

Retain Healthcare Ltd

Retain Healthcare Limited - Salisbury

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Retain Healthcare Limited – Salisbury is a domiciliary care agency providing personal care to people living with a range of health conditions in their own homes or flats. At the time of our inspection the service was supporting 21 people.

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 and what we found

Medicines management needed some improvements as we observed some specific instructions on people's records had not been followed. The provider told us they would review systems to check for timely administration of medicines. Medicines audits had not been carried out in a timely way so concerns identified could be resolved effectively. Staff had been trained to administer medicines and had their competence checked by senior staff.

Incident forms were completed when needed but we were not always able to see what action had been taken as a response. There was no management review recorded to demonstrate incidents had been investigated and actions identified to prevent a reoccurrence. We have made a recommendation about managing incidents.

Risks to people's safety had been identified and assessed. Staff had guidance in place to follow to keep people safe and they were updated as needed. The service supported people to return to their homes from hospital and often this was with very short notice. Staff tried to make sure core risk management plans were in place from the start of a care package. Further risk management plans were written and added as the care package progressed.

People and relatives told us they felt the service was safe and they had staff who were reliable and professional. Staff enjoyed their work and felt they worked for a caring organisation. Staff wellbeing was important to the provider and they had various systems in place to reward staff for their hard work.

Staffing numbers were kept under constant review. The provider had faced challenges recruiting staff and were always willing to try different ways of attracting new applicants. Some packages of care had to be handed back to the local authority but this was carried out in a timely and safe way. Staff had been recruited safely and given an induction which included training on safeguarding.

Staff had access to personal protective equipment and had been trained on how to use it safely. Training also included an update on infection prevention and control good practice and how to work safely during COVID-19. Staff tested for COVID-19 following the latest government guidance.

The provider had staff who were COVID-19 champions, making sure they kept up to date with changing guidance.

People, relatives and staff told us the service was well managed. We were told the management were approachable and would deal with any concern. Quality monitoring systems were in place which included audits of care records and spot checks on staff working in people's homes.

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

Rating at last inspection

This service was registered with CQC on 6 June 2019. Because this is a focused inspection and the service has not been previously rated under this provider, we were not able to produce an overall rating for the service as we have not inspected all of the key questions. Under the previous provider the service was rated good, published on 6 December 2018.

Why we inspected

We received concerns in relation to how the service managed risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. During our inspection an incident occurred relating to one person's safety. This was being investigated by the local authority safeguarding team so we did not review the individual concern. We will liaise with the local authority regarding the concerns raised.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Retain Healthcare Limited - Salisbury

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a medicines inspector and an 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 but they were not registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had submitted an application to become registered which was being processed.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be staff available at the office to help us.

Inspection activity started on 10 November 2021 and ended on 16 December 2021. We visited the office location on 10 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent to 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff, the manager, one of the directors for the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, risk management plans, medicines records and four staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, incident and accident records and quality assurance records. We contacted two professionals for their feedback about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We observed some medicines with specific instructions had not been administered in line with what was recorded on people's medicines administration record (MAR).
- For example, one person needed to have medicines given with food in the morning. We observed staff had administered this medicine at various times during the day. For another person who needed one specific medicine to be given 30 minutes before their other medicines, we observed staff had not followed this instruction. We shared this with the provider who told us they would review this without delay. They told us at times the electronic system did not enable staff to record at the time of administration, so whilst there appeared to be a delay this might not always be the case.
- Medicines audits were being completed but we observed the medicines audit for August 2021 was not completed until October 2021. Any issues identified could not be resolved in a timely way to make sure the checks were effective in keeping people safe. The provider told us they had created a new clinical support role to help them carry out audits in a more timely way. Staff had been recruited into this role and were due to start in the near future.
- Staff had been trained to administer medicines and told us they had their competence checked regularly by senior staff.
- The provider had also made sure staff were trained by a nurse to carry out more complex medicines administration. The provider employed a clinical lead who monitored some people's medicines administration offering support and guidance when needed.

Learning lessons when things go wrong

- Incidents and accidents had been recorded on incident forms. Whilst the provider told us management reviewed incidents as and when they happened, we were not able to see what action had been taken in all cases. This included action taken to share lessons learned and prevent reoccurrence.

We recommend the provider reviews systems in place to ensure all actions in response to incidents are recorded to demonstrate an investigation has taken place and any identified learning.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using this service. Comments included, "I always feel safe with them [staff] and we have a good laugh", "Yes I do, very safe" and "Yes absolutely I feel safe, because they [staff] do their best to help me in the situation that I'm in."
- Staff received safeguarding training during their induction and then updates and refresher training when needed. Staff all understood their responsibility to safeguard and protect people from harm. One member of

staff told us, "I would report any concern to my manager. I am confident, 120% confident they would do something."

- The provider understood their responsibility to refer safeguarding concerns to the local authority safeguarding team.
- During our inspection an incident occurred which was referred to the local authority safeguarding team. This investigation was ongoing so we did not review the individual case but reviewed wider safety systems.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed regularly to make sure management plans were current.
- Staff assessed people for a range of risks including skin integrity and malnutrition. Guidance was put in place for staff to know how to support people in a safe way.
- The provider carried out 'spot checks' while staff were working to make sure they were following risk management plans.
- Management had also assessed risks to staff safety including staff working on their own. Staff had access to an on call system which meant they could contact management during and out of office hours.

Staffing and recruitment

- People had individual care packages which were delivered by teams of staff. The provider tried to make sure people had a continuity of care from the same core group of staff.
- The provider had faced some staffing challenges and had taken action to mitigate risks.
- Recruitment was ongoing and different ways of attracting new applicants were being tried.
- People were being cared for by staff who had been recruited safely. The provider told us they used a values based recruitment process to make sure they employed suitable staff for their organisation.

Preventing and controlling infection

- The provider had updated their infection prevention and control policy to reflect safe working systems during the COVID-19 pandemic.
- Staff told us they had received training on how to work safely and had access to stocks of personal protective equipment (PPE).
- Staff had been testing for COVID-19 as per the current government guidance.
- A senior member of staff had taken the role as a COVID-19 champion. This meant they regularly reviewed government guidance and made sure any changes were implemented in a timely way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff received an induction when they started working for the provider and a copy of a staff handbook. This contained information for staff to know the provider values and what was expected of them.
- People were receiving care and support from a team of staff who enjoyed their work. Comments from staff included, "I do love it, I like the work with complex care", "I like to learn new skills, like caring for clients, I like the appreciation you get from it. You can talk to [people] and listen to them" and "Honestly, I enjoy it. I like it as I like caring, particularly elderly people. I love to help them, help them to carry something, I like being an assistance."
- People and relatives told us the staff were reliable and good at their work. Comments included, "I'm getting good service. I'm more than happy, they [staff] are all good girls and they ask me is there anything else I can do", "I don't know what I would do without them" and "They do the basics well, they have really good carers who are empathetic and show [relative] respect, to me that is really important and [relative] retains dignity. [relative] feels well looked after as a result. They are very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place and the provider was aware of their responsibility to be open and honest with people when something went wrong.

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

- There was not a registered manager in post but a new manager had been recruited and had applied to be registered. They were supported in their role by other managers, directors and the nominated individual.
- People and relatives told us the service was well-led. Comments included, "I'm kept in touch with resourcing issues and [manager] has been out to visit and we have always found ways round things" and "I certainly do think the service is well managed, in my case anyway. They don't let me down at all."
- Staff were aware of their responsibilities and knew who to approach for advice and guidance. Staff told us they thought the service was well managed. Comments included, "[manager] has been brilliant, they come out any time and help with any client, same with the office staff, they are good, they are always out and help us" and "I feel I could go to anyone in the company, they are all approachable."
- Quality monitoring systems were in place which checked how care was being delivered. This meant the provider had oversight of quality and safety and where any improvements were needed.

- The provider regularly met with managers to make sure quality and safety was discussed and to monitor compliance with any action plans.

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

- People were able to share feedback and their views about the care provided. One person told us they were not happy about communication. We shared that feedback with the provider who took action to meet with the person immediately and worked to resolve issues.
- Regular meetings were held for staff to receive updates and be able to share their views about packages of care. Staff told us they felt listened to and able to voice any concern. A member of staff told us, "Concerns are listened to, they [management] respond to my concerns, whatever is bothering me, they do not dismiss it. [manager] always listens and they always try to solve problems."
- Staff told us they felt the provider had supported them during the COVID-19 pandemic and checked on their wellbeing. One member of staff told us, "They do look after my wellbeing, they always check if I need a break, always discussing how I am."

Working in partnership with others

- People were being supported by a team of staff who worked closely with healthcare professionals. Representatives from the service met regularly with professionals to monitor people's care and support.
- Professionals were positive about the work the service did. One professional told us, 'The teams work really well together, supporting each other to facilitate prompt hospital discharges. Retain work as flexibly as possible'.