

Mrs Tanya Maria Jane Larkin

# Regal Care

## Inspection report

Unit 13, Saltash Business Park  
Forge Lane  
Saltash  
Cornwall  
PL12 6LX  
Tel: 01752311625

Date of inspection visit: 21, 24, 31 August 2015 and 1 September 2015  
Date of publication: 21/10/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 21, 24, 31 August 2015 and 1 September 2015 and was announced.

Regal Care provides domiciliary care services to adults within East Cornwall. On the days of the inspection Regal Care was providing support to 33 people including those with physical disabilities, sensory impairments, mental health needs and people living with dementia. At our last inspection in October 2013 the provider was meeting all of the Essential Standards inspected.

People told us care staff were kind, caring and promoted their independence. People also told us staff were

respectful of their privacy and dignity. People felt safe when staff entered their home. Staff arrived on time and when they were going to be late, people were informed of this. Staff felt there were enough staff to meet people's needs and had adequate travelling time. People were protected from the spread of infection because staff followed infection control procedures.

People were supported by staff who had been recruited safely, which meant they were suitable to work with

# Summary of findings

vulnerable people. The provider and staff had a good understanding about safeguarding procedures and about what action they should take if they felt some one was being abused, mistreated or neglected.

People were supported by staff who received an induction as well as training and supervision, which helped to ensure staff were able to meet people's individual needs.

People had care plans in place, to provide guidance and direction for staff about how to meet a person's needs, for example how people wanted to be supported with their personal care or with their mobility. However, some care plans were not always reflective of people's needs. The provider told us action would be taken. Staff were aware of the importance of obtaining people's consent in line with the Mental Capacity Act. People's consent and mental capacity was demonstrated in care plans to help make sure people who did not have the mental capacity to make decision for themselves, had their legal rights protected.

People who were supported with their medicine, had care plans in place. People were encouraged to eat and drink. When staff were concerned about whether a person was eating and drink enough, they were responsive in reporting any concerns. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. People were complimentary about the way staff supported them to arrange appointments with external health professionals.

People felt they could complain and that their complaints would be investigated and resolved. People's feedback was valued and used to facilitate improvements.

The provider had systems in place to help monitor the ongoing quality of the service; however, some checks had not been carried out because of a change in administration staff. The provider was aware of this and was trying to rectify it at the time of our inspection.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe.

People were protected from risks associated with their care because risk assessments were in place and kept up to date.

People's medicines were effectively managed.

Safe recruitment practices were followed.

The provider and staff had a good understanding of how to recognise and report any signs of abuse.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Good



### Is the service effective?

The service was effective.

People's changing care needs were referred to relevant health services.

People were supported to eat and drink enough.

People's consent and mental capacity was assessed and documented to help staff know how to support people effectively.

People received support from staff who had the necessary knowledge, skills and training to meet their needs.

Good



### Is the service caring?

The service was caring.

People told us staff were kind, caring and promoted their independence.

People felt their privacy and dignity was respected.

People had good relationships with the staff who supported them.

Good



### Is the service responsive?

The service was responsive.

People had care plans in place which meant staff had information about how to support people.

People's views were valued and their feedback was used to make improvements.

Concerns and complaints were investigated and solutions were found.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People told us they would recommend the agency to others.

The registered manager had a quality assurance system in place to drive improvements and raise standards of care.

Staff enjoyed working for the organisation and felt the provider was supportive.

The registered manager worked in partnership with other professionals when required.

# Regal 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.

The inspection took place on 21, 24, 31 August 2015 and 1 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service and spoke with the local authority. We

reviewed notifications of incidents that the provider had sent us since the last inspection and also our previous inspection reports. A notification is information about important

events, which the service is required to send us by law.

During our inspection, we visited five people who used the service, and spoke with two relatives, a senior care worker, and the registered manager.

After our inspection we spoke by telephone with 20 people/relatives who used the service as well five members of care staff, and the administrator. We also contacted a district nursing team and the local authority service improvement team for their feedback.

We looked at five records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service including policies and procedures.

# Is the service safe?

## Our findings

People confirmed they felt safe when staff entered their home, comments included, “yes I feel safe and I trust them” and “I feel safe with them, they are ever so nice”.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff were issued with a uniform and a photograph badge so people could correctly identify care staff.

The provider and staff all understood their safeguarding responsibilities, had received training and were able to explain what they would do if they suspected someone was being abused, mistreated or neglected.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately, with one member of staff commenting, “absolutely, definitely it would be dealt with”.

People told us staff arrived on time, and when they were unable to arrive at the correct time they would be contacted to inform them of the delay. Comments included, “if they are late it is for a good reason and if more than 15 minutes late we always get a phone call, they report back to base and the office rings us. It is normally when a previous client has needed a doctor or ambulance”

and “they stay for the 30 minutes they are here for and are always on time and never had a missed call”. Staff told us there were enough staff to meet people’s needs and had enough travelling time between each person so they were not running late.

People had documentation in place relating to the management of risks associated with their care. This meant care staff had risk assessments to follow when providing care to people to help minimise any risks to the person or to themselves. For example, risk assessments were in place

which related to the use of equipment, falls and for controlled substances hazardous to health (COSHH). Staff were aware of people’s risk assessments and told us they were “good” and were updated when people’s care needs changed.

Where staff were responsible for administering people’s medicines, this was achieved safely. People were supported with their medicines and had care plans in place which detailed their medicines and the role staff were to take. One person told us, “they give me my medicines and they always remember them, and have never missed giving them to me”. We observed a member of staff assisting one person with their medicine, it was carried out in respectful manner and the carer described the tablets she was giving.

People were protected by infection control measures because staff were provided with personal protective equipment (PPE) such as gloves and aprons, and staff wore these when assisting people.

# Is the service effective?

## Our findings

People were supported by staff who understood the importance of gaining people's consent. Staff explained they would always ask the person prior to providing care or before contacting a health care professional. People's care plans contained information about their mental capacity to help care staff know how to appropriately support the person. For example, in one person's care plan was stated they suffered with memory loss, and described how staff could use visual prompts as a useful aid.

Where staff were responsible for ensuring people's nutritional needs were met, this was achieved. Staff explained if people were not eating and drinking enough they would record their concerns and inform the provider so action was taken, for example the person's GP would be contacted. A member of staff told us continuity of staff helped to identify such concerns and told us "I know when they are not right" of the people they supported.

People's care plans provided details to help staff know what people's nutritional likes and dislikes were and whether people had any food allergies or used specialist cutlery. Care plans also described if people required help or support with eating and drinking so staff were informed about what action they needed to take.

People were supported to access external services such as GPs and district nurses. One person told us, "if there is a problem... they get me to phone up the surgery to check they are doing the right things" and another person explained how care staff had helped to organise transport so they could attend a GP appointment. One person had been supported to access an occupational therapist because staff had observed the person was having difficulties mobilising in their bathroom. As a result of this, hand rails had been fitted.

People were supported by staff trained to meet their needs. People told us they felt staff were trained to perform to meet their needs. Comments included, "they do give the impression that they know what they are doing", "yes they have the right skills for me", and "they have the right training and are very nice...they know what they are doing". Some people told us they felt staff required additional training. We spoke with the provider about this, who told us she would take action to address this.

People received care from staff who received an induction when they joined the organisation to assist with introducing them to the ethos of the organisation and to important policy and procedures. Staff were expected to meet the person they were going to support prior to providing them with care and support, one member of staff was complimentary of this approach and told us, "I don't like going into people's homes without meeting them first...it's their personal space". The care certificate had been incorporated into the staff induction and staff had been offered "drop in" sessions to provide them with any additional support they may need to complete it. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting.

Staff confirmed they felt well supported and received regular supervision of their work. Staff explained supervision was an opportunity to obtain feedback about their practice and to talk about future training and development. Staff were expected to complete regular training, and files showed staff had completed a variety of training courses, some of which included manual handling, stroke, disability and person centred thinking.

# Is the service caring?

## Our findings

People were supported by kind and caring staff. Comments included “they are very nice, some really nice ones”, “they are excellent carers, very friendly but preserve dignity”, “they are exceptionally friendly and they always find time at the beginning and the end of the visit to sit and chat”, and “they are caring and friendly and show empathy and are experienced in dealing with the elderly and have a good general attitude”.

Compliment cards had been received describing the gratitude from families, one card read “I can’t begin to convey how much we appreciate the way you have cared for my [...] over the past few months, we couldn’t have done it without you”.

People were cared for by a small staff team, this was important to people because they felt staff knew them well, one person told us “the carers are always one of the same two or three girls. Regal Care have never sent a stranger. The morning girl will say who will come in the evening and vice versa”, “the girls are a nice set of girls”, and “it is a small company and we know all the carers and it is not an issue that they are small as we know all the girl’s names and this is why I chose them”.

Staff were observed to care for people in a kind and compassionate manner. One person told us, “I am very happy, very happy indeed with them, I think I’m very lucky to have people like this and I am over 90 and I shall not go on for ever, and it’s a comfort to know you have people as kind as that coming. I hope that I can die here and not in hospital.....I know that they would look after me.” The provider told us, “it is a pleasure giving care and enhancing someone’s life”.

Staff described how they showed care in their role and towards the people they supported, “I tend to be myself...to be cheerful is important”, “smile” and “I don’t ever talk about myself, it’s about them not me”. The importance of treating people with respect and protecting people’s dignity and privacy was a priority for care staff, staff explained how they closed curtains and covered a person’s body with a towel or dressing gown when they stepped in and out of the bath or shower.

For one person, their independence, privacy and dignity was important to them. They explained the provider had helped them to make adaptations to their shower room which meant staff were no longer required to be present when they were having a shower. The person told us this had greatly helped them to maintain their independence and privacy. One person explained how staff respected their dignity whilst showering, “they wait behind the shower curtain giving me some privacy”.

People’s care plans recorded when they wanted to remain independent, this enabled staff to respect this and prompt or encourage when required. For example, one person’s care plan stated they liked to apply their cream themselves.

People were provided with opportunities to feedback about the service they received. One way in which people were empowered to do this, was during staff spot checks. Checks carried out to ensure staff were providing the care and support correctly and to a high standard, were also an opportunity for people to comment about whether they felt staff treated them with dignity and respect and whether they were happy with the service being provided.

# Is the service responsive?

## Our findings

People's care needs were assessed prior to staff delivering care. People had care plans in place, to provide guidance and direction for staff about how to meet a person's needs, for example how people wanted to be supported with their personal care or mobility. However, in some cases information was not always descriptive enough to give staff guidance about how to meet a person's health care needs, for example for one person who suffered with diabetes, there were no care plans in place regarding this and about what action staff should take in the event the person became unwell. In another care plan it stated the person suffered with memory loss, however, there were no directions for staff about how to support the person when this happened. The provider explained that action would be taken.

Staff told us people had care plans in place and felt these were reflective of people's needs. One member of staff explained the importance of care plans and told us, "we look at care plans on each visit, especially if we have not been in for a while" and "every client has one, all up to date...very helpful, they are really well explained". Staff also confirmed the provider was responsive in updating care plans when people's needs changed.

People felt their needs were met by the care staff who came to support them, comments included, "I am disabled and have difficulty walking and have asthma, they give me physical support and supervise me in the wet room if I wish

to have a shower", "they help me shower, dress and strip wash" and "they take [...] to the bathroom and she cannot manage to get into the bath but prefers to stand in it and have a wash down, they are absolutely first class. I can hear them talking and hear her replies, she is perfectly happy". The provider explained, "I like to think we go above and beyond".

The provider had a pre-assessment process which helped to ensure the agency and staff were able to meet people's needs, they explained, "we wouldn't take people on if we couldn't deliver". External health care professionals did not raise any concerns about the care people received from the agency.

People were given a copy of the complaints policy and people said they knew how and who to complain to. People explained, "no complaints, I have 101% confidence in them, they are as good as gold to me. No complaint at all they are all the nicest people that I could wish to have", and "not made any complaints, I have got a diary folder with the phone numbers in it if I want to speak to the office but I only have had contact with the carers". One person told us, "I have not complained but my [...] did complain a few weeks ago because they had not been cleaning in the corners, it is all sorted out, they sent someone and they did it properly".

People's complaints were investigated and solutions were found. Complaints had been collated in the past to identify themes.

# Is the service well-led?

## Our findings

People told us they would recommend the agency to other people. Comments included, “I have certainly recommended them to others as I have been very happy with them” and “they are reliable”.

There was a management structure in place and an out of hours on call system in place. Staff spoke positively about working for the provider, comments included, “[...] is brilliant to work for”, “She [provider] is very good” and “very experienced in the field about what people need and require”.

As well as the day to day management of the service, the provider worked with staff and spoke with people who used the service. This helped the provider to assess the ongoing quality of the service and take immediate action to make improvements when necessary. One person told us, “the provider comes and visits, I would ask for more if I needed...once I was not well and she came back to see if I was all right, I didn’t ask her to but she did.”

The provider had systems in place to assess the ongoing quality and monitoring of the service. For example, supervision, complaints, care plans and recruitment files

were reviewed. Although there were systems in place, a change in the administration staff had meant that some of the checks had not been carried out. The provider was aware of this, and was trying to rectify this at the time of our inspection.

An annual quality survey was carried out to obtain people’s feedback. Results were collated and shared with people who used the service. The last survey indicated 91% of people strongly agreed they were receiving a “good service”. The provider had sent this year’s questionnaires out but the information was still to be collated and shared with people.

The registered manager had organisational policies and procedures which also set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The registered manager’s whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager worked collaboratively with external health and social care professionals when required and we received no negative feedback from professionals about the management of Regal Care.