

Retons Care and Training Services Ltd

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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

This announced inspection took place on 7 June 2018. At our previous inspection on 6 April 2017 there was only one person using the service. Therefore, we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and therefore could not provide an overall rating for the service.

Retons Care and Training Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to 19 older adults in the London Borough of Bromley. 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.

At this inspection we found improvement was required because risk assessments for falls and medicines were not carried out. Where risks to people were identified, risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely.

People did not have protocols in place for their 'as required' medicines (PRN). The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection. Following the inspection the provider submitted documentation to show us that they had taken action to address our concerns.

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.

There were appropriate safeguarding and whistleblowing procedures in place and staff understood how to safeguard people and how to raise any concerns. There was a system to log accidents and incidents. People were protected from the risk of infection as staff had been trained in infection control. Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's care and support needs.

Staff completed an induction when they started work and they had completed a mandatory programme of training that was relevant to peoples' needs. Staff were supported through regular supervisions and appraisals. Staff obtained people's consent before assisting them with their care needs. People's needs were assessed to ensure the service could meet these needs. 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 also supported to have a balanced diet and had access to a range of healthcare professionals when required to maintain good health.

People told us staff were caring. Staff respected people's privacy and dignity, and encouraged people to be as independent as possible. People were involved in making decisions about their daily care and support requirements and were provided with information about the service in the form of a service user guide. Staff had received training on equality and diversity. The registered manager said that the service would support people according to their diverse needs where required.

People were involved in planning their care and support needs. People were aware of the provider's complaints procedure and knew how to make a complaint. Complaints were managed and dealt with in a timely manner. When appropriate, people's end of life care wishes would be recorded in care plans.

The provider carried out regular spot and competency checks to make sure people were being supported in line with their care plans. Regular staff meetings were held and feedback was sought from people about the service through telephone checks and annual surveys. Staff were complimentary about the registered manager. The provider worked in partnership with the local authority to ensure people's needs were planned and met.

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 not consistently safe.

Risk assessments for falls and medicines were not carried out.

Risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely.

People did not have PRN protocols in place for their 'as required' medicines.

There was a system in place to record accidents and incidents.

People were protected from the risk of infection.

There were appropriate safeguarding and whistleblowing procedures in place to protect people.

The service had enough staff deployed. Appropriate recruitment checks took place before staff started work.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs were assessed prior to them joining the service to ensure the service could meet people's care needs.

Staff received the appropriate training and were supported through regular supervisions and appraisals.

Staff asked people for their consent before they provided care. Staff were aware of the Mental Capacity Act 2005(MCA) and acted according to this legislation.

People were supported to have a balanced diet if required.

People had access to a range of healthcare professionals when required to maintain good health.

Good ●

Is the service caring?

Good ●

The service was caring.

People and their relatives said the staff were caring.

People and their relatives were involved in decisions about their daily care needs.

People's privacy and dignity was respected and staff encouraged people to be as independent as possible.

Staff had received training on equality and diversity and said they would support people according to their individual diverse needs.

People were provided with information about the service in the form of a service user guide.

Is the service responsive?

Good ●

The service was responsive

People and their relatives were involved in planning their care needs.

People were aware of the provider's complaints procedure, and complaints were managed appropriately and in a timely manner.

Where appropriate, people had their end of life care wishes recorded in their care plans.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance processes were not effective as they did not identify the issues we found at this inspection in relation to risk management plans and medicines administration.

There was a registered manager in post.

Regular staff meetings took place.

The provider took into account the views of people using the service and staff to help drive improvements if necessary.

Staff were complimentary about the registered manager was supportive and approachable.

The service worked closely in partnership with the local

authority.

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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 checked whether the provider was 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 site visit took place on 7 June 2018 and was announced. We gave the provider 48 hours' notice of the visit because we wanted to be sure they would be available for the inspection. We visited the office location on 7 June 2018 to see the manager and office staff; and to review care records and policies and procedures. We also reviewed records, including the care records of four people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records. We spoke with two people using the service, six relatives, three members of staff and the registered manager.

The inspection team consisted of 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.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. . We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I feel absolutely safe." Another person said, "Yes, I feel safe, no problems at all."

Risks to people were not always managed safely. Risk assessments were not always carried out and risks relating to medicines and falls had not always been identified. Where risks to people were identified, risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely. For example, one person who had previously sustained a severe injury from a previous fall and now used a walking aid did not have a falls risk assessment carried out. The person also did not have a risk management plan in place, which would have provided staff with detailed guidance for on how the person should be supported to mobilise when using their walking aid. We spoke to staff about the person's mobility needs, they were able to describe how they supported the person to mobilise safely when using their walking aid, they did this by ensuring when walking, one staff member walked beside the person while another walked slightly behind them. This meant that staff were working on their own, unaccompanied in people's homes, without detailed guidance on to minimise risks to people could receive inconsistent or unsafe care.

Following the inspection, the registered manager sent us documentation to show that people's risk assessments in terms of falls and medicines had been updated to include detailed guidance for staff on how to manage identified risks safely.

Improvement was required to ensure staff managed people's medicines safely. We found that there was no guidance in place for staff on the support people required with any 'PRN' medicines that had been prescribed to be taken 'as required'. 'PRN' guidance is needed to enable staff to understand when someone may need their 'as required' medicines. The lack of guidance meant that staff (especially new members of staff) did not have information about the reasons why someone might require a PRN medicine or what the maximum dose was. However, when we spoke with staff they knew people well and knew when they required PRN medicines.

We reviewed a sample of people's Medicine Administration Records (MAR) for 'PRN' medicines and found they had not been completed accurately. MAR charts were not always signed to confirm that 'PRN' medicines had been administered as prescribed and had not been properly completed to detail why people had sometimes not had their medicines. For example, one person's MAR chart for April 2018, had not been signed on seven occasions to confirm that staff had administered their medicines and there were no details recorded to show why this was the case. We brought this to the attention of the registered manager who told us that staff had left the MAR chart blank when people had refused PRN medicines. PRN medicine audits were not carried out to ensure that MAR charts were being completed correctly.

Following the inspection, the registered manager sent us information to confirm that people who required PRN medicines had a protocol in place to ensure staff had up to date information about when people required PRN medicines including the dosage. The registered manager also confirmed Medicines audits

would be carried out going forward and that learning would be disseminated to staff at the next staff meeting. We found that other medicines were safely managed. We reviewed a sample of these MAR charts and saw they were completed in full to show medicines had been administered as prescribed.

People were protected from the risk of abuse. Staff understood the types of abuse that could occur and who they should contact should they have any concerns. They were also aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would go to my manager, if nothing is done I would go to social services or go to CQC." Another staff member said, "I would in the first instance tell my manager and I can also report concerns to the local authority or the CQC."

There were appropriate safeguarding procedures in place and the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority and CQC.

There was a system in place to record accidents and incidents appropriately. This included the details of the incident or accident, and the action taken to help prevent a reoccurrence. However, since our last inspection there had not been any accidents or incidents. The registered manager told us that if any accidents or incidents occurred they would ensure the details were logged and investigated in line with their policy. They would also ensure that learning would be disseminated at staff meetings.

People were protected against the risk of infection. Staff had received training in infection control and described with confidence how they worked to reduce the risk of the spread of infections, for example by ensuring they wore a pair gloves and aprons when assisting people with personal care. The registered manager told us that staff picked up personal protective clothing (PPE) from the office. One staff member said, "I always wear PPE and make sure I wash my hands to prevent infections." Another staff member said, "We have to wear my apron and gloves when assisting people to make sure infections are not spread."

People were supported by staff who were suitable for their roles. The provider carried out appropriate recruitment checks before staff started work. Staff files included completed application forms which detailed their employment history and qualifications. References had been sought and proof of identity had been reviewed. Criminal record checks had been undertaken for each staff member and checks were also carried out to ensure staff members were entitled to work in the UK.

There were enough staff to meet people's needs. The registered manager showed us staff rotas and told us that staffing levels had been calculated according to people's support and care needs. Staff said they were not rushed and had enough time to travel between care calls. The service regularly rang people using the service to ensure that staff had attended care calls on time. The registered manager told us that if staff were going to be late for any reason they contacted the office at the first opportunity so that people could be informed. One person said, "Yes, staff do come on time". Another person said, "Staff do turn up on time, four times a day."

Is the service effective?

Our findings

People and their relatives said that staff knew their jobs well and had the skills to provide the care and support they required. One person said, "Yes, they do know their job well, they have a good awareness of skin care".

People received care from staff who were supported to carry out their roles effectively. New members of staff completed an induction when they joined the service and received a mandatory programme of training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. Records showed that staff had completed mandatory training which included, safeguarding, moving and handling, medicines, infection control, food hygiene and fire. One staff member said, "All my training is up to date, the training is good and I find it useful." Another staff member said, "I have done all my training, the last one was in manual handling. I shadowed a supervisor which was very good and I learnt a lot and helped me understand individual people's needs."

Records showed staff received regular supervisions and appraisals. Areas discussed included training, equality and diversity, medicines and spot checks. One staff member said, "I have supervisions every three months. I can discuss my workload with my manager and any concerns I may have. I also get feedback from my manager". Another staff member said, "I can share my views and get feedback from my manager". A third staff member said, "We have spot checks every three months. It is good for management to see we are working properly and let us know how we are doing".

People's needs were assessed prior to them joining the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs. These assessments, along with referral information from the local authority were used to produce individual care plans and risk assessments. This was so staff had the appropriate guidance to meet people's individual needs effectively.

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 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes this is done via The Court of Protection. We checked whether the service was working within the principles of the MCA.

People's rights were protected as staff met the requirements of the MCA. The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that if they had any concerns about any person's ability to make a decision they would work with the person, their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the MCA. Staff had an understanding of the MCA and they also understood the need to gain consent when supporting people. One staff member

said, "I have to ask people for consent before assisting them. It is their choice and I respect this". Another person said, "I,100% ask for people's consent, I don't do anything without asking them".

People's nutrition needs were met and they were supported to eat and drink if required. People's nutrition needs were documented in their care plans. Staff assisted people with breakfast and assisted with heating meals rather than preparing them. One staff member said, "I offer people a choice of meals and heat them up for them. I also ask them what they would like to drink."

People had access to a range of healthcare professionals when necessary. If there were any concerns, people were referred to appropriate healthcare professionals, such as GPs and district nurses. One person said, "Yes, staff have contacted the GP and they have stayed past their allocated time to do this." A relative said, "Staff have contacted the GP on many occasions when they noticed my relative was unwell."

Is the service caring?

Our findings

People told us that staff were caring. One person said, "Yes, I would say they are caring". A relative said, "Staff are lovely, they are very kind to my [relative], if staff see them upset, they give my [relative] a cuddle".

People and their relatives told us they were involved in decisions about their daily care. One person said, "There is good communication, I feel comfortable mentioning things, I want done". Another person said, "If I want something, staff will go and get it for me or take me to get it".

Staff regularly spoke to people to discuss any changes they wanted to make to their care and support needs, for example making changes to the day, time or length of their calls. Care plans contained details of people's life histories and staff knew about people's individual likes and dislikes. One staff member said, "One person suddenly decided that they don't want fish pie, so I make sure they don't have it" and "Another person likes to talk about their job as policeman".

People told us that staff did not rush them and spent adequate time with them. One person said, "Staff always stay for the allocated time, they are respectful of the time". Another person said, "Oh yes, staff have plenty of time to do what has to be done and whatever I'd like them to do. It's all done there and then".

People's diverse, cultural and spiritual needs were documented in their care plans. This also included, for example their preferred choice of language. One staff member said, "One person does not speak English very well but we can communicate through use of simple words and gestures." The registered manager said that there were no other people with diverse needs but if they did then they would offer them the support they required.

People's privacy and dignity were respected and they were encouraged to be independent whenever possible. One person said, "Staff always draw the curtains, so that people can't see in from outside". A relative said, "Staff have always been very respectful they put a towel over my [relative] and give them privacy". One staff member said, "When assisting with personal care, I cover people with towels and make sure that doors are closed." Another staff member said, "Before I assist people, I close windows, pull blinds down and shut doors. I also put a towel over them". A staff member told us, "I allow people to do what they can for themselves and encourage them to do what I can before assisting". People's information was stored in locked cabinets in the office and electronically on the provider's computer system. Only authorised staff had access to people's care files and electronic records.http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

People were given information in the form of a 'service user guide' about the service prior to joining. This guide detailed the standard of care people could expect and the services provided. The service guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Is the service responsive?

Our findings

Relatives were involved in planning people's care and support needs. One relative said, "We have quarterly reviews and if we had any concerns we would go through the care plan again, but we have had no concerns". Another relative said, "Yes I am involved in relative's care planning as I'm their main carer, there has never been any issues we have been very fortunate".

People's care had been planned based on an assessment of their needs. People's care plans addressed a range of needs such as personal care, mobility and, nutrition, communication and mobility. This included the equipment people needed, such as a hoist as well as the number of staff people required to support them daily.

Care plans were reviewed regularly and included details about people's individual routines and the support they required. This included preferred times of their calls and the times people liked to get up or go to bed. They also included daily notes that detailed the care and support people received as well as details about people's preferences, such as their favourite foods and the way they liked to be supported with their personal care. One staff member said, "One person will only ever have toast for breakfast"

The service had a system in place to manage complaints. However, since our last inspection we saw no complaints had been received. The registered manager told us, should they receive any complaints they would be investigated in line with service's complaints policy".

People knew how to raise a complaint if they needed to. The service had a complaints policy in place and a system to log and investigate complaints. One person said, "I would speak to the registered manager if I had anything to raise that would be my first point of contact". Another person said, "I have never had to make a complaint".

The registered manager told us that they did not have any people using the service who required advance care plans to document their end of life care wishes. If they did, they would ensure people's care plans recorded what was important to people and if necessary would consult with relevant individuals and family members where appropriate to ensure people's preferences and choices for their end of life care were acted upon.

Is the service well-led?

Our findings

The quality and safety monitoring of the service was not always effective, because they had failed to identify and address issues we found during this inspection in relation to risk management plans and medicines administration. For example, no PRN medicine audits were carried out to ensure that MAR charts were being completed correctly. Medicine and falls risk assessments were not carried to identify risks to people and provide staff with appropriate guidance on how to manage risks identified safely. Care plans had not been audited therefore the above issues had not been identified. Although the provider took action and addressed the concerns we found during the inspection, these had not been identified through their regular checks and audits. The systems and processes that have now been put in place will be looked at as part of our next inspection.

Following the inspection, the registered manager told us that that medicine audits would be carried in the future to identify and address any issues found.

The registered manager carried out regular spot checks to ensure staff were carrying out their roles effectively. This also included checking staff were wearing their uniforms and badges, using PPE and were providing care in line with people's preferences and support needs. The sample of checks we reviewed showed that no concerns had been identified and that people were receiving appropriate support at the times they had requested.

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. For example, they had submitted notifications to CQC as required. The ethos of the service was to provide high quality and flexible domiciliary care for adults who require various care needs in their homes.

Staff meetings took place on a regular basis to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. Minutes of the last meeting in May 2018 showed items discussed included people's individual care needs, uniform and ID badges and spot checks. We also saw that staff had received refresher training in safeguarding vulnerable adults. One staff member said, "I like the meetings, we get to know other staff and learn from each other. We share knowledge and can raise any issues we have as a team".

People's views about the service were sought through service evaluation forms that were sent out on a regular basis. We looked at the service evaluation form forms for March 2018 and saw that the service received positive feedback. Comments included, "No improvements needed, I am very happy with my care" and "The service is excellent".

At the time of the inspection we saw the service was preparing to send out surveys in order to seek people's views about the support they received. The registered manager told us that once the responses had been received, if they received any negative feedback it would be analysed and used to produce an action plan to

make improvements at the service.

People and their relatives were complimentary about the registered manager and office staff. One person said, "They are polite and courteous whenever I have had to ring them to ask anything". One relative said, "The registered manager is very good and polite to people. They have taken the time to get to my relative and this information has been filtered through to the office staff."

Staff were complimentary about the registered manager. One staff member said, "The registered manager is very good and supportive and ensures we have all the necessary training and information to do my job." Another staff member said, "The registered manager is hands on and works with us." A third staff member said, "The registered manager is very good, she listens to me".

The registered manager told us that they worked closely with the local authority to meet people's needs. The local authority confirmed this. The registered manager told us that the ethos of the service was to provide quality and reliable care to people.