People knew their staff team well and spoke positively about them.

The registered manager and co-ordinator were skilled and experienced. They monitored the care packages and provided support and advice to the carers.

Staff were familiar with the safeguarding protocols in place to help keep people safe. They told us that they had received training in this matter and discussed the process with us, giving examples to show us their knowledge.

We checked whether the service was working within the principles of the Mental Capacity Act. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had individualised care plans and risk assessments in place. These helped to make sure people received the support they expected and needed, in a safe way. Staff were trained to safely administer medicines but at the time of the inspection no one needed this support.

People who used the service told us that staff were kind and helpful and that they respected their privacy and dignity.

There were policies and procedures in place to help ensure the service operated effectively.

The registered manager had developed a comprehensive training programme and over the last year had worked with the government department 'find a job' to equip people with the skills needed to deliver care and support. The programme formed staff induction and this was completed prior to a final job offer being given. Staff obtained certificated training and various qualifications in care via this programme. Staff were supported and supervised in their work. Supervision of staff helps to make sure that they work safely and follow the policies and principles of the service.

There was a complaints process in place at the service. Records were kept about any incidents and complaints, which included the details of actions taken, outcomes and learning points.

The provider had processes in place for monitoring the quality of the service. There were systems in place to support people using the services to give their opinions about the standard and quality of the service they received.

## 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 told us they felt safe. There were safeguarding policies and procedures in place. Staff knew how to raise a concern.

Staff had received training in relation to safeguarding and keeping people safe. They understood the actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

### Is the service effective?

Good ●

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were very clear regarding their role and responsibilities in relation to consent and capacity.

### Is the service caring?

Good ●

The service was caring.

People told us that their support workers treated them with respect.

People were supported by staff that knew and understood their life history, preferences, needs and wishes.

People told us that staff were mindful of the importance of maintaining people's independence and well-being.

### Is the service responsive?

Good ●

The service was responsive.

The service had a complaints process in place and staff knew

what actions needed to be taken to deal with any concerns.

People were supported to access other health and social care services where necessary.

Care and support was tailored to meet the needs of each individual and so different types of care package were provided.

**Is the service well-led?**

**Good** ●

The service was well led.

Documents kept at people's own home were up to date and detailed.

The service had systems in place to help monitor and improve the quality of the service. People who used services were provided with opportunities to comment on the standard of the service they received.

There were policies and procedures in place to help ensure the service operated effectively and to a safe standard. Checks were in place to help ensure staff worked safely and in line with the policies of the service.

# Resources Care Ltd

## **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 checked 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.

An adult social care inspector commenced the inspection on 13 July 2018 and we visited the provider's office on 19 July 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

We gathered and reviewed the information we held about the service before the inspection. This included notifications; (notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales) and the Provider Information Return (PIR) that had been completed by the provider. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the four people who used the service and also spoke with three relatives. We contacted the three care staff who worked for the service and met the registered manager and the care coordinator.

During our visit to the offices we looked at all four people's care records, three staff files and the records relating to the management of the service.

# Is the service safe?

## Our findings

The four people who used the service had been with them for a couple of months and all told us they had no concerns about the service or staff practices. Relatives found that the staff worked well with people and delivered safe care.

One person said, "They put me at ease." Another person told us, "They come when they say they will and are never late." Another person said, "Really excellent staff that always do their best to make me feel secure and cared for." A relative commented, "The carer always arrives on time and [person's name] gets on so well with [carer's name]. The carer went on holiday they did not want anyone else. It takes ages for [person's name] to become comfortable with people but they just hit it off straight away."

The services had robust safeguarding processes in place. The staff that we spoke to confirmed that they had received training to help them recognise and report abusive practices. They were able to give us a good overview of their knowledge and the steps they would take to help make sure people were safe. No concerns had been raised but we found that the registered manager knew how to report any allegations and how to investigate issues appropriately and quickly.

On-call systems were in place so that staff and people who used the service could access advice or assistance when needed. The provider was also looking at developing an online assessment tool, which would enable supervisors to track calls and update people's care records promptly.

Staff were aware of the individual risk assessments and strategies that were in place to help keep people safe. People's risk assessments and management plans had been regularly reviewed.

We reviewed the way in which support staff were recruited. We found that there were robust systems and procedures in place. Appropriate checks had been carried out on prospective employees, including employment histories, personal profiles, references and criminal record checks Disclosure and Barring System (DBS). As part of the recruitment process, the staff completed their induction training prior to being employed.

Within the induction staff completed the Care Certificate and a range of other qualifications such as safe handling of medicines. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They intended to use this format when new starters commenced work.

People who used the service told us that there were enough staff to help them with their daily needs. They told us if staff were running late they were confident that the carers would call to let them know. Within the last two months the majority of people had not experienced any problems. In fact they found that the staff were very flexible and would readily accommodate changes to the times.

We reviewed the way in which the service managed and supported people with their medication requirements. Currently no one needed support with the administration of their medication but staff had

received medication training and were aware of the policies and procedures.

Staff confirmed they had a plentiful supply of personal protective equipment (PPE) such as gloves and aprons to maintain infection control.



# Is the service effective?

## Our findings

People who used the service and their relatives all thought that the service was effective. People told us they felt the care was appropriate and the staff appeared to have the skills they needed to deliver their care. People and their relatives told us they were always consulted about the way they wanted their care delivered and everyone appreciated that involvement.

One person told us, "I'm very pleased with my care they girls really seem to know what I need." Another person said, "They appear to have been trained for this work and if they are ever in doubt will check." A relative said, "The service is better than we could have expected. They get on well and staff all know what they are doing."

Staff told us that they felt 'well supported' by the registered manager and coordinator. One staff member told us, "The communication is very good. We are kept up to date with everything that is going on."

We looked at the training and supervision provided for staff. We discussed this with the registered manager and staff working in the service. We reviewed a sample of individual staff records as well as the training matrix for the service as a whole. Staff told us and records confirmed that appropriate training and regular supervision meetings were provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection no one lacked the capacity to make decisions about their care and treatment.

Staff had a working knowledge of the MCA and respected people's human and legal rights. The registered manager was aware of the processes involved regarding MCA and applications to the Court of Protection. There were policies and procedures in place to help ensure staff understood that people using the service retained choice and control over their care as far as possible. People told us that they were constantly consulted and their consent was always obtained.

We found that where necessary, people would be supported effectively with eating and drinking, however no one at the time of the inspection needed this support.

## Is the service caring?

### Our findings

People we spoke with told us that their dignity and privacy was respected and staff encouraged them to remain as independent as possible. People told us they were always offered choices around how their care was delivered.

One person told us, "The care is smashing, as the girls are really good. They help me with my personal care really sensitively and I never feel embarrassed." Another person said, "They are so kind and lovely." Another person said, "I never feel uncomfortable." A relative told us, "They are very kind and good with my relative. We both appreciate all their support as well."

We found that staff spent time with the people they supported. They told us they had access to people's support plans and time to review or update them. The staff we spoke to during the inspection were very aware of people's individual needs and preferences. One member of staff told us, "I find that the information about how to support people is easy to find and the care records are clear."

The registered manager and coordinator monitored people's care, support and their relationships with their care staff. If people found they did not 'click' with a particular staff member this was quickly remedied. One person told us that one of the carers had been a little bit nervous so the registered manager had let them work as a pair until they gained their confidence.

During our discussions with staff, we found that they adopted a caring approach and showed concern for people's independence, safety and well-being.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the registered manager explored all the range of ways they could support people to communicate their views about the care and support being offered. They had sought information about telecare services so were aware of the latest technological solutions for keeping people safe. For instance motion detectors, which alert family if the person went out that they were coming back and, when necessary, to monitor if people started to leave their property late at night.

## Is the service responsive?

### Our findings

People and relatives told us that they were encouraged to be fully involved in deciding the type of care packaged needed and were involved in drawing up the care plans. One person said, "I get asked all the time about what I want and I find the care is spot on." The staff that we spoke to told us of the plans and strategies that were in place to support people meet their needs. They explained that people were able to be as independent as possible and where risks had been identified, these were managed in the least restrictive way.

The sample of care and support plans that we reviewed during our inspection had been developed with each person. They contained detailed pen pictures of each person, which recorded individual likes, dislikes, wishes and instructions about communication needs. When we spoke to staff about the people who used services, they were knowledgeable about people's individual needs and expectations.

At the time of the inspection no one needed end of life care but the registered manager and coordinator kept abreast of best practice guidance and ensured there was training available to support staff deliver this care.

People who used the service were able to raise concerns or complaints directly with the staff that supported them or with the management team directly. There was also a complaints policy in place.

People commented, "I know how to complain, but as it stands, if things keep going the way they are I see no reason to be calling anyone" and "I am happy to raise issues, if needed, and when I have mentioned little niggles these have been sorted out straight away."

We reviewed the records that had been kept with regards to complaints and complements. No one had raised any concerns and were complimentary about the service. We discussed the complaints process with the registered manager and found they had a robust understanding of the process so knew how to complete a full investigation, provide outcome and ensure lessons were learnt.

## Is the service well-led?

### Our findings

People and relatives told us that they thought the service was well-led. People said that the staff and the registered manager were approachable, friendly and supportive. One person said, "The manager is very good and the care works for me."

The service had a clear vision and put values, such as 'respect and enable' into practice. Staff understood the values and were committed to them. Staff we spoke with thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A staff member told us, "I am happy at my work. I feel listened to and can always talk to the staff in the office. I think the manager is very good." Another said; "The service is very good and the manager is really nice. The communication is very good and we are provided with training. We also get regular meetings and discuss areas that we may need to improve."

The service provided various opportunities and options to enable people voice their opinions. Regular meetings were held for staff. In addition, people were routinely contacted by phone and told us they were asked to comment on their satisfaction with the service.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. Since the service became fully operational two months ago the registered manager had been completing monthly audits of all aspects of the service, such as the care records. They took these audits seriously and used them to critically review the service. When audits identified areas to improve the registered manager produced plans, which clearly detailed what needed to be done. The provider also completed monthly reviews of the service. This combined to ensure effective governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.