

# Rest Assured Home Care Services Limited

# Rest Assured Homecare Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Rest Assured Homecare Services on 18 July 2016. This was an announced inspection to ensure they were available on the day we visited. We last visited the service in November 2013 and they were meeting the regulations at that time.

The service is registered to provide personal care to people living in their own homes. At the time of our visit the service supported 30 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.

Medication records did not contain all of the information staff needed to ensure people received their medicines as prescribed.

Prior to the commencement of the service staff from the service completed environmental risk assessments of the person's home. There were risk assessments in place for people who used the service but they did not always contain information staff may need to support a person safely. For example information about how to support a person with their nutrition and fire risks.

Assessments were undertaken to identify people's care needs. Care records contained information about the person's likes, dislikes and personal choices and how to support the person to maintain their independence.

People told us staff were reliable and flexible. They told us the service told them if their support would be delayed and they said staff who supported them were people they knew.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Staff told us the registered manager was supportive. Staff had received regular and recent supervision and an annual appraisal. The majority of staff training was up to date. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support.

Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work.

The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

People and family members told us staff treated people with dignity and respect. People told us staff were caring and spent time listening to them.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff at the service worked with other healthcare professionals and families to support people with their health needs.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The medicine and risk assessment system did not ensure staff had all the information they needed to complete their role safely.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

Safe recruitment procedures were in place. People told us staff were reliable and flexible and they knew the people who supported them.

### Is the service effective?

**Good** ●

The service was effective

Staff had received appropriate training and were supported through regular supervision and appraisal.

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. Staff encouraged and supported people to have meals of their choice.

### Is the service caring?

**Good** ●

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and care plans were in place. Information in the care plans was person centred which meant people received support how they wanted it.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### **Is the service well-led?**

The service was not always well led.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them.

There were systems in place to monitor and improve the quality of the service provided which were not always robust.

The service had an open, inclusive and positive culture.

**Requires Improvement** 

# 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.

The inspection took place at Rest Assured Homecare Services on 18 July 2016. This was an announced inspection to ensure someone would be at the office when we visited.

The inspection team consisted of two adult social care inspectors and one expert by experience who had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and family members to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. This included information received from statutory notifications since the last inspection and feedback from the local authority. Prior to the inspection the CQC surveyed people who used the service, staff and family members. We used the feedback received to plan our inspection. During the inspection we received feedback from one visiting professional.

The registered provider was not asked to complete a provider information return (PIR). This 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.

At the time of our inspection visit there were 30 people who used the service.

During the inspection we spoke with five people who used the service and four family members. We also spoke with the registered manager and three care staff. We looked at seven people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

People's medicines had been supplied by the pharmacy in dosett boxes, packets or bottles. The medication administration record (MAR) was in place for staff to complete when they had supported a person with their medicines. The MAR was a record to say staff had administered medicines from a person's dosett box. The service prepared a corresponding list of medicines contained within the person's dosett box so staff knew what medicine they were administering. However we found where creams and lotions or packets of medicine were administered the MAR did not provide staff with enough information to administer medicines as prescribed safely.

The service did not use topical medicine administration charts (TMAR's) and did not have protocols for staff to follow where people had 'as and when required' medicines prescribed.

We looked at the registered providers medication policy dated January 2016 and found it did not cover all areas of medicines support in line with good practice guidance. For example; the detail which should be included on a MAR.

We looked at MAR charts which had been completed by staff and saw on two instances people had newly prescribed medicines which were not recorded correctly on the MAR because the MAR did not allow for additional medicines to be added.

Staff we spoke with were able to confidently describe the process they followed for the receipting, administration and recording of medicines. Staff confirmed they had received training in medicine management and also told us their competency in administering medicines had been checked. Records we saw confirmed this.

The registered manager told us how they used a medicine exercise when training staff, which involved staff completing a simulated medicine administration which included how to recognise errors.

One care plan we looked at contained a medication risk assessment dated May 2016 which stated the person had a level three risk. The guidance stated, 'service user unable to take responsibility for their medicines'. However, the assessment did not give staff guidance on the action they should take to appropriately support this person with their medicines. We discussed this with the registered manager who told us they would add this detail to the assessment.

The registered manager completed an audit of the recordings made on the MAR when they were returned to the office to ensure MARs were completed each time medicines were administered. We saw where the service noted concerns an action plan had been created and completed to prevent a recurrence.

People we spoke with told us they were happy with the service and stated medication was received on time. One person said "In evening at the right time with a glass of water, as I have problems getting it out the packet" another person said "I asked for carers to change my pain patch, the same day every week. They



move it around so it doesn't get sore and make a note of it." A family member told us "I am pretty sure they get their medication on time, I check the dosett box."

Issues we saw with the management of medicines meant people were at risk of not receiving their medicines as prescribed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We were shown records which demonstrated environmental risk assessments were undertaken of the person's home. Visual checks were carried out on gas and electrical appliances to make sure they were safe for use. Other checks included checking the lighting and finding out if the person smoked and checking for clutter which could pose to be a fire or falls risk. The risk assessment did not include information to help staff understand how to evacuate the person if a fire started when they were present in the person's home. The registered manager discussed how this information could be included within this assessment.

The registered manager told us equipment such as hoists were checked to ensure they had been serviced and were fit for use. Confirmation that equipment was safe was not recorded and this was something the registered manager told us they would implement.

We saw risk assessments which covered areas such as pressure care, medication and the safe use of bed rails. They were reviewed regularly and were up to date. We saw specific risk assessments for nutrition were not used. None of the people the service supported required this type of assessment at the time. However the registered manager told us how they would monitor a person if they had concerns about their appetite or weight loss and seek the support of the GP or district nurse. We discussed the use of a recognised tool such as malnutrition screening tool (MUST) which would help staff understand what to look for and when to refer, the registered manager told us they would look to use a tool when needed.

The risk assessment documents identified whether the area of support was low, medium or high risk. There was no explanation of how the rating had been worked out. This meant staff did not have the information needed to understand the control measures in place which ensured the risk of harm was reduced for everyone. The registered manager told us this was something they would look to develop. Staff were able to describe to us how they would manage risks when they supported people.

Care plans contained relevant information which complied with the 'Herbert Protocol'. The 'Herbert Protocol' is a national scheme which encourages the recording of useful information which could be used in the event of a vulnerable person going missing.

Other records detailed how to help ensure the safety of a person when staff left for example ensuring the door was locked and the key safe was secure. We saw examples of the staff working with people so they could take positive risks or manage risk. For example one person did not want to use bed rails and understood the risks and accepted the risks, this was documented in the person's care plan. One person told us "They are always looking out for them, for example recently the staff thought they were having difficulty getting into the bath. Looking into getting a bath chair and the manager arranged for an electric chair to be installed in the bathroom. Much safer getting bathed."

We asked people who used the service if they felt safe. People told us "The other day one knee felt that it would give way, carers put wheel chair near me to keep me safe" and "When they are hoisting me, they make sure I am strapped in properly and they are careful. I can tell them if I don't feel safe"

Staff we spoke with confirmed they had received training in safeguarding adults. Staff were able to describe

different types of abuse and the signs which may indicate a person was being harmed. Staff told us they would report any safeguarding concerns to the registered manager who they felt confident would take appropriate action. The registered provider had a whistleblowing policy which staff were familiar with. Whistleblowing' is when a worker reports suspected wrongdoing at work.

The registered provider did not routinely send out rotas to people. The registered manager told us, "We would do that if people wanted it." People told us they had a regular team of care staff and a majority told us they were introduced to new staff members who came along to shadow with the regular care staff.

Staff received rotas two weeks in advance. Staff told us they were given adequate time to travel between calls. The staff rota did not include the length of call they were expected to complete for a person. Staff told us this information was held in people's homes and this was how they knew how long to stay with a person.

People told us the service they received was reliable and calls were delivered on time most of the time. People also told us the service was flexible with call times if needed. People said "A regular team four carers and I also meet different new ones and they train them." And "Three times a month I have to go to hospital at different times the service will accommodate me and put a meal in for when I get back." Also "Mostly on time, unless traffic problems, they ring me to let me know if late."

Family members we spoke with also confirmed the service was reliable and flexible. One family member said "Occasional slight delay, if they are going to be considerably later then they ring to let me know; they leave at the right time." And "We selected the time of calls and they arrive within an agreed time band."

We looked at the recruitment procedures followed for three members of staff and found they were mostly safe. Two of the staff files we looked at did not contain evidence of interview notes, although the third file contained a scoring matrix used to assess the suitability of the candidate. All staff files we looked at contained two references, confirmation of identity and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about criminal records and lists those people barred from working with vulnerable adults.

Staff told us they have a lot of support to help them make decisions out of hours and in office hours where they are concerned or an emergency occurred. One staff member told us "There's always someone on call. They make sure something is done there and then." One staff member gave an example of an incident when they had responded to an emergency by contacting 999 and communicated with family and their office for support.

We saw records to confirm accidents and incidents were managed well and we saw the registered manager and registered provider looked to prevent recurrences for individuals where they could. The registered manager told us they did not routinely look at patterns or trends with accidents and incidences to see if anything further could be done to prevent recurrence, this was something they told us they would develop.

# Is the service effective?

## Our findings

People told us they were confident staff had the skills and knowledge to support them with their specific needs. One person told us, "Yes I think so, when I am listening to the girls they say they go on training courses and do NVQ's. I feel confident with them." And another said "If I ask them anything they can usually answer it, totally professional."

Family members we spoke with told us "I don't know what formal training the staff have, they seem competent." And "Occasionally they bring a new girl with seniors, ask if it's okay and they train them and they are very careful."

We saw staff training information which showed training was mostly up to date. The registered manager told us they worked to book in advance where they could with the 'care school' and used distance learning programmes. One staff member told us "I have been doing the distance learning booklets in continence and medications and diabetes. I feel I have enough training to do my role."

Staff we spoke with were satisfied with the support they received during their induction. Staff were required to complete a programme of training and shadow shifts with experienced colleagues. One staff member told us, "You don't work on your own initially until you get the confidence." We saw several members of staff were in the process of completing NVQ's in care. One staff member told us, "I've just recently finished my NVQ level 2 and I'm waiting to get on level 3."

A visiting professional told us "I know staff are offered regular and appropriate training to ensure they deliver the best possible service to clients."

The registered provider's supervision policy stated staff should receive six supervision sessions per year if they are in full time employment. These sessions could include a range of one to one meetings, group meetings and an appraisal.

We looked at records of supervisions and appraisals; we saw staff received appropriate and frequent support. Staff we spoke with confirmed supervisions were a two way discussion. One staff member told us "They are useful; you can air your views which is good. I feel supported."

We recommended to the registered manager they add more detail when recording supervisions to show what they had discussed. We found appraisals were detailed and helped identify staff training needs and other support they required.

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.

Training records showed staff had received up-to-date MCA training. Staff were able to describe how the MCA applied to their role and could provide examples of how they ensured they gained consent before they started any support. Where people lacked mental capacity, we saw this had been assessed in their care plans. We found one person had been assessed as not having capacity in August 2015, although we saw this person had signed their own consent to care and treatment form in May 2016. However, all other care plans we looked at contained consent forms signed by the appropriate individual.

One staff member said, "You can't do anything without their consent." Staff gave examples of how they offered people choice which included asking what they'd like to wear, whether they wanted to wear perfume, what they wanted to eat and drink and where they wanted to go if they were going out. One care plan we saw stated, 'Make [name of person] breakfast of her choosing and a hot drink'. One person the service supported told us "They know what they are doing, they check with me to see if everything is right. They ask consent and if there is anything else they can do." This meant staff were encouraged to give people choice and promote independence.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. People told us their support in this area was good. One person told us "Breakfast its fine, carers also get me lunch they warm it up." A family member told us "They give them a choice of food at breakfast time. On the days when they go out, I put this in the diary and the morning caller to make a pack lunch for them to take out."

The registered manager told us they would involve the GP or district nurse if they felt a person had a reduced appetite or any weight loss. The registered manager told us they would look to use a recognised tool to support staff to make such decisions.

Staff told us they were encouraged to report any changes in people's condition to families and the registered manager. They also spoke positively about the information they received from the office. One staff member said, "The communication is absolutely brilliant, so we all know any changes in clients we've got."

The registered manager told us they liaise with families and professionals to ensure people received the correct healthcare support. One family member told us "The carers bring to my attention to anything which may be a problem, in case they need a health care professional." And "Carers really seem to be on top of things, soon to notice if they have cellulitis on their leg, they phone me immediately. On occasions they have called the doctor and admitted them to hospital they don't ignore anything."

# Is the service caring?

## Our findings

All of the people we spoke with told us staff had a caring and friendly approach to their role. People said "I chat to them lots and they listen to me." "They are friendly and we are well matched." And "Totally trustworthy they look after me like a friend."

Family members also said "Carers don't talk over my relative they include them." "Rest Assured have made a huge contribution in everything and make my relative laugh; a lot of it is down to the carers. We work together and it is very much a team effort." And "We have no problems they (carers) are pretty good, they don't just do their job they do over the top, they are very good, my relative definitely enjoys the support, there is always laughter."

Care files contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. For example one relative told us "They encourage my relative to do jigsaws, colouring and to play the piano, at least one of the staff plays the piano with them."

The registered manager told us there was a person centred approach to the support and care people received and we saw this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported.

Staff we spoke with knew people and were able to describe their individual preferences as to how people wanted to receive their care and support. One staff member told us, "The clients are the centre of everything. I'm more than happy with the way things are."

A staff member told us how they had helped support a person to regain their independence when they took a shower, which was a real achievement for the person. A person told us "I like to be independent as much as I can, when I have a shower carers know I like to wash my own hair." And another person said "Carers try to encourage me to be independent, getting dressed they encourage me to do as much as possible."

Staff we spoke with were able to describe how they protected people's privacy and dignity. For example, they told us they would ensure people were only uncovered for the shortest length of time necessary when providing personal care. One staff member said, "I wouldn't have someone walking around naked." We saw care plans included a section for people to nominate whether they preferred male or female carers.

The staff induction book provided clear guidance on steps staff should take to help people maintain their privacy and dignity. For example, 'Staff should seek permission before entering people's homes or any rooms occupied by them'. One care plan we saw stated, 'Ensure the curtains are closed in [name of person's] bedroom to ensure privacy'.

Without exception all the people we spoke with said they felt staff maintained their privacy and dignity. They

told us "If I am on my bed and the window cleaners came round, the carers would shut the curtains." And a relative told us "Carers apply cream for my relative, they always go into a separate room to do this, and they respect their privacy. Another relative said "We have all female staff, they ensure the doors and curtains are shut when providing support."

A visiting professional told us "When I have been with staff on visits to the clients I have found them to be professional and caring, ensuring at all times that they observe the dignity and privacy of those in their care."

A compliment we saw stated "Thank you so much for your excellent service from both you and your staff. I enjoy their company and help and always look forward to their daily visits."

## Is the service responsive?

### Our findings

People and family members we spoke with told us staff knew them well and were responsive to their needs. One person said, "They keep me updated, they ask if everything is okay." And "I feel like they care about me, they sit down and spend time talking to me."

During our visit we reviewed the care records of seven people who used the service. Each person had an assessment, which highlighted their needs. We found care plans were person-centred and focused on providing detailed, step-by-step guidance for staff to follow. This meant care and support provided was individualised and based on the person's own preferences. We saw care plans encouraged staff to promote independence where possible. For example, one care plan recorded, 'Assist [name of person] to wash her back. She is able to wash the rest of herself independently'.

We found one care record contained a visual care plan which helped provide staff with a one page pictorial 'snapshot' of the type and level of assistance people needed. For example, this covered areas such as mobility, nutrition, medication, continence and communication. This was particularly effective for staff who were less familiar with this person. The registered manager told us they would look to create a visual care plan for all people who received a service.

We asked staff whether care plans accurately reflected people's care and support needs. One staff member said, "They're all updated. They're really on the ball there."

A person who used the service told us "I read it (care plan) through when it's written out, if I want to add things in I can." A family member told us "It is a very complete plan, it contains records of the visit everything you could possibly want to know, physical and mental assessments."

People and their families also told us they knew who their named care coordinator was and they were involved in reviewing their care plan and were asked for their feedback on the service regularly. One person said "As we go along the manager will ask if you are okay, I am quite happy with them." A family member said "We discussed just a few weeks ago changes in the care plan. A draft copy is shown to me and we sign a new signature sheet." This meant people and their families were listened to ensure the service was responsive to their needs.

The service also used a system whereby a checklist is devised of tasks which must be completed for the person as well as tasks staff must ensure happen to help the person remain safe when they leave the call. For example; to ensure the persons telephone was within reach.

At the time of our inspection the registered provider did not have any complaints open to them. Care records, the service user guide and the staff induction book all contained information about how people could complain if they were not satisfied with the service they received. Staff we spoke with confirmed people had a copy of the complaints procedure in the care record in their own home. This meant people and staff were familiar with the process if they wanted to make a complaint.

Everyone we spoke with who used the service knew how to raise concerns. One family member had in the past raised concerns and they were happy with the outcome of the process. People told us "I would ring up Rest Assured. I am confident they would come around." And "[Name of registered manager] and [Name of registered provider] are quite hands on if I had a real concern they would sort it out. They are approachable and always there for me, they have never let me down."



## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. People who used the service and family members we spoke with told us they thought highly of the registered manager and registered provider. They told us they thought they were approachable and had confidence in them to resolve issues which may arise. One person said, "Carers are very good and the managers are very good."

A family member told us "The manager is very efficient, I can't fault them, and they are efficient and competent." And "I have very close contact with the manager; she is very capable and competent. Easy to talk to and I can discuss things without making difficulties. She wants to help all the time, we noticed a hole in the roof and the manager arranged for someone to be at the house the whole time the job was being done."

A visiting professional told us "The managers and senior staff give excellent support to all the staff. It is an excellent company which is my pleasure to work alongside."

We asked staff about the culture amongst the staff team. One staff member said, "Because the business is small, it's quite family run and everyone looks out for each other." Staff told us they felt listened to by the management team who had an 'open door' approach. One staff member said, "You can ring and ask for anything." Another staff member commented, "I feel really supported."

Staff told us they attended regular team meetings. Records we saw confirmed this. We asked staff if they felt able to voice issues during these meetings. They told us, "They come up with the pointers and we contribute." We saw from staff meeting records topics such as end of life support for people and professional practice for staff were discussed. We also saw the registered manager and registered provider thanked staff for their hard work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. Checks were carried out which included the checking of care plans, other care records and medicine charts. Also the service checked on staff performance by visiting them to 'spot check' how they delivered support in people's own home. We saw a 'client spot check' which was carried out after staff had left a person's home to seek feedback on the staff performance. Where issues were identified we saw an action plan was formulated and completed which demonstrated the commitment of the registered manager and registered provider to continuously improve.

The registered manager discussed with us how they and the registered provider would be reviewing the quality assurance system and would in the future build in more systems to analyse patterns and trends in the findings from their quality assurance process. We also discussed how quality assurance process should ensure systems are fit for purpose in line with robust policy and procedure. For example medicines management.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us surveys were sent out to people and their families on an annual basis to seek their views on the care and service provided. We saw records to confirm in July 2015 questionnaires were sent out to people and 25 were returned. The survey results were positive with every person saying the service was doing well for them. We saw a survey had been recently sent out for 2016 and saw eight examples of responses received so far. One comment we saw said "Your service is excellent in everything for me. Keep up the good work you are doing!! Thanks a lot!"

The registered manager told us the service had recently won an award from the Otley business awards for 'Best Service Sector'. People who were supported had nominated the service for this award and the service had won two years running. We saw a letter from their local MP congratulating them on their achievement. One person told us "I know the company won prizes for the best local firm. It was in the paper and all staff were taken out for a treat."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medication records did not contain enough information about medicines to ensure people received them as prescribed.  Regulation 12 (1) (2) (a), (b), (g).