

Royle Care Limited

Royle Care Limited

Inspection report

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15 April 2019
16 April 2019
18 April 2019
23 April 2019

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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:

Royle Care Limited provides personal care and support to people living in their own homes. At the time of the inspection there were 54 people receiving personal care from 45 staff.

People's experience of using this service:

- People experienced high quality care that was safe, effective, caring, responsive and well led, from a service which consistently demonstrated the characteristics of a good service in all areas.
- Without exception, people and their relatives provided positive feedback about all aspects of the care they received.
- People were protected from avoidable harm and abuse by staff members, who understood their role and responsibility in relation to safeguarding and keeping them safe.
- People experienced safe care, delivered in accordance with their risk assessments and management plans.
- The service deployed enough suitable staff who had been enabled with the required skills and knowledge to meet people's needs.
- Staff members felt they were valued and respected by the management team, who actively sought their involvement to improve and develop the service.
- Staff members had meaningful, caring relationships with people, which respected their dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
- Staff members supported people to be actively involved in making decisions about their care.
- The provider assessed and met people's individual communication needs and responded quickly when people's needs changed.
- People experienced kind and compassionate care at the end of their life and were supported to have a comfortable, dignified and pain-free death.
- The service was well-managed by the registered manager, who provided clear and direct leadership
- The registered manager was a good role model who set high standards and inspired staff to meet them.
- Staff members worked in effectively in partnership with professionals to deliver care and support and developed links with the local community.

Rating at last inspection:

At the last inspection (published 21 November 2016) we rated the service good. At this inspection we found the service had remained good.

Why we inspected:

This was a planned inspection to check the service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within our

published timeframe for services rated good. We will continue to monitor the service through the information we receive. If any concerning information is received about the service we may inspect sooner.

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

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-Led findings below.

Good ●

Royle 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:

The inspection was carried out by one inspector.

Service and service type:

Royle Care Limited is a domiciliary care agency, which provides personal care to older people, younger adults, people living with the experience of dementia and physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they 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 site visit because we needed to be sure arrangements could be made to meet with key staff and people who use the service.

What we did:

- Before the inspection we looked at information we held about the service
- We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We spoke with four health and social care professionals who work with the service.

During the inspection:

- Inspection site visit activity was carried out on 15 and 16 April 2019. We visited the office location to see the provider and office staff; and to review care records, policies and procedures.
- During the site visit we spoke with the registered manager, the nominated individual, the care coordinator, one senior staff and three staff. We also spoke with a commissioner of people's care.
- On 15 April 2019 we visited two people living in their own homes who used the service and another person's relative at the home of their family member.
- On 18 April 2019 we spoke with four people who use the service and four other people's relatives on the phone, to find out about their experience of the quality of care provided by the service.
- On 23 April 2019 we spoke with seven other staff members on the phone.
- We looked at the care and medicine administration records of seven people, seven staff records, including training and recruitment records, and other records to do with the management and quality assurance of the service, including the electronic allocation system.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe and trusted the staff who supported them.
- One person told us, "They [staff] are just like my family, they are so kind and thoughtful, and I know they do their very best to keep me safe and happy. Nothing is too much trouble."
- A relative told us, "Recently I was poorly and [registered manager and care staff] were brilliant they came out immediately and took care of me and [family member]. They made sure we were safe and sorted everything out."
- People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns. This was reflected in notifications, staff supervisions and reviews of people's care plans.

Staffing and recruitment:

- People told us they experienced good continuity and consistency of care from regular staff, who knew them well.
- The provider had a robust recruitment system to ensure staff were employed who were suitable to support people made vulnerable by their circumstances to stay safe.
- Assessments analysed the ratio of staff and the skills required to support each person. This ensured staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- The provider's electronic rota system demonstrated that enough suitable staff were consistently deployed to meet people's needs and to keep them safe.
- We reviewed documentation which demonstrated the provider's policy to decline care packages, if they could not recruit staff to support them safely.
- There had been no missed calls in the previous year. People consistently told us they received a phone call if staff were running late, due to unforeseen circumstances.

Assessing risk, safety monitoring and management:

- The provider used effective systems and processes for assessing and monitoring risk.
- Risks to people's safety had been identified and were managed safely, for example; risks arising from people's home environment and those associated with treatment for any individual medical conditions.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required to avoid falling, choking or developing pressure sores.
- Risk assessments were reviewed regularly with the person, or their representatives if appropriate, which ensured they were current and accurately reflected people's changing needs.

Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- People were given their medicines as prescribed, by staff whose competency to do so had been regularly assessed.
- Staff members clearly understood their role and responsibilities in relation to each person's medicines.
- When medicine errors had occurred, staff followed the provider's procedures to ensure people were safe and necessary learning was implemented to prevent a further occurrence.
- The service used an electronic medicine administration record system. Analysis demonstrated the system had reduced medicine errors and had encouraged consistency.
- We reviewed circumstances where family members responsible for ordering and collecting their loved one's medicine had failed to do so. Staff members immediately intervened to ensure the necessary medicines were obtained and administered as prescribed, to keep the person safe. The registered manager had reviewed the management of this person's medicines with their family members to ensure this does not happen again.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves

Learning lessons when things go wrong:

- The registered manager operated a process which ensured all incidents, accidents and near misses were accurately recorded, investigated and followed up effectively.
- Staff were aware of their responsibility to report incidents honestly and felt supported to reflect and identify lessons to learn, which were then shared with staff, to improve the safety of people's care.
- Where necessary the provider had made changes in people's care plans to promote people's safety.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

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.

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:

- The registered manager fully assessed people's needs to ensure they had suitably skilled staff available to provide effective, personalised care to meet their needs.
- One person told us, "He [registered manager] came to see me and was so kind and friendly I knew there and then I wanted his company to look after me. He just made me feel that he wanted to know everything he could to make sure I got the best care possible."
- People's care and support plans considered all aspects of their lives, clearly setting out their needs, desired outcomes and how they wished to be supported.
- Staff members told us care plans contained the information they needed to support people according to their needs and choices.
- Staff members developed care plans to meet people's individual and changing needs, for example; when their ability to mobilise deteriorated.
- Records showed people and their relatives, where appropriate, were fully involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience:

- People and their relatives told us staff members had received the necessary training to meet their needs.
- The provider's induction training was based on the Care Certificate, which defines national standards for care workers.
- The provider enabled staff members to develop and maintain the required knowledge, skills and experience to support people effectively.
- All staff members underwent a thorough induction programme, which included time getting to know the person and shadowing an experienced colleague.
- The registered manager operated an effective competency framework. This was based on regularly working alongside staff members, which ensured they delivered care in accordance with their training and people's care plans.
- The provider encouraged staff's professional career development and supported them to achieve additional qualifications relevant to the role and responsibilities. For example, staff members had been supported to achieve Diplomas in Health and Social Care and had become qualified to deliver training in areas of their interest, such as moving and positioning.
- Where people had more complex needs, staff training was developed with the person and their supporting healthcare professionals. For example, designated staff had received training to support people who received nutrition through a tube, when their oral intake was inadequate to meet their needs (Percutaneous Endoscopic Gastrostomy - PEG).
- Staff members were supported through a structured programme of supervisions, regular one to one

meetings, reviews and yearly appraisals. Records showed staff training and development needs had been effectively identified and progress reviewed.

- Staff training, supervision and appraisal was up to date at the time of inspection.
- Staff members felt well supported by the registered manager who made them feel their contribution was valued.

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

- Staff members ensured people received food and drink, according to their needs.
- People were protected from the risk of poor nutrition and dehydration because staff members followed guidance from relevant dietetic professionals.
- One relative told us, "They are very good at making sure [family member] eats as much as he can and always manage to encourage him to eat and drink something, even if he initially refuses. He is much stronger now because of their [staff members] patience and perseverance."
- We reviewed documents from healthcare professionals, which praised and identified the care provided by the service, to be a major factor in the recovery of person at risk of malnutrition.

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

- Staff members worked closely with healthcare professionals to ensure people's health needs were met.
- Staff members worked in cooperation with other agencies to understand and meet people's needs, for example; by ensuring they had the right equipment to promote their safety and independence.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.

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. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

- Staff members received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated guidance.
- Records showed people had consented to their care plans and other arrangements. The registered manager reviewed these regularly to verify people's continued consent.
- Staff members were aware of their responsibility to deliver care with people's consent.
- People confirmed their care was consistently delivered with their consent, in accordance with their wishes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication. Staff members sought valid consent from people, using plain English and allowing them time to respond.
- Staff members supported people to make as many decisions as possible.

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

- People experienced positive outcomes regarding their health and wellbeing.
- The provider had developed good relationships with local health and social care professionals. When required, staff members contacted, or advised people's families to contact, GPs and paramedics to make sure there were prompt interventions by other services.
- Staff members knew how to refer people to other healthcare services if they had concerns.

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

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:

- Without exception people told us they had developed mutually caring relationships with their regular staff.
- People consistently told us they experienced good continuity of care from regular staff, with whom they shared a special bond.
- Staff had time to have meaningful conversations with people. Staff and people consistently told us the registered manager had a caring ethos which was reflected the support people received.
- One person said, "They [staff] are wonderful, they make me feel so special." A relative told us, "The manager is very caring and always willing to listen, and the staff work in care because they really want to care for people."
- Staff spoke with pride and fondness about people they supported and knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.
- Staff had completed equality and diversity training, which prepared staff to meet the care needs arising from people's different social or religious background.
- The registered manager sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- Staff were particularly sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members. A relative told us, "We couldn't have managed without them. They have been a god send for me. The way they have cared for me as well as [loved one] has definitely gone above the call of duty."

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

- People and their representatives were fully involved in decisions about all aspects of their care and support.
- People and their relatives told us their continued involvement in regular reviews of their care with the registered manager and staff had developed even more trust and respect.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.
- The registered manager was in the process of providing people and their relatives, where appropriate, live time access to the service electronic care planning system. For example, one person's next of kin who lived in Europe was able to access their family member's care plan to receive the most up to date information about their changing needs and support.

Respecting and promoting people's privacy, dignity and independence:

- The registered manager ensured respect for people's privacy and dignity was embedded in the service culture.

- Without exception people told us they felt respected, listened to, and involved in the development of their care.
- People received care and support from a stable staff team which promoted people's confidence and independence.
- People, relatives, and health and social care professionals told us staff members supported people to be as independent as possible, for example; by maintaining their independent living and social skills.
- Care plans contained clear guidance for staff members about how to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff members described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.

Is the service responsive?

Our findings

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

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:

- People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning.
- Care plans provided information and clear guidance about how to meet people's health, medical and care needs to achieve their desired outcomes.
- Care was planned around people's whole life, including their personal goals, skills, abilities, preferred routines and how they chose to manage their health needs.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- During a home visit one person told us, "I have terrible trouble with this [wound dressing] but [the registered manager] immediately gets the nurses to come and is always on their case for me. They really do look out for me."
- Staff were flexible to accommodate people's wishes.
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- People were enabled to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them with others. For example, how they ensured a deaf person was fully engaged with their individual care planning and developed their communication plan.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

Improving care quality in response to complaints or concerns:

- People were confident to share their worries and concerns with staff, who supported them to achieve desired resolutions.
- People were aware of the provider's complaints process and knew how to use it. However, people consistently told us the registered manager and staff resolved any issues quickly, to prevent them escalating.
- There had been three formal complaints in the previous year, which had been reported, recorded and investigated in accordance with the provider's complaints policy. The registered manager had responded to the complainants to explain what they had done. They also shared learning about the complaint and any recommendations at staff team meetings.
- The registered manager shared learning from complaints at team meeting and used concerns raised to drive improvements within the service.

End of life care and support:

- The provider had made appropriate arrangements to support people in their final days, in accordance with their wishes, although there was nobody receiving end of life care at the time of our inspection.
- Specially selected staff members had received training to deliver compassionate end of life care.
- End of life care reflected advanced decisions and the wishes of people and their family, which ensured the person experienced a dignified, comfortable and pain-free death.
- Relatives praised the compassion, commitment and dedication of staff members who supported their loved one's in their final days.

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.

Good: 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:

- The registered manager effectively operated systems and processes to promote person-centred care. The provider's caring values were embedded into the leadership, culture and staff practice.
 - People experienced high quality, personalised care from a stable staff team who knew them well.
 - Staff members were committed to ensuring people received care, which was individual to them and consistently achieved good outcomes.
 - People trusted the provider and senior staff because they responded quickly if they contacted them. They consistently described the service as well managed and organised.
 - One person told us, "Right from the start they [named registered manager] made me feel my wishes and feelings were the most important things about my care and my carer [regular staff] is really switched on." A relative told us, "When I didn't know where to turn and I was struggling to cope [named registered manager] turned up and from that moment on you knew things were going to be alright."
 - Staff understood the importance of knowing the people they supported and could tell us about their individual needs, preferences and life histories. A staff member told us, "You have to know them [people] to care for them. I love getting to know people, and the more I get to know them the more I want to do my best for them."
 - The registered manager understood their Duty of Candour. People and relatives told us they were open and honest when things had gone wrong, for example; when medicine errors had occurred.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- There was a clear management structure within the service.
 - The registered manager was highly visible, provided clear and direct leadership and led by example, which inspired staff.
 - The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported.
 - A designated manager or senior care staff was always available out of hours.
 - Quality assurance audits by commissioners of care reported the provider delivered good quality care which met people's needs.
 - The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.
 - The registered manager clearly understood their regulatory responsibilities. For example, they had notified

us of certain events, as required by regulations. The ratings from our last inspection were clearly displayed in the service.

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

- The registered manager spent time with people who used the service and with staff members. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon.
- Staff members told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- Staff members consistently praised the provider for seeking ways to support them to provide better care to people. For example, the registered manager had enabled staff members to communicate more effectively, by researching and obtaining appropriate supportive technology for them.
- Quality assurance surveys were used to obtain the views of people and their relatives about the standard of care. Service improvement plans were then developed to ensure action was taken to drive improvements.

Continuous learning and improving care:

- Staff members effectively recorded accidents and incidents, which were reviewed daily by the management team. This ensured the provider fulfilled their responsibility and accountability to identify trends and acted to keep people and staff safe, by reducing the risk of repeated incidents.
- The provider had engaged an external consultant to provide specialist advice and update policies and procedures to reflect changes in data protection legislation.
- The registered manager had commenced a programme to identify and train staff members to become internal trainers and points of reference for specific competencies, relevant to the service they provided.
- The provider had implemented an electronic care planning and medicine administration record system, which ensured there were no missed calls and had reduced the number of medicine errors.

Working in partnership with others:

- The service worked collaboratively to deliver joined-up care.
- The service had good relationships with other healthcare providers, including GPs, the community nursing team and professionals from other healthcare disciplines.
- Health and social care professionals consistently told us the registered manager actively engaged in effective partnership working with multi-disciplinary teams.