

Sreevijay Ltd

Royal Care

Inspection report

9 Church Street
Dover
CT16 1LY

Tel: 01304279415
Website: www.royalcare.co.uk

Date of inspection visit:
20 June 2023
23 June 2023

Date of publication:
18 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Royal Care is a domiciliary care agency which provides personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 39 people were receiving a personal care service. People had a variety of health needs and some people had physical disabilities. The service provided support to people at the end of their life who wished to remain at home.

People's experience of using this service and what we found

Risks to people's health, safety and well-being were assessed, monitored and reviewed. There was guidance for staff about how to minimise risks. People received their medicines safely.

People were protected from the risks of abuse by staff who understood how to recognise the signs of abuse and how and where to report any concerns to. People told us they felt safe being supported by Royal Care staff. A person commented, "I have never felt unsafe or uncomfortable." People were protected from the risks of infection by staff who were trained in infection prevention and control.

People were supported by a team of regular staff, who knew people well. People and their relatives told us staff arrived on time and completed everything they expected. People said staff were kind and caring and they were not rushed. They said their privacy and dignity were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Checks were completed to monitor the quality and safety of the service. The service continued to drive improvements. Staff performance and competency were monitored, and staff told us they felt valued and supported by the management team. People, staff and health care professionals were asked to provide feedback about the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Royal Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives about their experience of the care and support provided by Royal Care. We reviewed a range of records, including 4 people's care plans and associated risk assessment. We reviewed 2 staff files in relation to recruitment and supervision. We spoke with 6 staff, including the registered manager. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider failed to do all that is practicable to mitigate risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation.

Assessing risk, safety monitoring and management

- People's health, safety and welfare were assessed, managed and reviewed. There was information for staff about how to minimise risks and keep people safe. When people had a catheter, to drain urine from their bladder, there was information for staff about what signs to look for which may indicate an infection or the catheter bypassing not working as it should).
- Care plans and risk assessments included details about people's health conditions and information of possible signs which may indicate a decline in their health. When signs of decline were observed, staff referred people to the relevant health care professional, such as the community nursing team or nutrition team.
- When people were at risk of choking, there was guidance for staff on how to support people with their meals and drinks. For example, the texture of the food and the position the person should be sitting in. There was information about what to do in the event of a person choking.
- People's home environments were assessed and the assessments considered people's health conditions and any specialist equipment used. This included how to support a person who had a special airflow mattress to protect their skin, should there be a power cut, to ensure they remained as protected and safe as possible.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination by staff who completed training in how to identify different types of abuse.
- People told us they felt safe being supported by Royal Care staff. A person told us, "Carers use a key safe to let themselves in and always call out to let me know they are here. I feel completely safe with them coming in to help me. Having them helps me to stay as independent as I can."
- Staff told us they felt confident to raise any concerns, either internally to the registered manager or externally to the local authority or CQC. A member of staff commented, "I record any issues and let the office know. [The registered manager] deals with any safeguarding concerns. I know I can go the local authority or CQC too if I needed to."

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 MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA. At the time of the inspection there was nobody with a Court of Protection order in place. When people had a lasting power of attorney in place, the registered manager requested to see this to ensure the person had the legal right to make decisions on a person's behalf.
- People told us staff gained their consent before supporting them with personal care.
- The registered manager and staff understood, when a person was unable to make a complex decision themselves, that discussions were needed with the relevant people, such as health care professionals and relatives. This was to make sure decisions were made in the person's best interest.

Staffing and recruitment

- People were supported by staff who were safely recruited. A full employment history, with any explanation of gaps in employment, was recorded. References were obtained to ensure new staff were of good character. New staff Rights to Work in the UK were completed. Any restrictions on hours worked were monitored to ensure staff remained working in line with their visa requirements.
- Disclosure and Barring Service (DBS) were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they were supported by a regular team of carers. A person said, "I mainly have the same carers. They are very efficient and friendly. They have always been very kind and caring, without a doubt."
- Rotas were planned to make sure there was enough time to travel from one care call to the next. When staff were running late, they contacted the office to ensure people were informed.

Using medicines safely

- People were supported to have their medicines as prescribed. The service used an electronic system, which created an alert if a medicine had not been recorded as administered. This enabled office staff to double check medicines had been given where required. When people needed medicines on an 'as and when' basis (PRN), there were no PRN protocols in place. There were individual risk assessments and staff checked if people were in any pain. However, staff had not recorded whether a PRN medicine had worked effectively. During the inspection the registered manager took action and these began to be implemented. This was an area for improvement.
- People told us staff made sure they had their medicines on time and staff supported them with the application of prescribed creams.
- When a person had their medicine via a percutaneous endoscopic gastrostomy (feeding tube into their stomach), there was guidance for staff about how this should be done. The person's GP and home enteral nutrition team provided guidance which staff followed.
- Staff said their competency to administer medicines was checked and they completed medicines management training. A member of staff told us, "We encourage people to manage their own medicines as long as it is safe for them to do so. Sometimes we just double check to make sure they have taken their medicine."

Preventing and controlling infection

- People were protected from the risks of infection by staff who completed regular infection prevention and control training. Staff told us they wore personal protective equipment, such as gloves and aprons, when supporting people with personal care. They told us they had access to stock of these whenever they needed it.
- The registered manager monitored Government guidance to keep up to date with any changes so these could be cascaded to the staff team.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and when necessary investigated to establish whether things could be done better. These were regularly reviewed by office staff to ensure any referrals to health care professionals were completed as needed.
- Staff recorded and reported incidents in a timely manner. For example, when staff noticed a person's skin becoming red they recorded this and a referral was made to the community nursing team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks and audits, to monitor the quality and safety of the service provided, were effective and completed regularly. When shortfalls had been identified, action was taken to address these.
- The service used an electronic care planning system which staff said meant they could easily access up to date information about the people they supported.
- The management team had an open-door policy. There was an open and transparent culture where incidents were discussed with staff to check if any lessons could be learned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they felt the service was well-led. A relative told us, "I certainly have no complaints, and neither does [my loved one]. I would not think twice about saying something if there was a problem with something. The office staff and the manager are very helpful."
- People and relatives said the staff knew them well. A relative commented, "The carers are all fantastic. They all treat my wife well. She looks forward to them coming. She has a good chat with them, and they all have a bit of a laugh. They are all nice and very caring. They are always courteous and very helpful."
- Results from an annual survey, checking people's satisfaction with the service they received, were positive. A person had noted, 'Staff and managers have gone above and beyond what we expected. Especially in dealing with the GP, Social Services and the community nurses.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in partnership with others and understood their responsibilities to be open and transparent in accordance with duty of candour guidelines. This is a specific set of legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of reportable incidents, such as a death, had been submitted to the Care Quality Commission in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care from the start. The pre-assessment process was carried out with people, and their loved ones when needed, to make sure staff could meet their needs. People's care and support

were regularly reviewed for any changes in needs.

- People's communication needs were assessed, and people were supported in a way that suited them best. For example, staff used a white board to communicate effectively with a person. Staff told us they used this to check if the person had any pain so they could provide the right support. When people wore glasses, staff checked to make sure they were kept clean.
- Staff regularly met with a senior member of staff to discuss their performance and any development needs. Training was regularly refreshed to keep staff knowledge up to date with best practice. Spot checks, to monitor staff competency were regularly completed.
- Staff told us they felt valued and supported. Results from a recent staff survey confirmed staff felt supported and happy at work. A member of staff said, "I am definitely supported and valued by Royal Care. I can talk to [the registered manager] or [the nominated individual] about any worries. I don't see myself working anywhere else."

Working in partnership with others

- The registered manager and staff were working closely with the local authority and people's health care professionals to continue to drive improvements with the quality and safety of the service. Referrals were completed when needed. This helped make sure people received additional support when they needed it. Staff followed any advice given.