

Rest Assure Care Ltd

Rest Assure Care Ltd

Inspection report

Westlink House
981 Great West Road
Brentford
TW8 9DN

Tel: 02038839571
Website: www.restassurecare.co.uk

Date of inspection visit:
10 May 2022

Date of publication:
18 May 2022

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

About the service

Rest Assure Care Ltd is the only location for this privately owned care agency. They provide personal care and support to people living in their own homes.

Not everyone who used the service received personal care. 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, five people were using the service.

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

People using the service and their relatives were happy with the care they received. They had been involved in planning and reviewing their own care. They were able to make choices and felt their needs were met.

Staff were well supported and trained. They had the information they needed to care for people safely.

The provider assessed people's needs and risks to their wellbeing. They created personalised care plans.

There were suitable systems for managing the service which included dealing with complaints, incidents and safeguarding alerts. There were a range of policies and procedures and staff were familiar with these.

People using the service, their relatives and staff felt able to speak with the registered manager and give feedback about their experiences.

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.

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

Rating at last inspection

This was the first inspection of the service since they were registered with us on 2 June 2021.

Why we inspected

The inspection was planned based on the date the service was registered with us.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rest Assure Care Ltd

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 conducted by one inspector.

Service and service type

Rest Assure Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service short 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 May 2022 and ended on 10 May 2022. We visited the location's office on 10 May 2022.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered.

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.

During the inspection

We spoke with one person who used the service and the relative of another person as well as two care workers by telephone. We met the registered manager.

We looked at the care records for three people, records for three members of staff and other records used by the provider for managing the service. These included meeting minutes and audits.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were suitable procedures for safeguarding adults from abuse. The staff received training in these and had opportunities to test their knowledge during discussions with line managers.
- People using the service and their relatives told us they felt safe with the agency.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, monitored and managed. Risk assessments included information about people's health, mobility and medicines needs. The assessments had been created with the person being cared for, or their representatives. The assessments were regularly reviewed and had been updated when people's needs changed.
- The provider had assessed people's home environments and the equipment they used to make sure any risks to people or staff were being managed.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People using the service and their relatives told us staff arrived on time and they were cared for by the same familiar staff.
- The staff told us they had enough time to travel between visits and they were not rushed.
- The provider had an electronic call monitoring system which alerted managers if a care worker did not arrive for a visit or was late.
- There were systems to help make sure staff were suitable. These included checks on their identity, eligibility to work in the United Kingdom, references, written tests and an interview with managers. New staff completed an induction, which included training and assessments of their knowledge and competencies.

Using medicines safely

- People were supported to take their medicines in a safe way and as prescribed. The provider assessed people's medicines needs and any risks associated with these. Staff completed charts to record when they had administered medicines and any problems with this.
- The staff had undertaken training to understand about the safe handling of medicines.
- The management team carried out checks to make sure staff were administering medicines safely and following procedures.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff.

- People using the service and their relatives told us care workers wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing. Staff told us they had enough PPE.
- The management team carried out checks which included observations to help make sure staff were following infection prevention and control procedures.
- Policies and procedures included updates regarding COVID-19 and information about this was shared with staff. The provider also made sure staff were following government guidance regarding COVID-19 testing.

Learning lessons when things go wrong

- There were systems for learning when things went wrong, including procedures for investigating and responding to complaints, safeguarding alerts, accidents and incidents.
- There were regular staff meetings where the registered manager discussed the service, including any concerns, with staff so they could learn from these.

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 of 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's needs were assessed before they started using the service. The registered manager met with them, and (if needed) their representatives, to discuss their needs and the support they wanted.
- The assessments included information about people's choices and preferences and were used to create support plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and had the information they needed. The registered manager, who was a qualified trainer, offered face to face training for staff. Staff also completed a range of computerised online training courses.
- The registered manager regularly met with staff to discuss their roles. They carried out observations to help make sure the staff were caring for people well.
- The staff told us they felt well supported and had the training and information they needed.

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

- Where people required support with nutrition or hydration, this had been assessed and planned for.
- People told us the staff helped to prepare meals and this help was appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was information about people's healthcare needs within their support plans. This included known signs and warnings to be aware of that someone's health was deteriorating and who the staff should contact if they identified this.

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 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 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.

- The provider had assessed people's mental capacity to make decisions about their care. They had sought people's consent to care and liaised with the representatives of people who lacked the mental capacity to make decisions.

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 of 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;

Respecting and promoting people's privacy, dignity and independence

- People were well treated. They told us they had good relationships with the staff who were kind, caring and supportive.
- People's religious and cultural needs were recorded in their care plans so the staff could be aware of these and any support they required relating to these.
- People told us the staff respected their privacy and dignity. They supported them to be independent and do things for themselves when they wanted and were able.

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

- People were able to make decisions about their care. They had been involved in creating support plans and their choices and preferences were recorded within these. People confirmed the staff offered them choices and respected these when providing care.

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 of 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which met their needs and reflected their preferences. They told us they were happy with the care they received.
- The registered manager met with people to assess their needs and plan their care. Support plans were personalised and included information about people's wishes and preferences.
- The staff completed records to describe the care which they had provided. These were regularly checked by the registered manager. These showed support plans had been followed.
- Some people were supported to access the community and take part in different social and leisure activities. One person talked about this and told us they were happy with this support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and there was clear information about how staff should communicate with them.
- The provider was able to produce information in different formats and using different forms of technology for people who needed or wanted this. For example, the registered manager explained they used a mobile messaging system to send information to one person who found this method easier to understand and read.
- Support plans and information about the service was provided in paper format for people to keep in their own homes.

End of life care and support

- No one was being cared for at the end of their lives at the time of our inspection. The care assessment included asking people questions about what was important to them and any specific requirements they had should they need this care in the future.

Improving care quality in response to complaints or concerns

- There were suitable systems for responding to complaints. People told us they knew who to speak with if

they had any concerns. One relative told us the provider had been proactive in addressing concerns they had raised.

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

- There was a positive culture at the service. People using the service and their relatives felt involved in making decisions and felt good care was provided.
- Staff felt supported and told us they enjoyed working for the agency.
- People using the service and staff told us they would recommend the agency.
- The registered manager had regular contact with people using the service and staff to ask for their feedback and to check they were happy with the service. This contact included visits to people's homes, telephone monitoring and asking them to complete surveys about their experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was suitably managed. The registered manager was one of the owners of the agency. They were experienced in providing care and had relevant management qualifications. People using the service, relatives and staff told us they found the registered manager approachable and supportive.
- There were a range of policies and procedures which were regularly reviewed and updated. Staff had information about these. There were regular meetings with care workers to keep them informed about changes in guidance.
- The provider had a policy regarding duty of candour and the registered manager they needed to be open and honest when things went wrong.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The registered manager carried out audits of care plans, staff records, policies and procedures, logs written by staff and medicines administration records. They recorded when improvements were needed.
- The registered manager met with people to review their care and had individual and group meetings with staff to discuss their work and the service.

Working in partnership with others

- The registered manager worked closely with other care agencies and charitable groups to share knowledge, advice and resources when needed.

