

Compassion & Care Limited

Rutland House

Inspection report

Rutland House 23-25
Friar Lane
Leicester
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Tel: 07888827656

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12 August 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Rutland House is a domiciliary care agency providing personal care to people living in their own homes. There were two people receiving the regulated activity of personal care at the time of our inspection.

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

Robust recruitment processes were not in place to protect people from unsuitable staff. We have made a recommendation for the provider to improve recruitment practices.

People were protected from avoidable harm and they felt safe with staff who cared for them. Risks were identified, assessed and acted on. People received support from a small and consistent team of staff. People did not need support from staff with their medicines. The provider had the processes in place to investigate and act on any accidents and incidents and share information with staff.

People's care and support was provided in line with their assessed needs and protected them from discrimination. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff received the support they required and had access to training.

Staff were kind and caring. People told us they were supported in a way that ensured they felt in control of their care and staff were respectful. People's dignity and privacy was maintained. Effective processes were in place to store records safely and in line with data protection legislation.

People had individualised care plans. Although plans considered people's preferences, likes and dislikes they did sometimes lack detail to ensure staff were fully aware of how to meet an assessed need.

People and their relatives knew who to speak to if they wanted to raise a concern. They felt confident the registered manager would listen to them.

The registered manager was supportive in the way they worked with staff. They looked at ways to improve the service including accessing training. Staff felt supported and people were confident in the service. The registered manager liaised with other health and social care professionals when it was appropriate.

This service was registered with us on 31 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up.

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Rutland House

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 Care Act 2014.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 12 August 2019. We visited the office location on 6 August and 12 August 2019.

What we did before the inspection

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We contacted two people using the service and were able to speak with one person. We spoke with the relatives of two people using the service. During the office site visit we looked at records, which included three people's care plans, daily care records. We checked three staff recruitment files, training and supervision records. We also looked at a range of records about how the service was managed. We spoke with the provider of the company who is also the registered manager and we spoke with two care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always follow safe recruitment practices. We did note the provider had not requested a DBS for one staff member until after our first visit on 6 August 2019. (A DBS is a disclosure and barring service request to ensure people who are unsuitable to work with vulnerable people are not employed) We discussed this with the registered manager who told us the member of staff had only started working for the service in late July 2019 and had not worked on their own. We checked the rotas which confirmed this.

We recommend the provider puts in place systems to ensure all prospective staff have suitable checks carried out prior to starting work.

- A person we spoke with and relatives spoke positively about the staff who supported them. One person said, "[Staff member] is very good. I like all the carers who come."
- We were told by people using the service they were supported by a consistent staff team, which they preferred.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt safe. However, they did add. When [new staff member] started, I felt a bit worried when they rolled me over on the bed. But [experienced staff member] was there as well, so nothing happened."
- Relatives said they were confident their loved ones were safe. One relative told us. "They visit daily and it gives me peace of mind."
- The provider had safeguarding systems in place and staff spoken with had a good understanding of their responsibilities to ensure people were protected from harm or abuse.
- Staff told us they received appropriate safeguarding training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessment were in place to minimise the risks to people. These included environmental and individual risk assessments and provided staff with guidance on how to reduce the risk. These were reviewed regularly and any additional risks noted by care workers were passed on to the provider who would update the assessments and inform the rest of the team.
- Where people required specialist moving and handling equipment, we saw the service ensured this was safe and staff were trained in its use.

Using medicines safely

- Staff had received training in relation to medicines and were aware of their role and responsibilities when supporting people with their medicines.
- At the time of the inspection the service was not supporting anyone with their medicines.

Preventing and controlling infection

- Records showed and staff confirmed they received training in infection prevention and control.
- The provider showed us protective personal equipment which was available and they would take out to people's homes as it was needed.
- People we spoke with confirmed staff had access to and used personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Arrangements were in place to report and manage incidents and accidents and an appropriate policy was in place. The provider was aware of the importance of reflecting on incidents and reviewing care plans and risk assessments to minimise future incidents.
- Information was shared with staff through team meetings and supervision.
- We did note some of the information recorded as incidents were complaints. We discussed this with the provider who said they would ensure information was recorded correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. Their needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.
- The registered manager made an initial visit to people prior to them starting to provide care. This visit was used to obtain information to inform the care plan. Where possible people and their relatives were involved in creating care plans.
- Care plans were kept under review to ensure they continued to reflect people's choices and preferences as their needs changed. People or their relatives had signed to confirm they agreed with the care being provided.
- One person we spoke with told us, "The care plan is here and staff do read it."

Staff support: induction, training, skills and experience

- The person we spoke with felt staff had the training they needed to support them. They told us, "They seem to know what they are doing." A relative confirmed they felt staff had received training to help them understand their role. Another relative said, "[Person] has never said they don't think the staff aren't trained and they would if they had concerns."
- Staff completed an induction which set out the knowledge, skills and behaviours expected of their specific job role.
- Staff told us they felt supported in their day to day work, and they received regular supervision. Records showed the provider undertook supervision at regular intervals and discussed staff performance and training needs. This meant people could be assured they would be cared for and supported by experienced and skilled staff.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection the service was not supporting people with their dietary needs.
- Staff did have appropriate food hygiene training should they need to support people in the future.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager discussed how they worked with other agencies such as the local authority to ensure people received consistent care. They told us they liaised closely with people's social worker where there was one in place. They also worked with district nurses to discuss people's health needs if appropriate. For example, where a person had a dressing for a pressure wound, they would liaise with the district nurse if

the dressing became loose and needed to be redressed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being.
- A relative told us, "If [person] was unwell [registered manager] would contact me to tell me. They have not needed to yet." Another relative said, "If they (care staff) notice anything they always tell me and if they think I should call the GP."
- Care plans contained important information regarding people's medical conditions and healthcare needs and how this may impact on the support the person may need.

Ensuring consent to care and treatment in line with law and guidance

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.

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 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.

- People currently using the service had capacity to make decisions for themselves. One person we spoke with told us, "Staff always involve me with my care."
- The service had policies and procedures to help them meet the requirements of the MCA.
- Staff understood when it was necessary to make decisions in people's best interests if they lacked the capacity to fully understand or consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person we spoke with liked the staff who supported them and said they felt comfortable with them. The relative told us, "I often hear laughter." The person told us, "We always have a bit of fun."
- The registered manager and staff understood the importance of supporting people with diverse needs. For example, one person was supported to attend their place of worship through staff attending calls earlier on that particular day. This meant the person was able to continue with their chosen way of life.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions about their care and support needs. They felt staff listened to them, respected their decisions. They commented, "They help me make decisions about what to wear each day. They show me and I choose."
- Care plans were written in a way that respected people's choices and wishes. This included, where possible, signed consent to care forms and how they wished staff to address them.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "The care [person] receives enables them to remain independent."
- One person told us, "They are very good. If they are doing personal care they make sure doors are closed and if I have visitors they tell them to wait in the living room until I am ready."
- Staff we spoke with were aware of the importance of promoting people's independence, respecting their privacy and maintaining their dignity.
- Records were treated appropriately to ensure the person's confidentiality and privacy. Information was stored securely in the provider's head office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans. Staff told us they provided them with information they needed to provide the care and support people wanted and needed.
- We did discuss with the registered manager ways of making care plans more person-centred as some entries lacked personal detail. For example, one plan simply said, 'apply cream to body.' It did not say what the cream was and whether it was needed in specific parts of the body. The registered manager said they would improve the detail in people's care plans.
- Staff knew people well and spoke about giving people choices. A staff member told us, "We always ask people how they want things but they tell us as well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care plans identified the need and the plan detailed the support staff were to provide.
- Staff understood the importance of ensuring people were able to access information. One staff member told us, "[Person] has limited eyesight, so we make sure they have their magnifying glass to read things."

Improving care quality in response to complaints or concerns

- People and their relatives could raise concerns and told us they would if they needed to. One relative told us, "I have not needed to complain but I know how to, as [provider] sent 'how to complain' with all the information about the service."
- There was a complaints procedure in place and people were given information as to how to make a complaint. Where a complaint had been received by the service it was dealt with appropriately. The registered manager also shared the issue with the staff team to ensure everyone could learn from the outcome.

End of life care and support

- When we visited the service, nobody was receiving end of life care.
- Care plans provided information on people's preferences and who to contact if a person becomes unwell.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was focussed on providing people with good quality, person-centred care and support.
- Staff understood the importance of treating people as individuals and respecting their wishes. A member of staff told us, "We are a visitor in people's home we can't just take over."
- People we spoke with told us they had not experienced any missed calls whilst receiving support from the service. People and relatives said if carers were running late they would receive a call to let them know.
- One person did say they did not always know who to expect on each call throughout the week. They told us, "We only know who is coming if the carer says, "I'll see you tomorrow". I would like to know who to expect." We discussed this with the registered manager who told us they would implement this suggestion.

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 understood the requirements of their registration with the CQC. This meant the registered manager operated in an open and transparent manner.
- The registered manager was aware of their responsibility to notify the appropriate authorities if things went wrong and share the outcomes with people and staff to ensure lessons were learnt.
- Staff knew about the whistle-blowing policy and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff we spoke with were confident any concerns they raised would be dealt with promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not always ensured new staff had undertaken recruitment checks prior to starting work.
- There were systems in place to monitor the quality of the service.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.

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

characteristics

- People's views were actively and regularly requested and acted on.
- Information was used to inform the registered manager to help develop and improve the service.
- People and their relatives told us they liked the registered manager and felt able to talk to them if they had any concerns.

Continuous learning and improving care

- The registered manager was continually learning and had enrolled on a leadership and management course. They also linked with the local authority to access their training as well as keeping up to date with changes on CQC's website. They used this learning to inform changes in practice and improve care.
- The registered manager told us as they were a small agency they worked alongside most staff and discussed people's care needs and what actions to take if improvement were needed. This was confirmed by staff and relatives.

Working in partnership with others

- People's care plans identified where health or social care professionals were involved and what impact, if any this may have on care provided.
- The registered manager told us if health or social care professionals were involved in people's care they would liaise with them if it was appropriate.