

R4R Home Care Service Ltd

# R4R Home Care Services Ltd/Watford

## 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

R4R home care services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, some of whom are living with dementia, people with physical or learning disability, and people with a mental health need. The service also provides a 24 hour live in care service. Not everyone using R4R home care services received a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

R4R home care services provided the regulated activity of personal care from an office based on the outskirts of Watford. At the time of this inspection there were two people using the service.

This inspection took place over several dates. On the 29 November 2017 we visited the site office. On the 5 December 2017 we visited people in their own homes and on 13 December 2017 we telephoned relatives and staff members in order to obtain their feedback about the service. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

The service had a registered manager in post. 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.

When we previously inspected the service on 8 February 2016 we found that procedures in relation to the recruitment of staff was not always robust and the care and support people received was not always safe. We also found that staff did not always receive the necessary training to carry out their role effectively and the provider's governance systems were not always effective in identifying and improving shortfalls. Following the inspection the provider submitted an action plan which detailed how they were going to implement and sustain the necessary improvement.

At this inspection we found that the provider had made the necessary improvements to ensure people received care and support in a safe, effective and personalised way and there were now systems in place to monitor and review the service provided.

Staff knew what keeping people safe meant as well as how to achieve this by managing any identified risk. Staff were trained in safeguarding people and were informed about who they could report any incident of harm to.

People were given information in a format that they could understand about staying safe.

People's needs were met by staff who were trained appropriately for their role and they were deployed to

ensure people's needs were met.

People were supported to take their prescribed medicines safely. Staff were trained and deemed competent to support people's medicines by staff who had the skills to do this.

Staff were supported in their role and they knew what standard of care was expected. Incidents were used as an opportunity for learning and to help drive improvements.

People were enabled to access healthcare services. People's nutritional needs were met by staff who knew each person's needs well. Staff knew when people needed support and also when to respect people's independence.

The equipment that staff supported people with was regularly checked to make sure that it was safe.

A positive and good working relationship existed between the provider, registered manager, staff and relevant stakeholders. People were supported in partnership with other organisations including healthcare professionals to help provide joined up care.

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 supported this practice.

People were involved in their care and relatives or friends helped provide information, which contributed to people's independent living skills.

People's care plans contained sufficient information about the person to assist staff with providing person centred care. Staff understood how to provide care that was compassionate as well as promoting people's independence.

People were provided with information about, and or enabled to access, advocacy services when required.

Complaints were investigated in line with the provider's policies and procedures. Concerns were acted upon before they became a complaint.

Support arrangements and procedures were in place to help staff to understand and meet the needs of people requiring end of life care when this was required.

The provider motivated the staff team with regular meetings, formal supervision, mentoring and being shadowed by experienced staff.

The registered manager and provider notified the CQC about events that, by law, they were required to do so. Regular audits were completed and effective in identifying areas that required further development or improvement.

An open and honest staff team culture had been established by the provider and this meant incidents were reported where they needed to be.

## 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.

Safe recruitment processes were consistently followed to ensure potential staff were suitable to work in a supported living environment.

Potential risks to people's health and well-being were reviewed annually.

People were kept safe by staff who were trained to recognise and respond effectively to the risks of abuse.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

Staff protected people from the risk of infections by following universal precaution procedures.

People`s medicines were managed safely and effectively by trained staff who had their competencies checked regularly.

### Is the service effective?

Good 

The service was effective.

Staff were provided with appropriate training and support to help them meet people's needs effectively.

People's consent and permission was obtained before care and support was provided. Where people were unable to make decisions relating to their care the service followed the requirements of the Mental Capacity Act 2005 to ensure the care people received was in their best interest.

People were encouraged where appropriate to eat a healthy balanced diet.

People were supported to meet their day to day health needs and to access health care professionals when necessary.

### Is the service caring?

Good 

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

### Is the service responsive?

Good 

The service was responsive.

People had an assessment of their needs prior to support commencing and this was reviewed regularly to ensure their needs were constantly met.

People, their relatives and friends where appropriate, had been involved in developing people's care plans.

People told us that staff supported them to pursue their own interests or pursuits within the local community.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual support needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

### Is the service well-led?

Good 

The service was well led.

People and their relatives knew the registered manager by name and felt that they were approachable with any concerns.

All the people we spoke with told us that they felt that R4R home care services was well managed.

The provider demonstrated a detailed knowledge of the staff they employed and people who used the service.

Staff told us that the provider, registered manager and senior staff team were approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help

ensure that the service provided for people was safe.

People were given opportunities to provide feedback about the service they received.

The service worked in partnership with other health and social care professionals involved in people`s care to ensure the support people received met their needs fully.

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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 activity started on 29 November 2017 and ended on 13 December 2017 and was announced. The inspection process included visiting people within their own homes, speaking on the telephone to relatives and friends of people who used the service and staff members in order to obtain their views.

The provider had not been asked on this occasion, to complete a Provider Information Return [PIR] 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 also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person who used the service, two relatives, one befriender, three staff members and the provider. We looked at two people's care records and three staff files. We reviewed other documents including audits and records relating to the management of the service. Prior to our inspection we also sought the views of the local authority's contract monitoring officers.

# Is the service safe?

## Our findings

When we last inspected the service in February 2016 we found that safe recruitment processes were not consistently followed. At this inspection we found that people were now supported by staff who had undergone a robust recruitment process. We reviewed the recruitment records of three staff members. All three records demonstrated a complete employment history, together with a criminal record check and two references. The provider had carried out a selection procedure that included a form of selection test to check staff knowledge with regard to support, prior to offering them a post. This helped ensure that staff employed were of sufficient good character and suitable for the role they performed.

When we last inspected the service we found that risk assessments were not always updated to reflect the current risk to people who used the service. At this inspection we reviewed the risk assessment of two people and found that these had all been updated within the last six months. We found that potential risks to people's health, well-being or safety were now routinely assessed as part of the assessment carried out prior to people starting the service. We also found evidence that these had been reviewed at regular intervals to take account of people's changing needs and circumstances.

Risk assessments were in place for such areas as the environment, risk of choking, behaviour that may challenge and personal safety when accessing the local community. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example, we saw one risk assessment for a person when they accessed the local community. We saw this assessment outlined the risks posed and the control measures in place to maintain the person's safety. We saw that this risk assessment detailed a step by step guide of the journey both to and from the destination and contact details of the support staff and the registered manager.

People told us they felt the service they received was safe and met their needs. One person said, "I know that there is always someone here with me in the house if I need help or if I am feeling anxious about anything." Another person told us, "I never question it as I always feel very safe in my own home when I am being cared for; they are all like 'Angels.'"

Staff had received training in how to support people to take their medicines safely. We reviewed the medicine records for one person who staff supported with their medicines and saw that there was appropriate guidance for staff to support this person when taking their medicines. Information was available for each person with regard to any allergies, possible side effects of the prescribed medicines and 'as required' (PRN) protocols were in place.

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. We found that safeguarding was discussed regularly in both staff meetings and in supervision where staff were reminded what, how and when it was expected from them to report issues. Staff were also reminded about the whistleblowing procedure and how to report any concerns to external safeguarding authorities.



We found that there were sufficient staff to meet people's needs. We saw that rotas' were planned in advance and people were supported on a one to one basis.

Staff took appropriate actions to protect people from the risk of infection. Staff members had received training in the control and prevention of infection. Staff were also reminded in staff meetings about the importance of hand washing and the use of hand gel when they assisted people in the preparation of their meals.

## Is the service effective?

### Our findings

People's care and support needs were assessed to help determine how these needs would best be met. Examples of needs which had been determined included those for washing, dressing, moving and handling and health conditions which staff needed to be aware of. This was as well as any equipment which people had been determined as having a need for. People's needs were supported by staff who treated people equally and regardless of how complex each person's needs were.

The provider demonstrated a good understanding of when it was necessary to involve people's relatives or health and social professionals in making best interest decisions on behalf of people with limited capacity to make meaningful decisions.

We checked the care plans of two people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. People confirmed that staff asked for their agreement before they provided any support and respected their wishes to sometimes decline certain tasks. One person we spoke with told us, "I always need reminding to take my medicines especially ones for my heart."

People and their relatives told us that the support provided by R4R homecare services was appropriate to meet people's needs. One befriender said, "They help [name] live as independently as possible. I do worry sometimes about them but the quality of care they receive is second to none and it's so nice that they can remain in their own home for as long as possible."

A relative of a person who used the service told us, "They all know [name] very well and I don't really have to remind any of the carers what they need to do or what [name] likes and dislikes are because they all know [name] so well."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff told us they received training and regular updates in topics like Mental Capacity Act Training, safeguarding and diabetes. One staff member said, "The training we are given is relevant to the job we do here. It is obviously important that I have the knowledge and support to do the best job I can." Another staff member we spoke with said, "I am pleased I am being offered refresher training each year as well as the mandatory training as it keeps me updated and fully aware of all the changes to the care of people we support." We saw that staff had recently received training in safeguarding and medication.

Staff completed an induction when they commenced employment with R4R homecare services. The induction programme was aligned with the Care Certificate framework and included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of time where newly recruited staff members worked alongside more experienced staff until the staff member felt confident to work alone. This also served to introduce new care staff to people who used the service. One staff member said, "I have felt well supported. I have done my mandatory training which gave me a good insight into the job in hand and how to best support people."

The provider and staff confirmed that there was a programme of staff supervision in place as well as regular staff meetings. One person told us, "I like to have my supervisions regularly as a way of support and guidance." We spoke with three staff members and they all told us that they found their line manager helpful and supportive. One staff member said, "I can pop up to the office anytime if I need a question answered straight away." We saw that staff meetings were held on a monthly basis with the most recent meeting held in September 2017 where issues such as safeguarding and health and safety were discussed.

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.

We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. One person told us, "The staff give me time to choose what I want to eat and I am never rushed because I don't like that and although know I am a bit slow, the care staff respect that and let me do things in my own time and when I want to do them and not when it suits them." Staff had a good understanding of the MCA and its code of practice. People told us that staff supported them to make informed choices such as offering a selection of clothes. This was as well as prompting people to take their medicines. One staff member said, "I always start from the basis that people can make a choice." People could be confident that their choices would be respected and any care that was provided in a person's best interests would be lawfully agreed.

People were supported with their nutritional needs by staff who knew what people's food and drink preferences were. One person said, "The carers and my friend always get my favourite foods when they do my shopping for me and there is always plenty of tea or a cold drink to hand." Staff told us they promoted people's choices by prompting them with a selection of meal and drink options. Where required, staff monitored people's daily food and drink intake to ensure they had sufficient quantities as well as a diet that was appropriate, such as a low fat or sugar free diet.

People were supported to attend appointments at their GP or other health related professionals. One person told us they attended regular appointments in relation to their health and staff worked flexibly to help ensure they were supported on the days they need to attend hospital.

## Is the service caring?

### Our findings

People told us that they were happy and that staff were caring and kind. For example one person said, "I was reluctant to have any help initially but now the carers are like part of the family and are gentle and kind."

Relatives we spoke with confirmed that they had been involved in reviews of their family members care and support where appropriate. One person told us they were aware of their care plan and had agreed with what was recorded in it. One relative said, "We meet quite regularly with the staff or the manager and the live in carers are always at the end of the phone if we need to ask anything about [family member]." Relatives said that communication was very good with staff at the service. One relative said, "I feel that because they are quite a small company we get very personal and tailor made service for [name]."

Staff had developed positive and caring relationships with people who they clearly knew well. People received care, as much as possible, from a team of consistent staff members. People told us that they were happy to approach and talk with the staff that provided their support. We saw that people were relaxed and happy in staff`s company. We saw people chatted and staff laughed together as well as discussing their routines and social activities. Staff supported people in a professional manner and provided guidance and boundaries which ensured they received the appropriate support.

People told us that staff respected their privacy and dignity and made sure that they supported them in the way they wished, and encouraged them also to remain as independent as possible. A person who used the service said, "It would be easy to let the staff do things for you but that's not good. We must all try and stay as independent as possible, even if we are old!"

People knew about their support plans and told us that both the provider and senior staff members regularly asked about their support needs in order for their support plan to be updated as their needs changed.

One relative confirmed that their family member had been involved in their support plan. They told us that their preferences had been sought and were respected. One relative said, "We get a letter to tell us when the meeting will be and we do our best to attend. However we have no concerns or issues about the care provided by R4R home care services and therefore if we are unable to attend the review we go through the paperwork when we next visit but the staff are very professional and have [name] best interests at heart."

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

People's support plans were sufficiently detailed to be able to guide staff to provide their individual support needs. For example one care plan we viewed stated, '[name] likes a shower every morning with their personal care, ensure you give their back a nice rub and then dry with a warm towel and apply moisturising cream.'

Information provided to staff included support guidelines about their preferred routines, medicines, dietary needs, relationships that were important to them and the type of activities and hobbies people enjoyed.

Staff demonstrated that they were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised support that met their individual needs. For example, one person liked to visit the local garden centre and we saw from this person's daily notes that this was offered on a regular basis. We saw that there was a routine in place to support the person with their continence needs prior to going out of the house, in order to avoid the person being embarrassment or upset whilst out.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. For example, we reviewed the records that related to a complaint raised in 2017 where a person had told the provider about being roughly handled and had felt rushed. We reviewed the records that related to this complaint and saw that the provider had managed this issue both sensitively and respectfully by meeting the complainant person face to face and also the care worker concerned.

We saw that this person had requested a change of care worker. We saw from the rota that this request had been honoured and also the care worker concerned had received additional training and supervision to improve their approach with the people they supported. This meant that the provider worked closely with complainants which ensured that they were satisfied with the solution and outcome.

## Is the service well-led?

### Our findings

When we previously inspected R4R home care services in February 2016 we found that the provider did not have effective systems in place to monitor safe care and support. Governance systems were also not effectively used to monitor and improve the quality of the care people received. At this inspection we found that the provider had implemented a new and improved system which enabled them to make the necessary improvements and ensured that the support people received was effective and also empowered people to make their own decisions.

We saw that the provider completed monthly quality monitoring audits that covered all aspects of the service. This included, support plan audits, spot checks and training plans. We saw evidence that the provider cross referenced and assessed these audits against the quality standards that CQC uses to assess and rate services.

We found that training records were up to date and we could be assured that all the necessary training had been completed. Staff told us they were supported to access and attend regular training and this was confirmed within the three staff files reviewed as part of this inspection.

We found that personal records that related to people's care and support needs were kept up to date, reflected the support people needed, and were either signed by the people who were being supported or their representative. People's confidential information was securely stored within the site office.

The provider was clear about their vision regarding the service, how it operated and the level of support provided to people. They told us, "We are committed to maintaining people's independence within their own homes for as long as possible." We found the provider and staff were knowledgeable about the people who used the service, their needs, personal circumstances and family relationships.

People's and staff member's views about the service were all very positive. One person who used the service told us "I have all the phone numbers if we need help or if there is an emergency, which eases my mind if I need help."

Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member told us, "I love the work that I do and although it can be challenging at times I feel we support people to achieve a good quality of life here."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.

Staff told us that the provider and senior staff team were approachable and that they could talk to them at any time. Staff told us that there were regular staff meetings held which enabled them to discuss any issues that arose in the service.

The service had a positive culture that was person-centred, open, inclusive and empowering. The provider, registered manager, senior staff and support staff all had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.

The service had an open and transparent culture with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. This included working with local community mental health teams, specialist advisors and clinical professionals in supporting people with their mental health needs.