

R and S Medical and Allied Services Limited

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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 ●

Summary of findings

Overall summary

This inspection took place on 9 December 2015 and was announced. We told the provider one day before our visit that we would be coming. R&S Medical & Allied Services Limited is a domiciliary care agency which provides care in people's homes and hospitals. At the time of this inspection the service was supporting nine people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.' The registered manager was on duty on the day of our inspection and we also met with the care coordinator, administrator and care workers.

People told us they felt safe with the support they received from the provider. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff understood what constituted abuse and were aware of steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. There were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff had received training in relevant areas of their work. This training enabled staff to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs.

People told us they were treated with dignity and respect. Staff understood the need to protect people's privacy and dignity.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People knew who to contact if they had a concern and the office contact details were included in the care package held in people's homes.

Staff gave positive feedback about the management of the service. They told us the registered manager was approachable and fully engaged with providing good quality care for people who used the service.

The management encouraged a positive and open culture by being supportive to staff and making themselves approachable to staff and people receiving care.

The provider had systems in place to continually monitor the quality of the service. People receiving care were asked for their opinions and action plans developed as appropriate.

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 is safe.

People were protected from abuse because staff were knowledgeable of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and there were measures in place to ensure staff supported people safely.

People receiving care and staff told us there were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People told us they received support with their medicine where it was required.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction and training to enable them to provide care and support.

The service respected people's choices and views. Consent to care and treatment was sought.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff told us how they ensured people's rights to privacy and dignity were

maintained while supporting them.

People were involved and their views were respected and acted on. They were encouraged to make choices and decisions for themselves.

Is the service responsive?

Good ●

The service was responsive.

Care and support was responsive to people's individual needs and preferences.

Feedback was sought from people who used the service.

The service had a complaints policy and procedure, and people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with support. Staff were complimentary about the support they received.

People were given the opportunity to provide their opinions about how the service was run.

There were effective quality assurance systems in place to monitor the quality of care. We saw that this was used to drive improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

During the inspection we went to the provider's head office and spoke with the registered manager, care coordinator, and administrator of the company. The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with four people receiving care over the phone. We also spoke with five care staff. We also contacted the local authority for their view of the service.

We reviewed the care records of eight people who used the service, and looked at the records of staff and other records relating to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us that they felt safe and well cared for by staff that visited them. One person said, "I feel safe and trust staff that help me with my daily care needs." People were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I have never felt unsafe, but if I did, I would report this to the office staff or manager."

People were supported by staff who knew how to keep them safe. Staff had received training in safeguarding adults. We spoke with five staff. They knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, care coordinator or where appropriate, the local authority or Care Quality Commission (CQC). The provider had a safeguarding policy and procedure together with contact details of the local safeguarding team.

People could be assured that staff and the registered manager were competent in reporting, and acting on any issues which could compromise their safety. The service had a robust system in place for the investigation and monitoring of incidents and accidents. Staff told us if there was an incident or accident they would contact the registered manager as soon as possible. If required, an investigation would be carried out and an action plan developed. For example, we saw a record of a medicines incident where the provider took appropriate action to ensure this did not happen again. There was a record of two other incidents where the provider had investigated and taken appropriate action. In each example we saw the provider had shared learning points with staff. This helped to remind staff of the need to keep people safe and to follow the correct procedures in order to avoid a reoccurrence of the accident.

The risks to people's safety had been appropriately managed by the registered manager and staff. People's care plans contained information about how staff should support them to keep them safe. Risk assessments had been carried out and recorded in people's care records. For example, there were risk assessments on different people's ability to manage bathing or showering, moving and handling and medicines. There were also risk assessments of the physical environment. The care plans detailed when and how to offer help to the person. Staff told us they used the information in people's care plans to help them identify risks to people and ensure care is tailored to people's needs.

People felt there were sufficient staff to meet their needs. They told us staff were generally on time and that there had been no missed calls. People told us staff also stayed for the agreed length of time. Staff told us there were enough staff to meet the needs of the people and ensure their safety.

We looked at recruitment records for staff and found that relevant checks had been completed before staff worked unsupervised at the service. The checks included a completed application form, notes from the staff's interview, references, proof of identity and criminal records checks. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service.

People said they received help with medicines in the way they wanted and were happy this was working well. They were supported to take their medicines by staff trained in medicine administration. There was a

policy in place for their reference. When a medicine was administered or prompted this was signed for by the staff member.

Is the service effective?

Our findings

People told us staff knew them well and had the skills needed to support them appropriately. One person told us, "Staff are good at their job." Another person said, "Staff have the right training and are experienced to care for me. I am not at all concerned as staff know their job well." Relatives were also complimentary. Comments from relatives included, "I just wanted to say how grateful my family and I are for the excellent care given to [my relative]", "Skilled and compassionate team" and "We truly appreciate and commend the excellent [staff] for their standard of care delivery."

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction and were supervised when they were first employed. The registered manager told us, induction included shadowing a more experienced member of staff. As part of staff induction we saw that the service was working towards the "Care Certificate" which is a nationally recognised programme for equipping staff with core skills to work with people in the social care sector. We saw from records that staff were observed and assessed in practice to ensure they met essential standards of care. Staff told us the induction lasted three months and included attending training, shadowing experienced staff and reading care plans. New staff were assigned a mentor and were given feedback on their progress at regular intervals.

Training information showed that staff had completed mandatory and specialist training. Staff discussed the different elements of their training which included health and safety, safeguarding adults, moving and handling and fire training. Staff confirmed they had access to training opportunities and personal development was encouraged.

Staff felt well supported by the management. The registered manager informed us and records showed staff received supervision on a monthly basis, this included face to face meetings, and also spot checks. Staff told us and records confirmed they were supported through regular supervision. During the face to face meetings staff had the opportunity to discuss training and development needs as well as any other relevant issues to enable them to improve their care practices. This ensured that people were supported by staff who were also supported to carry out their duties.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People's plans of care showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make decisions. We saw that people had signed consent forms in their plans of care. Staff had an understanding of the MCA and their responsibilities regarding this. Staff gave examples of how they obtained people's consent before providing their care and support. One care worker told us, "I always ask what [people] want and how they would like me to do it."

People were supported to meet their health care needs. Staff supported people to liaise with health care professionals when they became unwell by contacting healthcare professionals on their behalf and arranging appointments. People's care plans included information about health care professionals who were to be contacted should the person's health deteriorate. Staff from the service contacted people's GPs, district nurses or other relevant health care professionals if they had concerns about the person's health and welfare.

People were supported to eat appropriate food and drink that met their needs. People told us they were able to have food and drink they wanted and staff supported them to prepare their meals. Dietary requirements for people were detailed in their care plans. People's religious and cultural needs were met by staff when preparing food. Staff utilised food and fluid charts to monitor people's eating or drinking if they were concerned about their nutrition and fluid intake. Records showed that staff were trained in food nutrition and food safety.

Is the service caring?

Our findings

People told us staff that looked after them were kind and caring. One person who used the service told us, "The staff are excellent." Another person told us, "I am happy with the care I have received from the agency; staff are caring." In the compliments file we saw comments which included, "Please pass my thanks to your staff for the kindness and respect that they have showed" and "I want to sincerely thank you for all your help you are giving us and hopefully will continue to give us in the future."

People who used the service could be assured staff had a good knowledge of their needs. Staff understood the care and support needs of those they were supporting. Staff were able to describe in detail the needs of the people we made enquiries about. They knew people's backgrounds, and their likes and dislikes. This showed staff had spent time with the people and got to know about their needs and their interests.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes. Staff told us they gained people's consent before providing any care or support; and before entering their accommodation. People told us staff ensured doors were closed and curtains drawn together when they were being supported with personal care. Staff spoke respectfully about people at all times when they were speaking with us.

People told us they had been involved in making decisions about their care and support. They felt listened to and felt that their points of view were acted upon. For example, people could choose whether they wanted their care provided by male or female care workers. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

People's care records outlined people's religion and their cultural needs. Staff were aware of people's backgrounds, and were respectful of people's religions and cultures. This included ensuring their preferences in regards to how personal care was delivered and how their nutritional needs were met.

Details of advocacy services were included in the service's statement of purpose, a document given to everyone using the service. The registered manager explained that people would be supported to access these services if and when required. At the time of this inspection the service did not have any person receiving support from an advocacy agency, however there was evidence the service had previously facilitated this where necessary. People were also supported to maintain social networks and social activities that they enjoyed.

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their care. One person told us, "Staff ask me about my care and I am involved in my care planning" and another said, "Staff have spent time enquiring about my personal needs and beliefs". We saw in people's care plans that they were also involved in reviews, including their relatives where possible.

The registered manager explained that people's care and support needs were always assessed prior to admission. This was required so that the service could make certain that the person's needs could be properly met. People told us that their needs were assessed before they started to receive support from the service. We saw that care plans were developed from the initial assessment. This included the needs of the person and how they wanted their needs to be met.

People's care plans included their individual preferences with regard to how they wanted to be supported. They included people's likes and dislikes and how they wished this to be delivered. This information enabled staff to provide the care and support that people needed in a person centred way. Staff told us the registered manager kept them informed of any changes and they were encouraged to speak to the management team should they feel something should be changed. During the inspection we saw care plans were up to date and relevant to people's needs.

Where people had activities outside of their homes such as for shopping and attending healthcare appointments and they needed support to continue with these activities, appropriate support was provided according to their preferences. People told us they were supported with their shopping and activities.

People told us they received the care and support they needed. They received the same staff to provide their care and support, which ensured continuity of care. As a result staff were able to build up good relationships with people and got to know their support needs well.

The service sought feedback from people who used the service by conducting surveys. The survey included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. We saw that findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others.

A process was in place to record and respond to complaints. People told us they knew who to contact if they had a concern and the office contact details were included in the care package held in people's homes. All complaints were reviewed by a member of the management team to ensure the complaint was investigated appropriately and action was taken to address the concerns. The provider told us about the improvements they had made following complaints they had received, such as reviewing the shift pattern. This showed us that people's concerns were listened to, acted upon and improvements to their care and support made.

Is the service well-led?

Our findings

People using the service told us they felt the service was well managed and the management team were open and approachable. One person told us, "The agency is reliable" Another person told us the registered manager and staff responded to their questions or required advise in a timely manner.

The service had a registered manager in post who was registered with the Care Quality Commission (CQC). There was a clear management structure. People told us they knew who to contact at the service if they need to. From our meeting with the registered manager it was clear she had a good overview of the service and worked closely with the staff team to ensure people received the care and support they needed and wished for.

Staff recorded incidents and accidents when they occurred. We saw records were kept of safeguarding concerns, complaints, accidents and incidents. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. The registered manager told us and we also saw evidence they discussed any incident and accidents during staff meetings so that the service could improve practice and implement any lessons learnt from the outcome of any investigations. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating these procedures. One member of staff told us they would go to the registered manager with concerns.

The registered manager told us and we evidenced that the care coordinator carried out 'spot checks' by visiting a person at home or phoning them to check the care they were receiving was what they wanted. We saw that notes from telephone calls were kept and that any concerns were addressed promptly and compliments were shared with staff.

There were quality assurance systems in place to monitor and drive quality improvements. The care coordinator carried out monthly audits, including audits on care plans, health and safety, risk assessments, staff rotas, staffing and training. These audits were then reviewed by the registered manager. Records and care plans were up-to-date and detailed people's current care and support needs. The service also received audits from external organisations. For example, in a recent audit that was completed by a management company, the service had attained a score of more than 95% in all relevant key areas of care.

People had the opportunity to complete a survey each year to give their views about the service. Most of the people who completed a survey that was carried out by the service in May 2015 said the care agency had asked what they thought about the service provided. The survey included questions about staff's timekeeping and punctuality, whether people felt listened to, and whether staff were polite and respectful. The registered manager told us the feedback from people was used to improve and develop the quality of the service. For example, we saw improvements in medicine management as a result of feedback from

people.