

## Reigate Senior Care Limited

# Reigate Senior Care Ltd

### Inspection report

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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 

### Overall summary

This was an announced inspection that took place on 5 November 2015.

Reigate Senior Care is a franchise of Home Instead Senior Care. The agency provides personal care services to people in their own homes. At the time of our inspection four people were receiving personal care service from the agency.

The agency had 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 and associated Regulations about how the service is run. The registered manager (who was also one of the directors) assisted us with the inspection.

A relative told us that they were confident that their family member was protected with Reigate Senior Care supporting them. The agency had good systems in place to ensure that people's property was kept secure and that only those who needed access had the ability to do so. For example, in relation to staff having access to people's house keys.

People were safeguarded from abuse. Staff were knowledgeable about their individual roles and

# Summary of findings

responsibilities in keeping people safe. They understood what they should do if they suspected abuse was taking place. They also understood about protecting people's rights in accordance with the Mental Capacity Act 2005. Where people were at risk this was identified and guidance was available for staff in how to help keep people safe from potential risks.

An assessment of people was carried out before offering them a service. This included a full assessment of the care they needed, any associated risks associated, their environment and any equipment or specialist conditions. Care staff had a good understanding of the need to highlight any changes to people so that a review of care could be undertaken.

The agency had good recruitment systems in place which helped to ensure only suitable people worked for Reigate Senior Care. Staff endeavoured to match people with the right care staff to ensure that people received the support they needed and expected. A relative told us that the agency had never missed a call and they could rely on them.

Care staff were trained in the administration of medicines and where people required assistance with their medicines this was carried out appropriately. Staff received other training relevant to their role and the needs of the people they were caring for.

People benefitted from the support of skilled and experienced staff to meet their needs. New staff underwent a thorough induction and received on-going training. Staff had the opportunity to meet with their line manager on a regular basis to discuss all aspects of their work.

Staff provided people with a personalised service that focused on them as individuals and not just a list of tasks.

Staff ensured people's privacy and dignity were always respected. People could adjust their care to enable them to maintain their own routine as much as possible. Staff recognised the need for people to continue with their hobbies and interests and to be as independent as possible. Staff supported people to do this.

The agency was small which meant the registered manager knew each person personally. Staff told us they could approach the registered manager at any time and she would listen to them. They said they felt totally supported by her.

The registered manager had good management oversight of the agency. They were able to monitor where staff were, whether or not they had arrived at a person's home on time and if they stayed the correct length of time according to a person's care plan. Quality assurance checks were carried out with people within set timescales from commencement of receiving care from the agency. Staff had regular supervisions and 'spot checks/shadowing' to ensure they were following best practice.

Complaints information was available to people and an annual satisfaction survey was carried out by an independent organisation. Relatives were impressed with the quality of care and said they could think of, "No improvements."

The agency operated with an open and inclusive culture in which feedback was ongoing and regularly sought. Due to the small nature of the agency, the registered manager had a relationship with each person who received a service. People and their relatives were confident that if they had any concerns, they would be listened to and resolved quickly.

# 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.

There were processes in place to ensure people were safeguarded from abuse.

Staff had identified people's individual risks.

Staff followed robust recruitment processes to help ensure they employed people suitable to work for the agency. The registered manager did not provide people with care packages unless they had a sufficient number of staff employed.

Where the agency supported people with their medicines, this was done safely and appropriately.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support was provided to ensure staff undertook their roles and responsibilities in line with best practice.

Staff demonstrated an awareness of the Mental Capacity Act 2005 by gaining people's consent in line with legal requirements.

People were supported to eat and drink when they required it.

People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Good



### Is the service caring?

The service was caring.

Staff showed people respect.

Staff had a kind and caring approach and encouraged people to make their own decisions in how they received their care. People were supported to maintain their independence.

People's individuality was recognised by the agency and staff 'matched' with people to ensure they received the best care possible.

Good



### Is the service responsive?

The service was responsive.

The agency was flexible to people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care.

Care records were individualised and person centred. Staff were knowledgeable about people and the care they required.

People were provided with information on how to make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The agency operated an open, positive and inclusive culture with excellent communication systems between the office and care staff.

Relatives told us staff were very approachable.

Staff regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



# Reigate Senior 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 was planned to check whether the provider was 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 announced inspection took place on 5 November 2015. The provider was given 48 hours' notice. We did this because the registered manager was sometimes out of the office supporting staff or visiting people and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection.

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. This was because we had brought forward the inspection and they would not have had the opportunity to complete one.

During our inspection we went to the agency's office and spoke to the registered manager (who was also one of the directors) the other director and one member of care staff. We reviewed a variety of documents which included three people's care plans, four staff files and other records relating to the management of the service.

We were unable to speak to anyone who received care from the agency as they were unable to communicate with us because they were living with dementia, but we made telephone calls to three relatives. We also called one social care professional who was involved in one person's care.

Reigate Senior Care was first registered with the Care Quality Commission (CQC) in September 2014. This was the first time the agency had been inspected.

# Is the service safe?

## Our findings

One relative told us they felt their family member was, “100% safe.” They said they had no concerns in relation to the security of their family member’s home. Steps had been taken to ensure that information about how to access people’s homes was kept safe and only available to those who needed to know.

Staff were confident about how to keep people safe from abuse. They understood their roles and responsibilities in relation to safeguarding procedures and what to do if they suspected abuse had taken place. All staff had received training in safeguarding adults at risk. They were able to give us examples of the types of abuse that may take place and knew about the role of the local authority’s safeguarding team.

The registered manager completed an assessment with people before they started receiving care from the agency. This included assessing risks in respect of people’s needs, environment and any equipment. Where risks had been identified for people information was available to staff in how to reduce the possibility of people being unsafe. For example, in relation to people’s mobility and always ensuring they used the appropriate equipment to support them such as a walking frame or stick when they were with them.

When people’s needs changed, such as their mobility decreased or they experienced falls, we saw that risk assessments had been updated in a timely way and staff were told of any changes. Care records reflected the latest picture for staff to ensure they were working to the most up to date information.

The agency operated a 24-hour on call service and should there been an unexpected difficulty, such as bad weather, the agency had access to vehicles suitable for driving in the snow. For example, they could access cars with snow tyres as well as a 4x4 vehicle. The agency had a mutual arrangement with another Home Instead agency for support at this time. The registered manager had remote access to the agency database should they not be able to get into the office which meant they would be able to retrieve relevant information about people and staff in an emergency.

There were clear systems for allocating staff to care visits and the registered manager explained the steps they took

to ensure that they had sufficient staff to meet people’s needs. There was constant recruitment taking place and we heard a potential new member of staff telephone on the day of the inspection. The registered manager told us that new care packages were not provided until sufficient staff had been recruited to manage them safely.

The agency had a computerised system which enabled them to see where staff were at any given time. If staff were more than 10 minutes late to a person the system generated an alert for the registered manager by the way of text and email. The registered manager said they checked this regularly to ensure that staff had safely completed all their visits. They told us the system not only protected the people who received the care, but also the staff as they were lone workers.

A relative told us that staff usually arrived on time and didn’t miss calls. They said that where delays had occurred they had always been communicated with. They confirmed that staff always stayed for the required length of time and we saw this written in people’s daily notes. One relative commented that one of the biggest advantages was that regular care staff provided care to their family member. They told us, “They have bent over backwards to give my family member the same person.”

Staff told us they were always given sufficient time between visits so they did not have to rush. For example, one member of staff told us, “I have an hour today between visits, even though it is only about a half hour drive. It means I can gather my thoughts and not rush.”

The agency had systems in place to manage and report any accidents and incidents. We saw the information which would be recorded in such a situation included the accident/incident, what action was taken and what the outcome was.

The registered manager carried out appropriate checks to help ensure they employed suitable people to work at the agency. Staff files had the required information, such as a recent photograph, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. One member of staff said it was a very robust process.

People were supported to take their medicines by staff who had a good understanding of how to administer them safely. Most people did not require support when taking

## Is the service safe?

their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and a record of when staff administered the

medicine or when the person took them themselves. Staff had been trained in the safe administration of medicines and the agency had clear policies and procedures which they followed.

# Is the service effective?

## Our findings

People were cared for by staff who were skilled and received appropriate training. Induction training was provided to all new members of care staff. Staff told us this was carried out over a period of three days and covered a wide range of topics and in particular the visions and values of the agency and key policies. Staff then completed a series of individual training modules in areas such as safeguarding, medicines and moving and handling. Training sessions involved a competency test. Following induction and before staff started work, staff were provided with a staff handbook and manual which contained all the policies and procedures they needed to support them in their role.

Staff were supported to access additional training for their own professional development. For example, one member of care staff told us they had an interest in palliative care and had asked the registered manager if they could attend appropriate training. They told us this had been arranged for them. The registered manager told us they were starting to train some staff in the care certificate and this would be cascaded to other staff.

Staff were able to meet with their line manager on a regular basis. We read the policy for carrying out supervisions with staff was once every three months. We saw records which confirmed this happened. Staff received a first supervision shortly after commencing employment with the agency and then had supervisions three-monthly following that.

The registered manager carried out spot check/shadowing visits of staff in people's homes. We saw in staff files these happened regularly. These visits looked at a staff performance and were done to identify if staff had any training needs, if they promoted people's dignity and

respect and if they provided care to the standard expected of the agency. The registered manager confirmed that now the agency had been operational for a year they would be starting to introduce the appraisal system.

People were asked to give their consent for care and we saw consent forms in people's care records. These included consent for the agency to provide care, record information and share information with some professionals. We saw consent records in people's care plans in line with the Mental Capacity Act (MCA) 2005. For example, where people had given their relatives legal permission to act on their behalf, this was recorded and evidenced. The agency had a policy on the MCA and staff were aware of the principles of this legislation.

Where people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about what people liked to eat and how it should be cooked. Staff supported people to go to the shops to pick up small items of shopping for their meals or daily living, such as milk. One staff member told us, "I will help prepare people's meals, such as peeling vegetables." No one had a specific dietary requirement that staff should be aware of. A social care professional told us there was plenty of food in a person's fridge when they visited.

Staff were clear about the importance of identifying any concerns about people's health. For example, should a person show signs of feeling unwell. One member of staff told us how they had immediately contacted a person's next of kin when they recognised the signs that a person was unwell. Another staff member said they would always telephone the office to let them know that they were going to call the doctor.

# Is the service caring?

## Our findings

Relative's told us how caring the staff were. For example, one relative said, "Perfect match, they couldn't be more suited." A social care professional told us the person they visited was happy with the care they received.

Relatives said that they had been impressed with the way that the registered manager and staff engaged with people at every stage. One relative told us that the registered manager had contacted them out of office hours to discuss something they were concerned about.

Staff were motivated and proud of the work they did. Those who had worked for other agencies said that their experience of working at Reigate Senior Care was different because they were given time to provide good care and, "There is no rush whatsoever." One member of staff told us, "It's the best company I've ever worked for."

People were respected by staff. Staff told us how they would ensure they treated people with respect by knocking on their door before entering, asking a person all the time before doing something and automatically displaying, "Normal expected politeness." Staff told us if they were ever going to be late for someone they would telephone the office and a call was made to the person. A relative told us, "Staff are more interested in them (people) than their care needs and that's what they (family member) like. Staff really listen."

People were encouraged to remain independent and make their own decisions about the care they wanted. We read in daily notes how staff supported people's independence. For example, we read how one person greeted a member of staff with a cup of tea. Other records showed us staff enabled people to continue undertaking their own shopping or take a daily walk.

Communication with relatives was regularly maintained. Relatives told us, "They (staff) are very communicative." A staff member told us, "It's about the human contact and personal relationships and communication."

Staff knew people well. Staff were able to tell us about people and why they were receiving care.

Staff recognised people as individuals and provided support to them in an individualised, meaningful way. For example, one person liked to be pampered and we heard how the registered manager had 'matched' this person with a member of staff who had worked in a beauty parlour. Another person had worked in an all-male environment and the registered manager said they had ensured they allocated this person to a male member of staff at their request. A member of staff told us, "I am matched well, there is no one that I don't get on with."

Care plans recognised the need to support people emotionally as well as physically and provided guidelines to staff about how to do this. For example, one person required prompting and encouragement from staff to engage in conversation to keep them positive.

# Is the service responsive?

## Our findings

Relatives told us staff accommodated their family member's wishes. For example, if they wished to change the times of their visit.

The registered manager took time with people to develop a detailed plan of care that met their needs and expectations. We read a full assessment that had been undertaken before care was provided to people. This was then used to develop an individual care plan for the person. We read when people's needs changed the care plan had been reviewed and updated to reflect this. For example, following one person's stay in hospital.

People received care from staff they knew. The registered manager told us before people new to the agency started receiving care they (the registered manager) would telephone staff to discuss the person's needs and the characteristics of the person. Once it was agreed which member of staff would be allocated the registered manager would meet them 20 minutes before they were due to go to their first visit to run through the care plan. They would then introduce the staff member to the person and stay with them for a short while to check things were okay. This was confirmed by staff we spoke with. One member of staff told us, "I have never gone to someone blind. We always go in together." This was also confirmed by the relative we spoke with.

Care plans were thorough and provided detailed information to guide staff in the care a person needed. Records included information about a person's past history, their likes and dislikes, medical conditions, medicines, their preferred daily routine and the care they required. A copy of the care plan was kept in a person's own home so staff had immediate access to it. We saw people had signed to say they agreed with the care plan.

Daily records were read by the registered manager to ensure they were completed correctly and to identify any need for a change in the care provided. Where people had requested a change to their routine this had been arranged. For example, one person requested an early evening visit as that was when they preferred to take their bath. We read the care plan had been changed to meet this person's request. The registered manager told us that any changes to people's care plans were telephoned and emailed to staff. Staff were asked to confirm they had received the information.

Staff encouraged and supported people to maintain their hobbies and interests. We read in care plans people's individual likes and dislikes in relation to activities were recorded. For example, if they liked walking, reading or discussing particular topics. We read in daily notes staff had recognised these and supported a person to continue to do this. For example, one person liked to discuss war stories and we read how the member of staff chatted to them about the war and listened to the stories they had.

People were supported to access the community and become involved in important events. For example, the registered manager was organising a Christmas party and staff were being asked to bring clients along.

Reigate Senior Care had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. This was detailed in the information that people were given when they first started to use the agency. Relatives told us they knew who to make a complaint to if they were unhappy. Staff spoken with were also aware of the complaints policy and what to do if concerns were raised with them. No complaints had been received to date.

# Is the service well-led?

## Our findings

Staff told us that there was an open and accessible culture where they felt valued and listened to. One staff member told us, “The door is always open. It’s a really good team and run like a family business. Each month we are invited to get together so we (staff) can get to know each other.” Another member of staff said, “They are the best, they really do care (about people). I feel valued.” We witnessed the positive relationship between staff and registered manager during our inspection. A relative said the agency was, “Incredible.”

The registered manager had a clear vision for the agency. They told us they wanted to provide high quality care and they were not an agency who carried out 15-minute calls but arranged a minimum of a two-hour call to people. They said their role was to provide people with care from staff who had similar backgrounds and interests and to, “Treat people as they would expect to be treated.” They viewed the provision of care as one which, “Focused on a person’s well-being.”

Due to the current size of the agency, the registered manager was in regular contact with each person. People were also provided with a range of material when they commenced with the agency so they had all the necessary information they needed. For example, they were given a service agreement, statement of purpose, the out of hours emergencies phone numbers and complaints procedure.

Formal satisfaction surveys were carried out annually by an external company. However, as the agency had only just started at the time of the last survey, they had not been included. The registered manager told us they would be included in the survey to be undertaken in 2016. Regular newsletters were sent out to people and staff to keep them up to date with Home Instead news as well as other general information, for example training opportunities.

Reflective practice was encouraged and used to constantly improve the service. There were processes in place to regularly review people’s care. People were asked for their feedback as courtesy calls were made to people either by

telephone or in person. These were undertaken the day after a person started with the agency and then two weeks later. Clear records were kept of these calls and any other calls or visits to the person to ensure the agency was meeting the person’s needs in every way.

Annual staff surveys were completed to obtain staff feedback. We read from the most recent survey that staff were happy with the training they received, how well they were ‘Matched’ to their client, how well the agency was run and how proud they were to work for the agency. Staff had clearly indicated they planned to stay working for the agency. Comments included, ‘I believe in what we do’, ‘We have an excellent working relationship’ and ‘I want to continue to make a positive difference’.

Staff were involved in the running of the agency. Staff told us they had regular staff meetings and they felt comfortable during these meetings to speak openly. We read notes of these meetings which discussed training, general information about the agency and plans for future events. Notes were provided to all staff whether or not they had been able to attend the meeting.

The registered manager and other office staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Visits were made to people to review the quality of the service provided. This included reviewing the care records kept at the person’s home to ensure they were appropriately completed and doing spot checks to ensure care staff were undertaking their roles appropriately. We read in the notes of these reviews that people were happy with all aspects of Reigate Senior Care.

Confidential information was held securely and the agency used a computerised system which enabled the registered manager to monitor the visits staff made to people. The registered manager said their focus for the future was to continue to deliver high quality care and embed their governance systems in line with the gradual expansion. As such, they had recently recruited an additional member of staff in the office and were continuing the on-going recruitment of care staff.