Mrs Rosaleen Mary Fahy

R&L Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection on 24 June 2015.We gave the provider 48 hour's notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care to people who live in their own home. At the time of our inspection 27 people received care and support services in their own home. Services provided are for children and adults who may have a range of needs which include end of life care, complex health conditions which include physical disabilities and dementia. The provider is also the owner and registered manager. 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.

Summary of findings

Relatives told us that their family members felt safe with the care staff who came to their home and they knew how to provide the care people needed. Care staff were able to describe in detail the needs of the people they provided care for and how to keep people safe from harm and abuse. Care staff showed an awareness of the risks to people as these had been identified, assessed and were reviewed on a regular basis.

People received their care on time and if care staff were occasionally late, people were notified of this. Every effort was made so that where possible, people received care from the same care staff to ensure continuity of care, although it was acknowledged that this was not always possible.

People were supported with their medicines when needed, by care staff who had received the training. Care staff checked people had received their medicines as prescribed. Where people had prescribed creams care staff had written information so that they knew where people required their creams applied.

Care staff were provided with the training and information required in order to support people's individual needs effectively. Staff had opportunities to reflect on their practice and consider their personal career development. Appropriate recruitment processes were in place in order to reduce the risk of unsuitable new staff being employed by the service.

People and relatives told us their family members were always asked for their consent before care staff provided care. When people did not have the capacity to consent to their care the provider had arrangements in place so that people's rights were upheld and care staff worked within the requirements of the law.

For people who needed assistance at meal times, care staff provided this which enabled people's dietary needs to be met and this was recorded in their daily notes. Care staff referred people to other health professionals for advice and support when their health needs changed and supported people to follow health professionals' advice.

Relatives told us that their family members had developed good relationships with care staff who knew people well and supported them in their homes. The provider enabled care staff to be responsive to people's needs and provide personalised care due to the additional training they received which included end of life care with strong links to the local hospice.

Relatives knew their complaints would be listened to and action taken to resolve any issues. When issues were identified the provider took action to improve the quality of the service people received.

Care staff, senior staff and the management team shared common vision and values about the aims and objectives of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

Summary of findings

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 is safe.

People who used the service and their relatives felt that care staff took their safety seriously and knew how to protect people from risks to their health and safety.

People's needs were met by a sufficient number of available care staff who had been recruited for their suitability to work with people in their own homes.

People were supported with their medicines where needed by care staff who had sufficient information to keep people safe.

Good

Is the service effective?
The service is effective.

People were supported by care staff who had the right training and skills to match their needs.

Care staff supported people to make their own decisions and to consent to their care and treatment.

People received support to keep healthy and well. People were supported to follow healthy diets where this was required.

Good

Is the service caring?
The service is caring.

People who used the service and their relatives were happy with the care they received which was provided in a kind and affectionate way.

People were treated with respect and dignity by care staff they had positive relationships with.

Care staff involved people in their everyday care which showed people were treated as individuals.

Good

Is the service responsive?
The service is responsive.

People received care in the way they preferred and when they needed it.

People who used the service and their relatives were supported and felt confident to raise concerns with the provider who listened to resolve these to people's satisfaction.

Good

Is the service well-led?
The service is well led.

People who used the service and their relatives told us they were happy with the quality of the care they currently received.

People who used the service and their relatives were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements.

Good

Summary of findings

Care staff felt supported and motivated by the provider and senior staff, which encouraged them to provide a good quality service.

R&L Healthcare Ltd

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 was planned to check whether the provider is 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 was an announced inspection which took place on 24 June 2015 by two inspectors. The provider was given 48 hour's notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority and the clinical commissioning group if they had any information to share with us about the services provided at the agency. The local authority and the clinical commissioning group are responsible for monitoring the quality and funding for people who use the service.

We spoke with one person who used the service. The majority of the people who used this service had complex needs and were unable to talk with us but we did speak with 10 relatives by telephone.

On the day of this inspection we spoke with three staff, the deputy manager and the provider. We looked at the care records for four people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

A person told us they felt they were safe with the care staff who provided support to meet their needs. All relatives spoken with also told us they felt their family members were safe with the care staff. One relative said they could go out and "I would know [my relative] would be perfectly safe with the carers."

Staff spoken with were able to tell us that they had received training in how to identify the different types of abuse. What people may be at risk from and how to report incidents where they feel someone is at risk of harm and abuse. The provider and care staff were clear about their responsibilities for reporting abuse and the procedures they would follow if they suspected someone was at risk of harm or abuse.

Relatives told us the support care staff provided helped to reduce risks to people's health and safety. A relative told us, "They not only use equipment in a safe way but make sure [my relative] is reassured and feels safe." Staff knew about the risks associated with people's care and how these were to be managed. Care records confirmed that risk assessments had been completed and care was planned to take into account and reduce identified risks. For example, care staff used equipment to safely support people when assisting them to move from their bed to a chair. Regular checks of people's skin where they had been assessed as at risk of developing pressure sores also took place.

Environmental risks within people's homes had been assessed so that risks to care staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home and the equipment care staff needed to use so that people's needs were supported safely. We saw these risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so that avoidable accidents were reduced. The provider also had arrangements in place for reporting and reviewing accidents and incidents to make sure action was taken to protect people's welfare and safety.

The provider had plans in place to cover potential emergency situations. For example, in severe weather conditions there was access to a four wheel drive vehicle so calls to people would be prioritised based on their home situations and health. In addition, care staff told us that most of their visits were within walking distance of their own homes.

Where people needed support with medicines, it was clearly recorded in their care plan. The provider and care staff told us they mainly assisted people with creams and relatives assisted people with their medicines. This is because some people had their medicines in other ways such as specialised equipment, like syringe drivers. This meant care staff did not need to support people with their medicines due to the involvement of other professionals. A relative told us they supported their family member with their medicines but if they were unable to do this for any reason they would be happy to trust care staff to do this. We saw there was a procedure for supporting people to take their medicines safely including prescribed creams, such as, body maps to show where different creams should be applied on each person's body. Care staff we spoke with told us they were confident supporting people with their medicines. This was because they had received training which gave them the knowledge and skills to do this and their competency was regularly checked by senior staff.

There was a procedure to check medicine records to make sure there were no mistakes. Care staff told us they checked medicine records at each visit to make sure there were no gaps or errors. If they identified any errors they reported this to the office staff. Additional checks were made on medicine records during spot checks by senior staff to ensure care staff had administered medicines correctly.

The provider had arrangements in place to assure themselves that only care staff suitable to provide care and support to people in their homes were selected and recruited. Care staff told us they had completed all required checks and were interviewed before they commenced their employment. We saw care staff records confirmed this and that the required checks

had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We were told by people who used the service and their relatives and care staff that people were always supported by the number of care staff identified as necessary in

Good

Is the service safe?

people's care plans. A relative told us, "We always have two staff to meet [my relative's] needs." Relatives spoken with said that they usually had the same care staff to assist with their care and support but occasionally different care staff would assist them. They also told us care staff arrived on the days and times they had agreed but if this did not happen they would feel comfortable in speaking with the provider or staff at the office. A relative confirmed they had done this recently and the provider arranged to meet with them to discuss their relatives call times.

The provider told us there was not a high turnover of care staff. Some care staff had worked at the service for several years. We saw from looking at care records and staff rota's that staffing levels were determined by the number of people who used the service and their individual needs.

New care staff were recruited to enable the service develop and expand. The provider showed us arrangements were in place to make sure people received a reliable and safe service. For example, the provider used their initial assessment of a person's needs to ensure they had a team of care staff with the right training, skills and experience to meet a person's needs individual needs. If care staff needed additional training this was sought.

Good

Is the service effective?

Our findings

Relatives consistently told us they felt care staff support was good and their family member's needs were met more effectively because of having regular care staff who were competent to do their jobs. One relative told us, "Staff are really good. They seem to know what they are doing." Another relative said, "They (care staff) are all very capable and are trained, you can see that."

Care staff told us they had an induction to the service, which included shadowing experienced staff and training. We spoke with a new member of care staff. They described to us their induction and told us they considered it to be, "Very thorough" and they felt confident to meet people's needs. At the time of our inspection they were working towards the new care certificate award to provide them with the training and knowledge to carry out their roles. Care staff spoken with told us that they felt well trained to do their job and were happy with the amount of training they had and received. Staff told us refresher training was given on an on-going basis to keep their skills updated. A care staff member told us, "The training is good and it helps to improve an understanding about caring and meeting people's needs." We saw and heard that care staff had additional specialist training so that they were confident to meet the specific complex needs of people who they provided care and assistance to.

The provider had the facilities to provide practical training to care staff, such as, in the use of specialised equipment to assist people whose physical health had deteriorated due their health conditions. Relatives we spoke with told us they felt care staff did understand how to use equipment both effectively and safely.

Care staff spoken with told us they had regular opportunities to discuss their practice or any concerns at one to one meetings with the management team. Care staff told us they felt supported and were encouraged to improve their skills and to consider their professional development. Care staff said the management team were approachable and they were comfortable talking with them at any time. A care staff member told us, "I would have no worries talking with [the provider], she is approachable."

We asked relatives if they felt that care staff understood their family member's needs. We heard many positive examples of how care staff knew how to assist people with their specific needs, such as, supporting people with their catheter care, suction care and breathing aids. One relative described to us how care staff helped their family member with their exercises and told us, "Could not wish for anyone better." Another relative said, "They're very understanding of my family member and their care needs."

Relatives spoken with told us that care staff obtained their family member's consent before they supported them. One relative told us, "They always ask whether [my relative] is okay with the help they give before doing any care." Another relative told us, "They (care staff) never do something [my relative] doesn't like or want them to do." Care staff gave examples of how they obtained people's consent before they assisted people. A care staff member explained, "I always check with people whether they are okay for me to help them before I do." Care staff spoken with understood the principles of the Mental Capacity 2005 (MCA) and how this may affect the people they supported. A care staff member told us, "If someone is not able to make decisions for themselves about something then this is made by family members in their best interest."

The provider had not made any applications to the Court of Protection for approval to restrict the freedom of people or to deprive them of their liberty. The provider told us they were not aware of anyone who used the service who was being deprived of their liberty at the time of our inspection.

When people needed nutritional support as part of their home care support this was provided by care staff. A relative we spoke with told us that care staff supported their family member with their meals and before care staff left they always made sure their family member had a drink. We saw that people's care records gave care staff information about the support needed to help people to eat and drink their meals where this was required. A care staff member we spoke with told us that if they were concerned a person was not eating or drinking enough they would report their concerns to the provider, deputy manager or the office.

We saw that staff monitored people's health and wellbeing and liaised with professionals involved in their care. A relative we spoke with told us, "They always let me know if (my relative) is unwell." Another relative said that care staff worked closely with other health professionals when needed. For example, the physiotherapist, to learn any new

Good

Is the service effective?

exercises their family may need support to do so that care staff would have the knowledge to do this. Care staff told us that they monitored people's needs and changes were reviewed with people's involvement.

Good

Is the service caring?

Our findings

A person we spoke with told us they particularly liked one care staff member and were happy to confirm this with us by stating, "She's the best." All relatives spoken with told us their family members had a good rapport with the care staff who were caring towards them. One relative told us, "Staff are lovely, they do care." Another relative said, "They (care staff) are very caring, [my relative] likes them and they have a good relationship."

When we spoke with care staff they showed that they genuinely cared about the people they supported and the work that they did. Care staff gave us many examples of how they enjoyed supporting people and spoke affectionately about people who used the service. One care staff member described to us how they provided reassurance to one person who they supported. This is because this person did not like a certain piece of equipment and gradually over time due to the same care staff this person's anxiety has been reduced. Another care staff member told us how they were concerned about a person's breathing aid and they tried a different approach to putting this on to make it more comfortable for this person.

Everyone spoken with knew the care staff who visited them by name and confirmed regular care staff visited them. One relative told us, "[Care staff] have become part of the family." Another relative we spoke with described to us how care staff and their family member enjoyed chats and had laughs with the care staff who supported them. This relative told us their family member gave care staff instructions to follow when they were supporting them with their needs and care staff took this in good humour.

Care staff also told us they provided care to the same people on a regular basis and they valued this has it assisted in developing good relationships with the people they supported and their relatives.

Care staff told us they involved people who used the service and their relatives in the care that was provided. One relative we spoke with said, "They (care staff) know what they have to do and this helps." Another relative told us, "There is a choice of male or female carers which is good as we all have our preferences." Care staff explained how they gave people choices and involved them in making decisions about their care. A care staff member said, "I help them to make their own decisions, for example, what soap they like to use and what clothes they would like to wear."

Relatives spoken with told us that their family members were supported by care staff who knew how to provide their care, the way they wanted it. Relatives also described how care staff treated their family members with respect and dignity. A relative told us, "What I am impressed with is the dignified care they provide." This relative gave us examples of how the care staff did not treat their family member as though they had done something wrong when they needed some support due to their needs. Care staff we spoke with also provided us with examples of how they respected people's wishes and treated people with dignity. A care staff member described how they made sure people received support with their intimate care whilst their dignity and privacy was maintained. This care staff member told us they were proud of their recent dignity award which they felt recognised their approach to ensuring people were treated with respect and received dignified care.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us their family members received care and support based on what they needed and in a way that they liked. One relative told us, "The care is very good and [care staff] is ever so good with [my relative]." Another relative said, ""[Care staff] cares for [my relative] beautifully and gets all the help [my relative] needs." The provider explained that people's care and support needs were always assessed prior to their care service starting. Relatives and care staff spoken with confirmed this was the case.

Relatives spoken with told us their family members support needs had been discussed and agreed with them when their care started and that the service they received met their needs, choices and preferences. We heard of examples from relatives where their family members had been supported by the service they received to be able to move from another care setting back to their homes with support. A relative told us, "They [provider] made sure we had everything for [my relative's] comfort covering every need."

Relatives told us care staff were able to spend sufficient time with their family members so that they received care that was responsive to their needs. Relatives told us care staff arrived on time but if they were going be a bit late then the office staff telephoned to let them know. Care staff spoken with told us that geographical areas had been taken into account when planning visits to people's homes which meant care staff did not have to travel long distances between visits. We also spoke with care staff about the time they were allocated to provide support and care to people. A care staff member told us, "All of our calls are longer than 15 minutes and we do always have enough time to assist people with their needs." This was confirmed by the staff rotas and we saw calls varied from 30 minutes up to 120 minutes.

Care staff we spoke with had good understanding of people's care and support needs. One care staff member described to us the care they provided to people who they visited regularly. They knew the little details about people's needs, such as, how people liked to receive support with their personal care which responded to people as individuals and met their needs . Another care staff member told us, "We are provided with information about people's needs in the care plans and from [the provider]. We talk with people and their relatives so you get to know what they need and what they like."

We heard examples where care staff had responded to people's individual needs and assisted people to do as much as possible. A relative we spoke with described to us how a care staff member had supported their family member to do something they had not been able to achieve in about three years. This relative told us, "They are carers, it is not a job to them but a vocation."

Relatives described to us how the provider did listen to their views and their family members about how their care and support was delivered and responded appropriately. For example, when people wanted to change the times care staff visited or make sure people had the same care staff for continuity. A relative told us they had written their family member's care plan and care staff worked from this. They told us when the care plan needed to change to meet their family members needs this would be agreed and recorded so that care staff knew about any changes. Records we looked at showed the provider worked flexibly with people and their relatives to provide the care and support they wanted, within the constraints of their contracted hours and staff's availability.

Care staff told us when they reported changes in people's needs and abilities to the provider and staff in the office; they undertook a review straight away. A care staff member told us, "Whenever extra time is needed or equipment for a person this is looked at and actions taken." The provider told us, "When people's needs change these are reviewed and care plans updated." We saw care plans had been reviewed and where equipment was required care and office staff supported people to obtain the specialised equipment they needed. The care staff and the provider were proud of how they were flexible and able to respond to people's end of life care needs which enabled people to achieve their wishes to be at home at this time in their lives.

Relatives knew they could telephone the provider and the office staff if they wanted to make a complaint or raise a concern. One relative we spoke with told us, "I know how to complain, but never had the need, everything is very good. I can always ring the office if I need to." Another relative told us that in the past they had raised concerns regarding different staff providing their relative's care and a lack of consistency. They told us their concerns had been listened

Good

Is the service responsive?

to and taken on board and that they were quite happy with the current arrangements. Care staff were aware of the complaints procedure and told us that if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the office to make a complaint.

We saw the provider had received compliments from people and their relatives about the service they had received. Comments included, 'The wonderful care and compassion shown by the whole team was a real blessing' and 'What a team you have! Your team treated my father with respect, always made him laugh and never failed to provide the highest standard of care.'

Good

Is the service well-led?

Our findings

Relatives spoke positively about the service their family members received and told us that they considered the service to be well-led. A relative told us, "I couldn't do without it" Another relative said, "I think we chose the right company." Care staff spoke positively of the provider and thought that they led the service-well. They told us they felt listened to and supported by the provider, deputy manager and office staff. One care staff member told us, "I enjoy my job and do feel appreciated here."

The provider told us, "The most important thing to people and their relatives is continuity of staff and times of calls." They said they always checked with other professionals when people were being discharged from hospital and or another care setting about what expectations people had about the times of their care calls. This is because they wanted to meet people's preferences around the times of their calls and would decline to provide a service if they were unable to meet people's call times and needs. A care staff member told us they felt they had enough time when meeting people's individual needs and said, "We are given the time." They said this meant they were not rushing people and had time to communicate with people which was important for people with dementia.

The provider understood their responsibilities in reporting incidents which potentially placed people at risk of harm. The provider sent the Care quality Commission statutory notifications to report incidents and also informed the local authority. In addition to this the provider had taken action to make sure the risks to people were reduced with their safety promoted, such as, taking disciplinary action against care staff if this was required.

Care staff told us they learnt about the provider's whistleblowing policy and procedure during their induction, and it was explained in their handbook. Care staff told us they would feel confident about reporting any concerns or poor practice to the provider. A care staff member told us, "I? would not tolerate bad practice" and "I think she [the provider] would address it."

All the care staff we spoke with told us the provider and deputy manager were available and approachable when they needed them. Care staff knew the provider, deputy manager and senior care staff well and had first-hand experience of working face to face with people and respected their experience. Care staff shared the provider's vision and values. Care staff told us they were motivated by their work and supported each other to deliver a quality service because the provider, deputy manager and senior staff acted as role models. Care staff told us the provider had an understanding of, and empathy with staff. A care staff member said, "I know she [the provider] appreciates me. She is very good to me."

The provider assured themselves that people were satisfied with the quality of their care and support by asking people for their views in questionnaires, care plan reviews and assessments. We saw records of feedback the provider had obtained from people and their relatives, by reviews held and questionnaires. People and their relatives were asked if they were satisfied with the time and duration of their calls, the care staff's attitude and whether they wanted any changes made. Where people had raised any issues with aspects of their service the provider had sought and discussed improvements with them. This included, making sure people received care from the same care staff wherever possible and recruiting and training a team of care staff when a person needed specific care and support.

Care staff told us the senior staff conducted unannounced checks (spot checks) to make sure care staff delivered the service as agreed. Care staff told us senior staff, the deputy manager and the provider explained any errors or oversights and areas of good practice straight away and checked with the person if they were happy with their care. The provider told us, "We have built close working relationships with people we provide care to."

The provider was passionate about the training care staff received so that they were able to meet the complex needs of people who used the service. The provider delivered some of the training and showed they were knowledgeable about end of life care. All care staff spoken with said they loved their jobs and liked working with people who used the service which included supporting people who received end of life care. The provider was going to apply for the gold standard framework in end of life care. They had formed strong working relationships with the local hospice which gave care staff the opportunity of enhancing their knowledge around end of life care.

The provider told us they recognised good practice and outstanding care by individual care staff. We found there was a scheme where care staff could be rewarded for the service they provided by people who used the service and

Good

Is the service well-led?

or external professionals. If this happened the care staff member would receive a gift voucher. A care staff member told us they felt valued and confirmed, “They (management team) will let us know if we have had a compliment.”