

R & L Healthcare Ltd

# R & L Healthcare Ltd

## 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

About the service: R&L Healthcare is a domiciliary care service. At the time of the inspection 51 younger and older people who may have a physical, mental or sensory impairment, a learning disability or dementia were receiving personal care. R&L Healthcare's main service was caring for people who were returning home from a hospice or a hospital for end of life care and support.

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.

People's experience of using this service:

People told us they felt safe and well supported. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified through assessments and people had been involved with decisions in how to reduce the risk of harm to them. There were enough staff on shifts to keep people safe and meet their needs in a timely way. People's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection. Where incidents had happened, lessons had been learnt and shared with the staff group.

People's care was assessed and reviewed with the person involved throughout. Where people had support with their meals they were given food they enjoyed. 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 worked closely with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

People were cared for by staff and management team who were passionate about supporting people to have a comfortable and dignified death in their own home. Staff demonstrated empathy and understanding for the people and relatives who were under their care. People were supported by staff who were warm and considerate towards them, who people considered friends. The management team and staff consistently went the extra mile. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained throughout.

The delivery of care was in line with people's preferences. Any changes in people's care was communicated clearly and promptly to the staff team. Staff were trained to support people with their end of life care. People had access to information about how to raise a complaint.

The registered manager and management team were open, approachable and effective. They focussed on providing person centred care. They engaged well with other organisations and had developed strong and positive working relationships. The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences. They promoted strong community links to ensure people could access the support they needed.

Why we inspected: This service was registered with us on 18/06/2018 and this is the first inspection. This was a planned inspection.

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.

## 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 safe

Details are in our Safe findings below.

Good ●

### 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 ●

# R & L Healthcare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was completed by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**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 notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 21 June 2019 and ended on 03 July 2019. We visited the office location on 28 June 2019.

**What we did;**

**Before inspection:**

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

**During inspection:**

- We spoke with two people who used the service and eight relatives.
- We spoke with the seven care staff members, the recruitment and compliance officer, the registered

manager and the operational manager. We looked at aspects of four people's care records and other records that related to people's care such as medication, audits and other documentation about the management of the service and three staff recruitment files.

After inspection:

- We contacted external healthcare professionals. We spoke with a representative from the hospice and had written feedback from a specialist nurse for complex discharges and a CCG contracts manager.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse as the staff supported them in the right way. One relative said, "We both feel safe and relaxed with them [staff]." Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager took action and reported safeguarding issues when these were identified.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People and their relatives said staff kept them safe from harm as they understood how to support them in a way which kept them safe. One person said, "The care is done safely and with dignity. They [staff] worry more than I do, and they make sure I'm safe. I use the wheelchair, but they make sure I feel comfortable before they leave in the morning."
- Staff supported people in a way which kept them safe but maintained their independence. Staff had a good understanding of people's individual risks, such as developing sore skin and how best to support them. Staff were able to tell us who was at risk of sore skin, and how they prevented this. A relative said, "[Staff] alert us if they think [the person] is getting a pressure mark. The nurse also checks it, and this helps stop them becoming a sore."
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff communicated information about incidents and accidents to the management team. The registered manager monitored these events and used reflective practice to identify any learning that could then be shared with the staff to help prevent further occurrences.

Staffing

- The service's main role is to support people with end of life care in their own home as quickly and smoothly as possible. We found the care co-ordinators organised this care and support safely and efficiently. External healthcare professionals told us how the staff team managed this well and were confident the provider had sufficient staffing in place and staff understood people's current care needs.
- All people and relatives told us staff were reliable, consistent and had good time keeping. All those we spoke with knew the staff well and had built a good rapport with them.
- Staff told us there were sufficient numbers of staff on duty and where two staff were required this was always arranged. Care co-ordinators understood people's individual support needs well and what skill mix of their staff was required to keep people safe.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE) when required.
- Staff followed the infection control training they had received, to reduce the likelihood of the spread of infections and people experiencing poor health.

# 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 and their relatives told us they were involved in the assessment of their care from the beginning and that their plans of care were regularly reviewed to ensure staff provided the most up-to-date care.
- People told us they were involved in decisions about their care, and felt the service was professionally run.
- The management team had assessed, and documented people's needs and preferences in relation to their care and planned their support based on this. We saw tools and information on best practice guidance was available for staff.
- An external healthcare professional said, "It gives me reassurance that they [staff] endeavour to find out as much about their prospective clients prior to their discharge from hospital and they are quickly communicating with family members to arrange the initial home assessments."

Staff support: induction, training, skills and experience

- All those we spoke with were confident in staff's abilities and their approach to supporting them and meeting their needs. People told us newer staff worked alongside experienced staff.
- The provider had a comprehensive induction and used a range of training methods to deliver this to staff, such as interactive classroom training, practical and online training. Training ran throughout the year, to keep staff up-to-date with best practice.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. Where areas for development were found, this was shared with the staff member.
- Additional training was sourced for those people who required specialised care. The care co-ordinators were aware of who had additional skills and competencies and ensured they had sufficiently skilled and qualified staff to support people.

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

- Support offered to people with meal preparation varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People told us they were given a choice of food to eat during the day and that staff always ensured they had access to drinks and snacks before they left.
- Staff were aware of people who were on a specialised diet, and how to meet their dietary needs.

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

- Staff understood people's health needs and shared examples of advice they had followed from other healthcare professionals involved in the person's care so people would enjoy the best health outcomes possible.
- A healthcare professional told us, "To date we have had no concerns regarding R&L in terms of quality or working relationships with ourselves or the various hospital trusts."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.

# 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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said staff were exceptionally kind to them and consistently showed empathy and understanding. People and relatives were very complimentary about the staff who supported them. One person told us how staff, "went the extra mile" and that this made a big difference to how they felt, adding, "They [staff] don't make me feel embarrassed. If I'm going out anywhere they will make the extra effort to do my hair and help me look lovely." They continued to say, "Tomorrow I'm at a wedding so they will help me get ready to look nice. They do extra as they would do for special events, like trying on different outfits."
- A few people had received support for many years, while most people had only received support for a few weeks. However, all those we spoke with told us how staff felt like extended family. One person said, "They [staff] are all polite and pleasant. We get to know them like family now; it's nice to see them. They make us both feel at ease and relaxed." While another person told us how they looked forward to staff coming and said, "My help is given with dignity and I love them [staff]. I've got to know them, and they are so nice. Yes, they know the boundaries but are still like friends. We have a laugh."
- People and their relatives shared many examples of how staff maintained their dignity. For example, staff always explaining what they were doing. One relative said, "They [staff] chat as they help [person's name]. They even have a sing song. [Person] always looks nice. They are polite and very respectful." While a further relative said, "They [staff] tell [person] what they are doing or going to do. They tell them, and it sounds dignified. [Person] is very happy; it's all marvellous."
- Relatives felt that staff were like part of the family and worked with them and were respectful in their home. One relative said, "They [staff] do whatever and say it's no trouble. We work like a team, we work with them."
- Staff were clear about the support they were offering to people. Staff anticipated people and their loved ones' needs during their most vulnerable time. Staff spoke sensitively and respectfully about the support and care they offered people and their family members. For example, a staff member explained how they sat with a family member while the person peacefully passed away. They told us how they stayed with the family member to support them emotionally and to make difficult phone calls.
- The service ensured that staff in all roles were highly motivated and offered care and support that was compassionate and kind. Staff we spoke with demonstrated a real compassion, sensitivity and empathy for the people they supported, and spoke of their high expectations for the standard of care to be delivered. There were examples where staff championed people's rights to gain the right support and equipment to improve their wellbeing outcomes. For example, staff told us of their concerns of some people returning home without sufficient continence aids, and how they would ensure people had the correct aids in place, so they could protect people's dignity. The registered manager was aware of the staff concerns and was

working with external healthcare professionals to improve this aspect of the person's return home.

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

- People felt involved in decisions about their care. One person said, "They [staff] involved us at the start... and times and things were all agreed by us and they got a good picture of [the persons] needs and likes and dislikes." They confirmed that these arrangements had been maintained throughout their use of the service.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Staff shared examples of how they maintained good communication links with the person or their family and recorded any required actions or changes in care.
- People and their relatives were regularly asked for feedback to ensure they were happy with the support staff provided. People were visited by managers to discuss their support regularly to ensure all opportunities for improvement were made.
- People, relatives and external health care professionals we spoke with told us communication with staff and management was excellent. Relatives felt involved in their loved ones' care, and listened to, and they were kept up to date by staff and the management team.

# 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 meet people's needs, preferences, interests and give them choice and control

- People and relatives told us they were involved in planning their care from the beginning. People told us staff respected their wishes, such as call time preferences and how they wished to be supported in their home. One person said, "It was my daughter who organised it [care], but I was involved, and it was agreed with me when they [staff] came around. It was not just off the shelf and they talked about different items." People and relatives told us that any additional calls they required, or changes in call times were managed well as communication was very good.
- Staff told us there was a very good level of communication and changes in care and support were immediately updated through the provider's electronic system.
- Care records we saw held information about people's preferences and how they would like their care and support to be delivered. The records gave specific details to staff which ensured staff were providing support in a way which promoted respect when working in the person's home.
- Staff had taken into consideration the importance of ensuring people's religious and cultural needs were met when providing personal care.
- Staff told us, and we saw in people's care records they worked with and communicated well with other healthcare professionals who were involved in the person's care and support. Where, for example, staff felt more time was needed with a new person they were supporting, this was implemented promptly. Staff confirmed that as people's needs increased, so did the time to support them correctly.
- External healthcare professionals confirmed to us that communication was excellent with the staff group which meant people received an efficient and responsive service.
- Daily care records were clear, and we could see this system worked well for staff to ensure care was consistent and timely. Staff told us that due to the four-hour window for people to return home, some assessments were brief. However, due to their experience and good communication within their work colleagues, staff felt they were prepared and had sufficient insight into people's needs to support them.

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 and information needs had been assessed. A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

End of life care and support

- The provider had a distinctive ethos of flexible, person-centred end of life care. The operations manager explained how their main service was to support people nearing their end of life, with their aim for people to return to their own home within four hours from either the hospice or hospital. They expressed their passion to us of the importance of giving people the opportunity to be in their own home. They told us how they were working with domiciliary care agencies in other parts of the country to support them with their lessons learnt, in providing an efficient and effective service for end of life care in people's homes.
- The care co-ordinators understood the providers ethos to ensure people returned to their home so they could have a comfortable and dignified death in an environment where they were comfortable and family could be with them at their most vulnerable time. We sought feedback from a healthcare professional who liaises with the care co-ordinators, so people could return home quickly and as smoothly as possible. They told us, "Without exception, I find the R & L Healthcare staff to be outstanding. They are efficient, friendly and caring."
- Staff were highly supported by the management team to deliver end of life care and all staff we spoke with felt supported in this role. One staff member said, "I feel highly privileged to provide end of life care and I am very proud of the service we deliver."
- The 'thank you' letters written to the service from relatives after their loved ones had passed away were in abundance, where they expressed their gratitude of staff giving their loved ones a dignified, calm and respectful death.
- We spoke with an external healthcare professional from a hospice who told us, "R&L Healthcare are the service I tend to recommend to people. I've met their carers out in the field, and they're always very knowledgeable, friendly and helpful and the care co-ordinators communication is excellent."

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint if they needed to and where concerns had been raised they were satisfied with the response and felt lessons had been learnt.
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. Where complaints had been raised these had been responded to in line with the provider's complaints policy.

# 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew the registered manager and felt they listened and were responsive to their requests. People and relatives felt that all the staff who worked in the office were helpful and supportive.
- All those we spoke with felt the service was well run. One relative said, "They [staff] are like family calling now, they also know me by name at the office. They are very professional."
- People and relatives felt involved in the running of the service. They told us they had regular reviews and surveys, and saw improvements were made where they had made suggestions. One person said, "I can get in touch with the office. They have checked on how it [care] is going. Someone called last week, they were spot checking and they asked me questions and to fill in a form."
- People and relatives gave positive feedback about the service. One person said, "I would recommend them, very much so. I'd give them ten out of ten. [They are} excellent." They told us staff were professional, reliable, caring and aware of the sensitivities in their work with people experiencing severe or terminal conditions, as well as the additional pressures often expressed by the person's loved ones.
- We read many compliments from relatives who had written to the service. One relative had said, "We both gained strength for what lay ahead of us from all your care and understanding." They continued to write, "You have responded so positively to make such a traumatic time for [person's name] and my family so less stressful than it easily could have been. For that I will always be in your debt and forever grateful....I cannot praise you all enough and believe you should be very proud of yourselves and your chosen vocations." While a further relative wrote, "Staff work well together. They have a calming manner and their professionalism is exemplary. They leave [person's name] feeling very relaxed and comfortable."
- All staff told us they felt happy and well supported in the way the service was run. They told us that teamwork and communication was what supported them to carry out their roles effectively. Staff told us they felt valued and respected. One staff member said, "I feel I am valued by the company. They are wonderful at sharing compliments. They always make sure you are okay, or if you need some time, they understand it can be hard [emotionally] at times."
- Staff said they worked well as a team and felt supported by the registered manager in their role. Staff told us the registered manager was approachable and would promptly address any concerns they may have about people they supported or the running of the service.
- The registered manager told us staff were valued and recognised within the company for their hard work. Staff had been recognised by the registered manager for going above and beyond their role, along with sharing compliments from people to staff. Staff told us they appreciated the 'thank you' for the work they

did.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager was clear about their roles and responsibilities. They monitored the performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The registered manager told us they were supported by the provider to do their job well. This included facilitating meetings with the provider's other services to share learning and best practice and making different resources available to them such as HR, so they could concentrate on their role effectively.
- The operations manager spoke passionately about the company's' vision and future working and the support offered to the registered manager and the staff they employed. The checks they made ensured the service was running safely and effectively. They used these opportunities to share learning at their other services.
- An external healthcare professional explained, "The rationale for this single provider approach was that better working relationships, quality and patient confidence could be further improved." They continued to say, "To date we have had no concerns regarding R&L in terms of quality or working relationships with ourselves or the various hospital trusts. We have found that the average length of stay for patients under R&L is getting longer, we attribute this to increased confidence in the process and R&L as the consistent provider."
- Audits of the service provision took place and an action plan had been developed to work towards improving any shortfalls identified. Where management had identified improvements were required, these were planned in a coordinated manner.
- The registered manager worked with other organisations such as the hospice, various NHS trusts, doctors and community nurses, where people required this support. The feedback from these other organisations were positive. They felt the service was efficiently run with good communication.
- The registered manager recognised their responsibilities of duty of candour. Where incidents had happened, the person and where applicable, their families were informed. We saw the registered manager reported incidents such as safeguarding issues to the local authority and the Care Quality Commission.