

Rest Assured Home Care Services Limited

Rest Assured Homecare Services

Inspection report

51 Boroughgate
Otley
West Yorkshire
LS21 1AG

Tel: 01943466292
Website: www.restassuredhomecareservices.co.uk

Date of inspection visit:
15 August 2017
17 August 2017

Date of publication:
13 October 2017

Ratings

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

Summary of findings

Overall summary

We inspected Rest Assured Homecare Services on 16 and 18 August 2017. At our last inspection in July 2016 we rated the service 'requires improvement', with one breach in relation to the recording of medicines. At this inspection we found the service had made the required improvements.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

The service is a domiciliary care agency which is registered to provide personal care to people living in their own homes. At the time of our inspection the service supported 29 people.

The service 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 2008 and associated Regulations about how the service is run.

Medicine records were detailed. Medicines were delivered safely by trained staff who were regularly observed by senior staff to ensure they were meeting the required standards.

The service carried out appropriate risk assessments, including environmental and medicines risk assessments, to guide staff on how to care for people in a safe way.

There were enough staff to deliver care, and staff were recruited safely.

Everyone we spoke with would recommend the service. Staff were positive about the service they provided and the people they supported.

People told us staff treated them with dignity and respect. Staff knew people's likes and dislikes, and were always conscious that the focus of care had to be what the person wanted, with special consideration given towards people's personalities and beliefs.

People's needs were assessed to identify what support could be provided. Care records were person centred, and gave consideration to their personal choices and religious and cultural needs.

Staff were given a comprehensive induction to prepare them for their role and training was refreshed annually, with the opportunity for staff to request additional training when they felt this would improve their skills.

People told us the service was reliable and staff responded to their needs appropriately, for example if a person did not want a visit at a particular time for personal reasons this was always respected.

Staff were knowledgeable about how to prevent people from risk of harm and how to report safeguarding incidents appropriately.

There was a positive working culture, staff told us they were supported by a senior team who worked closely with them and conducted regular supervisions, appraisals and spot checks.

The registered manager and staff we spoke with understood their responsibility in accordance with the Mental Capacity Act 2005.

There was a complaints process which was advertised in people's care plans. People told us they were confident they would speak up if they had concerns or complaints.

There were robust systems in place to monitor and improve service delivery.

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.

Medicines were administered safely and people received appropriate support with their medicines.

Staff were knowledgeable in recognising signs of potential abuse and told us how they would escalate concerns to prevent harm. Risks to people's health and safety were assessed appropriately.

Staff were recruited safely, and there were enough staff to deliver care.

Is the service effective?

Good 

The service was effective.

Staff received an induction and were supported through regular supervision and training.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

People told us they were cared for by compassionate, kind and attentive staff.

The service was proactively working to ensure that people's religious and cultural needs were taken into consideration by staff who understood how important these were to people.

People were always treated respectfully, and their privacy and dignity was promoted by staff who knew how people wanted to be cared for.

Is the service responsive?

Good 

The service was responsive.

People were assessed so that their needs could be met effectively.

Care plans were person centred and care plans were written in partnership with people and their relatives.

People told us they were confident they knew how to raise concerns and were confident that complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the registered manager, and staff felt that there was good support available to them.

There were regular staff meetings and staff felt that there was an open and positive culture at the service.

There were robust systems in place to monitor and improve the quality of the service provided.

Rest Assured Homecare Services

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 inspection took place on 15 and 17 August 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one adult social care inspector. Prior to inspection we reviewed information we held about the service. This included information received from statutory notifications since the last inspection, feedback from the local authority and registration information. We also asked the service to complete a Provider Information Return (PIR). 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.

During the inspection we spoke with three people who used the service over the phone, and spoke to two people and two relatives face to face. We also spoke with the registered manager, the deputy manager and three care staff. We looked at eight people's care records, including care plans and medication records. We also looked at other documents relevant to the delivery of services, including staff recruitment files, accident and incident logs and quality audits carried out by the provider.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I always feel safe, I have a key box outside and they always do what I want in that respect, leave it open or lock up which they've done now." Another person we spoke with said, "I always feel safe and if there's anything I want doing she [Staff member] is always too happy to do it. She knows exactly what to do. They all know my routine. If I have someone different on a weekend, [Staff name] usually finds out who's coming to see me and gives them a run-down of what I need so they know what to do."

At our last inspection, we found that the service did not use topical medicine administration records (TMARs) and did not have protocols for staff to follow where people had 'as and when required' medicines prescribed. We also found that medication administration records (MARs) did not contain enough detailed information about the medicine prescribed. We concluded that this was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014 and issued a requirement notice. At this inspection, we found the service had made the required improvements and was no longer in breach of the regulation. TMARs were present in people's medicine records and these were also accompanied by a body map record which gave detailed instructions on where and how often topical medicines were to be applied. Doses of topical medications were always signed as administered and where people refused or did not require medications (as directions allowed) reasons were noted by staff. MARs contained information about each person, such as their allergies, any special requirements people had when taking their medicines, and information about each medicine. We concluded medicines records were managed appropriately.

Staff told us and we saw evidence that they received regular spot checks by the management team to observe their administration practices. Spot checks covered areas such as following the instructions given, ensuring records were accurate, and giving clear instructions to people regarding what they were going to do.

We saw that risk assessments covered areas such as environmental risk, medication and any special equipment people had, for example bed rails. People had personal emergency evacuation plans in their care records.

All staff were trained in safeguarding vulnerable adults. Staff were able to identify different types of abuse and indications that somebody may be being harmed. Staff told us they would report any concerns to the registered manager. One staff member told us, "It's protecting people from harm and abuse and working together with others to make sure service users are at no risk of harm and making sure their wishes are looked after, it's their choice."

There were enough staff to deliver care safely. Staff told us and we saw evidence that all shifts were covered. The service had recently employed two new staff members, and staff told us this had eased pressures on the service which may come about when other staff members were on holiday. There were no staff vacancies at the service. One person we spoke with said, "They are always on time, I always know they turn up whatever

happens."

We looked at recruitment procedures and found that staff were recruited safely. Checks on four staff recruitment files, including the most recent recruits, found that all staff files included two professional references, photo identification, and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about criminal records and lists people barred from working with vulnerable adults.

The service had a stock of personal protective equipment and uniforms. All gloves were non-latex because one person they looked after was allergic to latex. A staff member told us, "There is a regular stock of gloves and I can get equipment whenever I need it. I've never had a uniform before in the other care service I worked for, it's nice to have one. Clients with dementia can recognise us."

The service had a business continuity plan in place so that the service could respond appropriately to any disasters or emergencies such as floods. The plan had instructions and contact lists for staff to liaise with emergency and local authority services.

Is the service effective?

Our findings

People told us they felt that they were cared for by competent and well trained staff who could support them with their needs. One person we spoke with told us, "They are competent and well trained without a doubt; if there is a new member of staff they are always supervised."

We saw the service used a training matrix to identify what training staff had completed and when training was due for renewal. All staff had completed mandatory training, including safeguarding vulnerable adults, first aid and medications training, and there were also regular courses arranged in response to staff telling the manager what they would find useful. One staff member told us, "We brought up training because we had one particular client who was aggressive and we felt we needed more support. The manager arranged training. Things improved after the training, definitely knowing how to cope better it definitely helps, knowing when to calmly walk away and raise the alert to the manager if somebody becomes very aggressive."

The service had introduced a 12 week induction programme. Each new staff member was assigned a mentor who was a senior carer. Their mentor wrote a weekly report which was signed off by the manager so that they could monitor how staff were progressing and identify areas of concern or where support was required. One person who was undergoing the induction programme told us, "I think I have one week left. It's really good, it helps, I've done training before but it's a refresher. You do it on the job anyway but it's also giving you more, the way they do it is a constant reminder. It seems to be more in depth. My mentor is amazing if I need anything I can ring her any time of day, if I was unsure of anything everyone is very supportive."

Staff were supported with regular supervisions and appraisals, which included reflections on how staff had performed, and what support staff felt they would require going forward. One staff member we spoke with told us, "I think they are useful, everything is kept up to date and we are informed. There is always help if you need it." The annual appraisal gave staff the opportunity to self-evaluate and give feedback on the leadership of the service, which was universally positive.

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.

Staff were regularly trained in the MCA. They were able to describe how the MCA applied practically in their role and all staff told us they would gain consent before delivering personal care, even where someone was assessed as lacking capacity. Where people did not have capacity, an assessment was carried out and always with the involvement of a family member. Consent forms were recorded accurately, signed and dated. We asked one member of staff how the MCA applied in practical terms for their role, and they told us about one of the people they looked after as an example: "[Name] can't consent because she has dementia. Her daughter is involved in best interest decisions. There are prompts in the care plan, but we always explain

what we are doing with the person." Staff were confident they could access support if they needed it.

People were supported to by staff who knew when and how to access the correct healthcare support they needed. Care plans included clear guidelines on what to do, for example in one person's care plan we saw written, "Check [Name's] skin integrity on each call and record and report any changes or concerns in her notes. Concerns are to be passed to the office where a manager will liaise with the district nurse on their behalf." We asked people about the support they received to access healthcare. One person told us, "They always let me know if they think there is an issue and to call the district nurses."

Is the service caring?

Our findings

All people we spoke with said they found the staff caring and compassionate. One person told us, "They come and do what they have to do and have a chat and they say we will have to go now, but you know we all love you. They say if you want anything else give us a ring and they'll come and help you. It's so nice of them, I love them so much. They are brilliant, I can't fault them whatsoever. They help you in every which way. They'll say is there anything else we can help with? I feel guilty just helping you with dressing! They buck me right up. 10/10." Another person we spoke to said, "They are more like friends really, I know them all quite well they are always welcome. They've really been very, very good. I give them a gold star."

We saw examples where some staff had gone beyond their remit to improve people's lives. One person showed us how staff had written numerous letters to various celebrities that they liked and had collected a large volume of autographs and messages for them for their birthday, this person told us how much this meant to them. Another member of staff won the Yorkshire Evening Post carer of the year 2016 after a person using the service nominated them. The award aims to recognise 'incredibly dedicated and skilled health care workers who go that extra mile to make a real difference to people's lives'. This showed that people thought very highly of staff. On the day of our inspection, one person told us, "Last night the girls took pictures of the boats out on the river for me to see as they had been away and recently come back. There were canoes and all sorts. They make themselves known, and always give me a hug and a kiss." The registered manager told us that when they found out it was the wedding anniversary of a person who had become recently bereaved that they took flowers to their grave and took a picture so that the person who could not visit the grave could see. This person told staff how much they appreciated the gesture. We also saw a photo collage where some staff had taken a person to the beach on their day off and at their own expense because that person told them they had never been and wanted to go. This showed that staff listened to people's views and acted independently to improve their lives.

We also found the service ensured that people with protected characteristics were made to feel included and respected by staff. For example, where one person was a Jehovah's Witness, that person's care plan included an information sheet on the key beliefs and aspects of that faith, in practical terms staff told us this served as a guide for them to be sensitive and understanding of how important their beliefs were to them. The care plan also had space for the person to talk in the first person about their likes and dislikes, saying, "I am a Jehovah's Witness, this is very important to me, I do not accept blood, I expect my beliefs to be respected." There was also a blood transfusion refusal consent form in place so that all staff would be aware that in the event of an emergency the person did not consent to blood transfusions in accordance with their beliefs and this information would be passed to the emergency services. The service also cared for a person who spoke another language other than English, and staff had been working with their relative to learn some basic words and phrases to make that person feel more valued, even though they spoke English fluently. This showed that the service showed a good awareness of people's human rights and respected people as individuals.

Staff were able to describe how they protected people's privacy and dignity. One member of staff we spoke to said, "It's to protect them; we do everything in private away from prying eyes and get consent, talk to

them and explain what's happening." One person told us, "Staff always respect my dignity and privacy, they help me in the shower and come in at night and help me get undressed and are respectful of my personal care, my carer will say would you like a drink before they go and are very helpful." Another person we spoke with told us, "Yes they always place a towel over me when undressing me and explain what they are going to do."

Staff supported people to maintain their independence. One person told us how when helping them to shower staff would only do their back because they wanted to wash what parts of them they were able to and that this made them feel like they were able to be as independent as they could be.

The service held a number of compliments and letters of thanks, many of which were displayed around the office. One compliment we read said, "Thank you very much for all your help and support over the last six months. I must let you know that [Staff] and [Staff] really stand out as exceptional carers, they genuinely seem to love what they do and are so warm and caring, they are an absolute credit to you."

Is the service responsive?

Our findings

People and their relatives told us the service was flexible and responsive to their needs. One person said, "If I'm going out, I just give them a ring and say when and they say no problem. They respond to what times I want them to come."

During our visit we reviewed eight people's care records. Records included detailed assessments which highlighted people's needs, as well as copies of correspondence from referring agencies such as the local authority to ensure the service was able to meet their needs appropriately before they started using the service.

Care plans were detailed and person centred, providing clear step by step instructions for staff. Care plans encouraged staff to support people to be as independent as possible. In one person's care plan we saw written: "I like to choose my own clothing; and I need staff to take clothes from my wardrobe." Care plans also included images and instruction manuals for specialised equipment used by people such as automatic medicines dispensers. We also saw that for one person (with their consent) pictures were taken of them in their preferred positions in bed to illustrate exactly how that person liked to be repositioned by staff.

Care plans were regularly reviewed in partnership with people. Care plans we saw were reviewed every six months, however the registered manager told us that reviews would be brought forward if there was a change in a person's circumstances, such as a hospital visit and we were shown examples of this. One person we spoke with confirmed that, "Yes, the plan is regularly reviewed; there is a lot of signing to do."

The service had a robust complaints process. Information on how to complain was found in people's care records. We found that there was a single complaint for 2017 where a person said they did not 'gel' with their carer. The service recorded the key points of the conversation, responded with a letter, held a meeting to investigate the concern and sent a letter apologising and stating that a different member of staff would attend in future. The complaint was accompanied by an audit trail which included a timeline of events to ensure compliance with the policy, which gave timeframes as to when responses should be sent by. The person was recorded as being satisfied with the outcome. We concluded this process was effective and that responses to complaints were dealt with appropriately.

Everyone we spoke to said they were confident they would raise concerns; however no concerns were raised by anyone we talked with. One person said, "I've been happy with them, no complaints. So lovely! Can have a laugh and a joke with them, that's what it's all about. They help me."

Is the service well-led?

Our findings

We spoke to staff about the working culture and whether they enjoyed working at the service. One member of staff told us, "Open and transparent? Yes it is. There is equality; I don't know what to say I find the culture perfect." Another member of staff told us, "I absolutely love it. I worked for a care company before but the organisation here is amazing. They are a really good company to work for. Client needs come first."

A registered manager was in post at the time of the inspection. People who used the service and staff told us they thought highly of the registered manager. All staff said they would recommend working for the service, and one member of staff had told us they had recommended the service to their former colleagues.

There were regular team meetings which discussed a range of topics. One team meeting record we looked at included discussions around new specialised equipment a person had received, medication administration records (MARs) and staff reminders about policies and procedures. Senior staff also held regular strategy meetings; for the latest meeting we saw that the senior team discussed the organisation of the next round of spot checks.

There were robust systems in place to monitor, measure and improve service delivery and governance. The registered manager and senior carers conducted frequent quality spot checks which were planned by the senior team. Spot checks included checking whether staff had looked at all documentation (such as care plans and MARs), whether the person's bins were full or not, that their medications had been administered appropriately, if the person had received appropriate personal care support, whether snacks were available, keys were safe, that the person was satisfied, that care plan instructions were followed and whether the bed was made or not. The service had conducted 45 spot checks in 2017. The service also conducted 37 medicines specific spot checks in 2017 which looked at medicines administration in more detail. The findings from checks we reviewed were positive. One comment read '[Staff name] is very capable and confident when giving medications, puts the service user at ease and explained clearly when asked questions by the service user'. This meant that the service was committed to continuous improvement.

The service was also audited quarterly by an external quality assessor. This assessment was based on the CQC regulatory framework, and included care plan reviews and interviews with people who used the service. The service had three audits in 2017. In January, the service scored 'good' with 81% compliance, 'very good' in April with 95% and was rated as 'outstanding' with 98.8% in July.

The service sent out an annual survey to gather feedback from people using the service. We saw that for the 2016 survey in which 15 people replied, 76% of people thought the overall quality of the service was 'excellent', 21% thought it was 'very good' and 3% thought the service was 'good'. Nobody who took the survey rated the service less than 'good'. All respondents to the survey said they would recommend the service, which correlated with our findings in that all people we spoke to would recommend the service to others.

