

Ruby Care Limited

Ruby Care

Inspection report

Wrantage Mills
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Ratings

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

Summary of findings

Overall summary

Ruby Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to adults in the local community who live within a radius of seven miles from the service office. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, care co-ordinator, staff and people receiving a service were available to talk to us.

At the last inspection in December 2015 the service was rated Good. We have not received any concerns about the service since then. At this inspection we found the service remained Good.

People we spoke to told us they felt safe with the staff who supported them. One person said " I get very good care indeed. There are no worries with any of them." A relative said " they always ring if they are concerned. I put my trust in them."

People received the particular care required to keep them safe in their own homes. They told us about the arrangements in place to enable staff to enter their homes safely and with regard to their privacy and independence.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. New staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were supported by sufficient numbers of regular staff to meet their needs. People received reliable support from a team they knew. Staff arrived on time and did not let people down.

People were assessed to establish whether they needed or required assistance with medicines. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When people needed to attend hospital the service offered flexible support by moving the time of their visits.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. One member of staff said "It is not just what is

on the care plan. We always check what they want that day."

People who received a service and their relatives told us staff were always kind and polite. Staff were described as "so kind" and "very pleasant" People valued the companionship they received from their regular carers.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower . Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short term basis.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be what the person required.

The service was well led by the registered manager and care co-ordinator who put people receiving a service firmly at the centre of the service they provided. They listened to people and took action to ensure the service people received was reliable, flexible and caring.

Not everyone using Ruby Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care 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? The service remains good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained good.	Good ●

Ruby 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 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. This was a comprehensive inspection

The inspection took place on 25 January 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure we could meet the registered manager and key staff. It also allowed us to arrange to talk to people who received a service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The inspection was carried out by one adult social care inspector.

Ruby Care provides care and support to people living in their own homes. Not all support provided by the service was personal care. Other services not regulated by us such as shopping and cleaning formed an important part of people's support packages and contributed to maintaining their well-being and independence. At the time of the inspection they were providing personal care to 10 people. We spoke with two people who received a service We also spoke with two relatives, three staff and the care co-ordinator and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People continued to receive care that was safe.

People we spoke to told us they felt safe with the staff who supported them. One person said "I get very good care indeed. There are no worries with any of them." A relative said "they always ring me if they are concerned. I put my trust in them."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were safe because staff had received training in how to recognise and report abuse. Training records confirmed this. Staff had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe. The care co-ordinator was knowledgeable and confident with their safe guarding responsibilities

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Before a service commenced in a person's home risks assessments were completed which established whether it was safe for people to receive a service and whether it was safe for staff to work there. Care plans contained detailed individual risk assessments relating to people's risk for example of falling. The assistance people needed to move about their homes and the risks involved were recorded. The manager and staff were able to tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm.

Staff were aware of the particular care required to keep people safe in their own homes. They told us about the arrangements in place to enable staff to enter people's homes safely. The care co-ordinator gave an example where a change had been needed in a person's home environment to keep them safe. This had been achieved through consultation with the person and their family.

People's records were accurate and up-to-date. Staff accessed this information in people's homes in order to provide knowledgeable, safe care. The care co-ordinator emphasised the importance of communicating with staff verbally so they were fully informed about people. They worked alongside care staff and had contact with people on a daily basis. Staff were able to come into the office regularly to discuss any

concerns they had about any aspect of people's care.

People were supported by sufficient numbers of regular staff to meet their needs. People received support from staff they knew. The care co-ordinator aimed to provide people with a small team of regular carers who knew them well. In the event of staff absence or illness senior staff would provide cover themselves or other members of staff would offer to help. The registered manager was careful to balance the number of people receiving care with the number of staff available.

People said there were enough staff. One person told us the staff were very reliable and did not let them down. They said "They are excellent. They are on time. Never far adrift. No worries with them at all." A relative told us of the care the service had taken when their family member had received an increase in care and new staff had been introduced. They said their family member had now got used to the different staff and "it has all worked out beautifully."

When equipment was used in people's homes all staff were aware of their responsibilities. They checked equipment had been serviced. When a person began using lifting equipment for the first time staff were trained by the occupational therapists. One member of staff said "even if it is hoist we know well we will re-train with that particular person in that environment."

People were assessed to establish whether they needed or required assistance with medicines. Some people wished to be independent and manage their own medicines. Some people were assisted by family members. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people. The care co-ordinator carried out regular medication audits. Any concerns regarding medicines had been followed up promptly.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care.

Is the service effective?

Our findings

People continued to receive effective care. People received an initial assessment from the registered manager or care co-ordinator to establish the amount and type of care they required. People were able to request the amount and type of support they needed. Some people required weekly visits; some people received support up to seven times a day. The number of staff required to support them safely was determined and any equipment required was put in place.

Each person was assessed in the same way and a plan of care established that met their needs and preferences and complied with current good care practice.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required. Staff told us they received "good training" and were "kept up-to-date." A variety of training methods were used including computer based learning, face to face training and visits from community nurses. Staff were assessed in the workplace to ensure they were competent in skills such as first aid, assisting people to move and medicine administration.

When people were initially assessed they were able to request assistance and support with eating and drinking if this was required. Some people required assistance with shopping or food preparation and this formed part of the general service not regulated by us but essential to the maintenance of people's well-being and independence. The provider also operated a registered home and some people who received a domiciliary care service came into the home to enjoy a meal and company.

People's wishes and choices regarding their diet was respected and although staff might advise or suggest dietary habits they understood and respected people's preferences. One staff member said "People have their own very definite ideas. They know what they want and we always respect that." If there were concerns about the amount people were eating or if they appeared to be losing weight the service contacted family members or their GP. The care co-ordinator was aware of the range of health professionals such as a dietician or member of the SALT (speech and language team) who may be called upon to assist people.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When people needed to attend hospital the service offered flexible support by moving the time of their visits. One person told us how helpful this was.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. One member of staff said "It is not just what is on the care plan. We always check what they want that day."

People receiving support from the service at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act

in accordance with the Mental capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

People's homes were assessed when they began to receive a service to make sure they were as safe as possible and staff were able to work with the minimum amount of risk. Staff understood they worked in people's homes and respected their ways of living and belongings. When additional equipment was needed to maintain people's independence or when their needs changed the service approached appropriate professionals to ensure it was installed safely.

Is the service caring?

Our findings

The service continued to be caring.

People who received a service and their relatives told us staff were always kind and polite. Staff were described as "so kind" and "very pleasant" People valued the companionship they received from their regular carers. One relative said, "(Family member) got to know (staff) very well. It turned out to be a lovely relationship."

Staff got to know people well and by "knowing and understanding them" they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People were able to make changes to their care and support at any time. They could talk to staff who arranged for senior staff to go in and see them. Every three months people's care was reviewed formally to make sure they were still satisfied with their care.

People were treated with respect and their privacy was maintained. Following the assessment by the registered manager or care co-ordinator staff were introduced to people so they knew who was coming to their home. One member of staff said "we always remember we are going into someone's house. It can be difficult for people to accept a stranger into their home. We need to build a bond."

One member of staff told us treating people with respect meant understanding they did not want to be rushed with their personal care. They needed time and to have their "opinion of the day" listened to before they showered. Some people wanted to keep the details of the support they received private from their families and staff understood and respected this.

During the inspection one person experienced an event they found upsetting. The member of staff told us how they had supported the person by giving them their time and attention and ensuring they felt reassured before they were left alone. They said that if there was a situation where someone needed more time they could contact the office. Senior staff would offer support by visiting the next person on their rota or by coming out to assist the person they were with.

When possible people who had been receiving care were supported when they reached the end of their life. The support offered was very flexible and in the past had included providing "sleep-overs" in people's home. Each person's needs and their family's preferences had been considered on an individual basis. Staff worked with GPs and the community nursing team to ensure people's needs were met.

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be exactly what the person required.

Following an initial assessment people sometimes wanted to change the time or frequency of visits. The care co-ordinator adjusted the care provision as quickly as possible and told us how important it was to get the timings of visits and the care provided "just right for each person."

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short term basis.

One person said "I have care five days a week. They are always on time and do what I need. They know what I like doing. They are very flexible. There is nothing they wouldn't do to help me." Another person said "They make it as easy as they can for us. They fit around us too. "

Care plans were written in detail and gave clear guidance to staff regarding the support the person required and how it should be provided. The care and support plans were well organised and gave information regarding the person's lifestyle and preferences as well as details of the activities staff needed to undertake. Information about people's underlying health conditions or possible developments such as pressure damage to people's skin enabled staff to care for them in an informed manner. People's needs were reviewed regularly and when additional support was required this was discussed with the person and their relatives if applicable.

People were supported by staff to maintain social activities and interests when this was required. Some people were supported to go out for lunch or access shopping or places of interest. Staff told us they understood some people could become lonely or isolated and sometimes companionship and the chance to be out in the community was an important part of the service they provided. People receiving support in the community also accessed the communal facilities in the provider's residential home. People were able to come into the home for lunch or attend music afternoons. The agency was very flexible and would support people to "go anywhere and do anything" they were interested in.

People and their families were encouraged and supported to raise any issues or concerns with the staff, care co-ordinator or registered manager. There was a formal complaints procedure however issues were dealt with promptly and informally. People were able to talk to staff, the care co-ordinator or registered manager and action was taken promptly so formal complaints were not needed.

Is the service well-led?

Our findings

The service continued to be well led.

People were supported by a team that was well led. The registered manager ran the service with the care-co-ordinator who had the day to day responsibility for people and staff. 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.

Both the registered manager and the care co-ordinator were skilled and experienced and continued to undertake training and up-dates so they were able to champion best care practice.

The care co-ordinator led a small team of well qualified staff who were clear about the lines of responsibility in the service. They felt supported and knew there was always someone to give them guidance or assistance if needed. A field supervisor had been recently appointed to be the senior member of staff in the community. They carried out people's reviews, staff observations and supervisions and addressed any issues or problems people had. All senior staff worked as part of the care staff team which enabled them to monitor people's well-being on an on-going basis and provided support and back up for staff.

The registered manager and care co-ordinator had a clear vision for the service they wanted to offer and this was communicated to staff. They wanted people to receive flexible personalised care. They listened to people and treated them with respect. One member of staff said "We might be out working alone but we know what we have to do. We know the standards that are expected of us." Another member of staff said "People matter. We know and respect them. And their families."

The service was well organised so people received their visits on time from a team of staff they knew well. The care co-ordinator implemented staff rotas that worked smoothly and enabled staff to meet up when people required caring from two people. Everybody spoken with said they felt the service was well run.

There were quality assurance systems in place to monitor care and plans for on-going improvements. The quality of all aspects of the service was monitored. A comprehensive audit was carried out six monthly. Quarterly audits reviewed health and safety and medicines. There were action plans with completion dates when items had been completed. Reviews of care plans and daily records gave the care co-ordinator an insight into the care people were receiving and enabled them to follow up any concerns.

Staff received regular and useful feedback from the registered manager and care co-ordinator. A detailed form was used to carry out "spot checks" on care being delivered in people's homes. This also gave people the opportunity to discuss with the senior staff any issues they had thought of and checked care was being delivered to the high standard required.

Staff received formal supervisions and had opportunities to attend minuted staff meetings. Minutes of staff

meetings confirmed staff discussed ways to improve the service and how they worked. Staff came into the office regularly and were able to talk freely to the care co-ordinator. The care co-ordinator confirmed they were fully supported by the registered manager who maintained an overview of the operation of the service and worked with them to develop systems and maintain improvements.

A customer satisfaction survey had been carried out and people were very complimentary about the care they received. Comments included "Excellent care" "The service is very good. 100%." and "A really good team of carers."

Whenever it was beneficial to people receiving a service the registered manager and care co-ordinator worked with the district nurse teams, GPs and social workers.

Although Ruby Care had not needed to notify the Care Quality Commission of any significant events which had occurred, the registered manager was aware of their legal responsibilities.