

Reto Care Limited

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Inspection report

Groundwork Enterprise Centre
Albany Works, Moorland Road, Burslem
Stoke-on-trent
ST6 1EB

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05 March 2019

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08 April 2019

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

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 12 people.

People's experience of using this service:

We found the systems in place to assess, monitor and improve quality were not fully effective.

Improvements were required to ensure medicines were managed safely and to ensure accurate and up to date copies of people's care records were available at the office.

The systems in place to record incidents required improvement to ensure this information was accurate.

People were protected from the risk of abuse and avoidable harm because staff had been safely recruited and they knew how to recognise and report abuse. Safe staffing levels were maintained and staff understood how to manage the risks associated with care, including the risks associated with infection.

Staff had the knowledge and skills required to provide effective care. Care records guided staff in how to meet people's health, wellbeing and nutritional needs.

Effective systems were in place that ensured people's consent to care was gained. Staff demonstrated how they would support people who were unable to consent to their care. The approach staff described followed the requirements of the Mental Capacity Act 2005 to ensure decisions were made in people's best interests.

People were supported by caring staff who promoted their right to privacy, dignity and independence.

People were involved in the planning of their care and care and support was delivered in line with people's individual preferences.

Effective systems were in place to ensure lessons were learned from incidents and complaints.

The service met the characteristics of 'requires improvement' in safe and well-led and good in effective, caring and responsive. This meant the service was rated as 'requires improvement' overall. No Regulatory breaches were identified, more information is available in the full report below.

Rating at last inspection:

This was the first inspection of this location.

Why we inspected:

This was a planned inspection and was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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 always safe.
Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our Well-led findings below.

Requires Improvement ●

Reto Care Limited

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:

- Our inspection was completed by one inspector.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 12 people.
- 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 48 hours' notice of the inspection visit because it is small and we needed to be sure that staff would be in the office.
- This inspection took place on 5 March 2019.

What we did:

- We used information we held about the service and the provider to assist us to plan the inspection. This included any notifications the provider had sent to us about significant events at the service and any

feedback from members of the public and local authorities. We also checked records held by Companies House.

- We also 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 produced an inspection plan to assist us to conduct the inspection visit.
- We spoke with the relatives of three people who used the service as these people were unable to tell us about their care experiences. We also spoke with two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.
- We looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Is the service safe?

Our findings

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

We rated safe as requires improvement. 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. Regulations may or may not have been met.

Using medicines safely

- Effective systems were not in place to ensure medicines were managed safely.
- Medicines administration records (MAR) were handwritten and contained no staff signature to show who had transcribed the prescription information which included; the name of the medicine, the dose and the frequency it needed to be taken. This meant if there was a transcribing error or a question about the information on the MAR, robust systems were not in place to ensure the transcriber was clearly identifiable.
- One person's MAR did not contain the information required to enable staff to identify and monitor the placement of pain relief patches. These patches should not be placed in the same area when they are changed. This guidance was not recorded on the MAR and no records were maintained to demonstrate where this person's patches had been placed to ensure they could be varied.
- The MAR for one person showed that their medicines were not always administered in accordance with the prescriber's instructions. The MAR recorded that a topical medicine required administering two times a day. However, their MAR showed this was administered four times a day. We saw no evidence that this had caused harm to the person.
- We also saw that another person's MAR showed that staff administered creams to their body four times a day. However, this person's daily care records showed that on at least four of the 13 days records we viewed, they had not actually received this level of support. This meant the MAR were sometimes signed to show medicines had been administered even though they had not. Again, we saw no evidence to suggest this had caused the person harm. The registered manager told us she was aware of this issue and would take action to address this.
- MAR showed that oral medicines were administered in accordance with the instruction on the MAR and people confirmed staff enabled them to take their oral medicines as prescribed.

Assessing risk, safety monitoring and management

- People told us and care records we viewed confirmed that they were involved in the assessment of the risks associated with their care. However, records did not show that people's risks were regularly reviewed to ensure they were still relevant. For example, one person's care records showed their risk assessment was due a review in January, but this had not yet been completed at the time of our inspection. The registered manager told us they usually waited for a formal local authority review of care needs to review people's risks. This meant people's risks were not always reviewed as frequently as planned.
- We found that where safety risks had been identified and assessed, suitable management plans were in place to promote people's safety.

- Staff showed they understood the plans in place to manage these risks as the information they gave us about how they managed people's risks matched the information contained in the people's care plan.

Learning lessons when things go wrong

- Incident forms were completed by the registered manager. The registered manager told us they used information staff had handed over verbally to complete these forms. Staff then did not check the content of these forms to ensure they contained an accurate account of the facts of the incident. This meant effective systems were not in place to ensure information about incidents was accurate. The registered manager told us they would ask staff to complete these forms in the future to ensure they were factually accurate.
- Records did not always show that appropriate action was taken in response to safety incidents. For example, district nurses were contacted to review a person following a minor fall. However, care records did not contain evidence to show that falls triggered a review of people's risk of falling or their moving and positioning needs. This meant we could not always be assured that appropriate action was taken to prevent the risk of further incidents occurring.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to act on reports of suspected abuse.
- Records showed that suspected safety concerns had been appropriately reported to the local authority safeguarding team when required.

Staffing and recruitment

- People and staff told us that support with personal care was given at times that suited each individual and that staff were always available to provide this support. A relative said, "They've always visited when they should visit. They've never missed a visit".
- The registered manager had effective systems in place to ensure there were always enough staff available to provide care and support. They capped the number of service users they could accept based on their staffing levels and an ongoing recruitment process was in progress with the aim of increasing staff capacity.
- We saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the service.

Preventing and controlling infection

- Staff told us the procedures they followed and the equipment they used to prevent the risk of infection. This included the use of personal protective equipment such as; gloves and aprons.
- People confirmed that staff washed their hands and wore gloves and aprons when they supported them with their personal care needs.

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

We rated effective as good. 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's needs had been assessed and planned for to ensure they received care that met their needs.
- Care plans had been developed with people and where appropriate, their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People told us they had confidence in the skills of the staff. A relative said, "They are all good at their job".
- Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us how the moving and handling training had given them the skills needed to support people to move using a variety of equipment such as; hoists, slide sheets and mobility aids.
- Staff told us and records showed an effective induction process was in place for new staff.

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

- Care plans showed that people's nutrition and hydration needs had been assessed and planned for where required.
- Staff told us about people's individual dietary needs. This included people who required modified diets.

Staff working with other agencies to provide consistent, effective, timely care

- The staff group was small and people told us they were supported by the same staff who they knew well. This helped staff build relationships with people and ensured people received consistent care.
- An effective handover system was used to pass on any changes in people's needs. This meant that staff had up to date information which helped them to provide effective care.
- The registered manager told us and people confirmed that they worked closely with other agencies, included the local authority to ensure care was effective. A relative said, "The manager comes out to meet with the social worker to talk about the care" and, "We had some changes made after the last meeting which have really helped".

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us and records showed that people were referred to district nurses if required. For example, if their skin condition changed or they had fallen.
- Staff told us the action they would take in response to a medical emergency or a deterioration in people's health and wellbeing. This action was in line with best practice.

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

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.

- Care records showed that people's mental capacity to make decisions about their care had been assessed. Where appropriate people had signed their care plans to show they consented to their agreed care.
- Staff told us and people's relatives confirmed that verbal consent was sought and gained at each visit.
- At the time of our inspection, all the people who used the service had the ability to make decisions about their care. However, staff and the registered manager told us how they would support people who did not have capacity to ensure decisions were made in their best interest.

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

We rated caring as good. 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

- People told us staff were kind and caring. One relative said, "The staff are friendly cheerful and caring". Another relative said, "They are incredibly supportive with [person who used the service]. They've always got time to check everything is okay and [person who used the service] genuinely looks forward to their visits".
- Staff demonstrated they knew people well. They told us about people's likes, dislikes and care preferences. This information matched the information contained in people's care records.
- Staff training included equality and diversity, so staff were able to tell us how they would support people with any needs relating to protected characteristics, such as; religion and race.
- The provider's 2018 service user survey recorded that 100% of people felt well cared for by the staff.

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

- People told us they were enabled to make choices about their care. A relative said, "We can decline care if we don't need it at the time. The staff respect that".
- Care plans were in place to guide staff on how to support people's individual communication needs. For example, care plans clearly stated if people had a visual or hearing impairment and whether they needed to be supported to wear glasses or hearing aids. Staff demonstrated they understood this information as they described how they supported people with visual and hearing impairments.
- At the time of our inspection no one was using the service who needed additional support with their communication needs. However, the registered manager showed us pictorial aids they had used with previous people who used the service who were unable to communicate their needs. This meant systems were in place to support people to communicate their needs if required.

Respecting and promoting people's privacy, dignity and independence

- Care records showed that care was planned around promoting people's independence. For example, one person's care records stated, "[Person] likes to be independent. Only support [person] with the things they cannot do". Staff told us this person was very independent and they respected their right to independence. This included taking slightly longer to support this person by giving them the opportunity to do things for themselves where possible. Two staff we spoke with told us they had the time to use this approach with this person on a consistent basis.
- Staff told us how they promoted people's right to privacy and dignity during personal care support. This included; ensuring doors were closed, covering up body parts and explaining the support they proposed to

provide before doing so.

- The provider's 2018 service user survey recorded that 100% of people felt carers treated them with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

We rated responsive as good. 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

- Care records showed that people were involved in the assessment as information about their individual likes, dislikes and social history were recorded.
- We saw that care records were personalised to each individual and each care plan reflected people's individual care preferences. For example, one person's care records detailed their specific clothing and shaving preferences which their relative confirmed were accurate and followed by staff.
- People told us that visit times were amended to reflect their personal choice and needs. For example, one relative told us how they had initially requested an early call but after trialling this they requested the visit time was changed. The registered manager told us they were addressing this with the current rota so this person and their relative were supported at a more suitable time for them.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain about the care. A relative told us, "We would always contact the manager if we had any issues. We've mentioned things before and they've been sorted without us needing to make a complaint".
- There was a suitable complaints procedure in place which was located in people's care files in their homes.
- Staff demonstrated they understood the provider's complaints procedure.
- Records showed that informal and formal complaints were investigated in accordance with the provider's complaints policy.
- We saw that lessons were learnt from complaints and changes in care were made in response to complaints as required.

End of life care and support

- Care records contained people's basic end of life care preferences, such as; their preferred place of death and any do not resuscitate orders, known as DNACPR. This enabled staff to meet people's basic end of life care needs.
- The registered manager told us they were in the process of identifying a suitable template to implement person centred end of life care planning. They told us this would assess and plan for people's individual end of life care needs, such as; how they specifically wished to be supported at the end of their life.

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

We rated well-led as requires improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Up to date care plans were not always available at the office location. One of the care records we asked to view was not available at the office and a second person's care records were only available as photographs of the original care plan on the registered managers phone. This meant there was a risk that if care records in people's homes were misplaced or damaged, staff may not be able to access the information they needed to provide safe care and support if they called the office for this information. The registered manager had recently implemented typed care plans, so these would all be saved on to the office computer. We saw this was the case for people who had recently started to use the service as copies of their care records were available on the computer at the office. An appropriate plan was in place to transfer all care records over to the system.
- Frequent quality checks were completed by the registered manager and admin team. These included checks of medicines management and care records. Where potential concerns with quality were identified, action was taken to improve quality. For example, where care record checks had identified staff were not using the agreed ink colour, action had been taken to address this. However, the concerns we identified with medicines management had not been identified through these checks. This meant the systems in place to assess and monitor quality were not fully effective.
- Records showed that sport checks were completed to monitor if staff were following the provider's policies and procedures. This included; checking infection prevention equipment was used and that staff were adhering to the uniform policy. Records showed that action was taken to address any performance concerns.
- The training and development needs of the staff were assessed, monitored and managed through regular meetings with the staff.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as alleged safeguarding incidents, in accordance with the requirements of their registration.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and staff told us the registered manager was approachable and supportive. Staff described the registered manager as; "Fair", "Understanding" and "A good listener". One staff member told us that Reto

Care Limited was, "Somewhere I can grow" and, "A friendly place to work". This showed staff felt able to approach the registered manager to share any concerns they had about the quality of care.

- Staff were aware of the provider's vision and values.
- The registered manager showed a good understanding of their responsibilities under the duty of candour requirements. No duty of candour incidents had occurred in the 12 months prior to our inspection.

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

- The provider had a system in place to formally gather feedback about the quality of care from people who used the service. In response to this feedback a, 'you said, we did' feedback sheet had been formulated and circulated to people who used the service. This recorded the actions the registered manager had taken to respond to the areas of care that people said needed improvement. This meant people were updated about how their feedback was used.
- A staff survey was in progress. The registered manager told us they would review and act upon this feedback in a similar manner to the service user survey. This meant staff views were also sought about the quality of care and management.

Continuous learning and improving care

- The provider had hired an external consultant to review the quality of care using the CQC inspection approach. They felt it was important to seek external support to gain an objective, unbiased view of the care provided. This review had been completed in January and the registered manager was working through an action plan that the consultant had devised. We saw that progress was being made with this action plan.
- The registered manager displayed a keen desire to improve the quality of care. This included them recently completing their level five diploma in health and social care which had focussed on leadership skills. They were also increasing the number of train the trainer qualifications they held so they could upskill the staff through in-service training on a regular basis.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.