10Care Ltd

Respectus

Inspection report

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Date of inspection visit:
05 February 2016

Date of publication:
29 March 2016

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 5 February 2016 and was announced. Respectus is a domiciliary care agency providing personal care to adults within their own homes. At the time of the inspection, one person was receiving a live in care service from the agency. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and an overall rating for the service. This was the first inspection since the provider registered with the Care Quality Commission.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager visited people in their own homes or in hospital to carry out an initial needs assessment.

Risk assessments had been completed and covered a range of issues including environmental factors, falls prevention, moving and positioning and personal care needs.

Care plans had been developed by consulting with people and where appropriate, their family members.

Staff had guidance about how to support people with known healthcare needs, such as when a person needed support with the administration of medicines or the application of prescribed topical creams.

Staff sought the advice of family members and healthcare professionals as and when people's needs changed.

There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. Staff understood these procedures and were able to explain how they would respond to emergencies and who they would contact in this instance.

There were policies and procedures in place to protect people from harm or abuse and staff were able to describe the actions they would take to keep people safe.

Staff we spoke with knew about people's interests, likes and dislikes, as well as their day to day lives at home.

People's independence was promoted and staff understood the importance of respecting people's privacy

and dignity.

Staff had completed training in food hygiene and preparation and were aware of people's specific dietary needs and preferences.

We received positive feedback from staff about the registered manager and the co-director.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

People were provided with information on how to make a complaint. No formal complaints had been received since the service registered with the Care Quality Commission (CQC) in July 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Staff had received training in safeguarding adults and procedures were in place to protect people from abuse.

The risks to people who use the service were identified and managed appropriately.

Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

Is the service effective?

Inspected but not rated

Care plans included care needs assessments, which had been carried out before the person's package of care was commenced.

Staff had completed relevant training and possessed the experience and skills to deliver care safely and to an appropriate standard.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Is the service caring?

Inspected but not rated

People contributed to the development of their care and supports plans.

Staff had completed training in health and social care and demonstrated a good understanding of the needs of people living with complex health care needs.

Is the service responsive?

Inspected but not rated

Staff knew how to respond to complaints people raised and understood the complaints procedure.

People's care and support needs had been assessed by the service and these were updated and reviewed as and when required.

Is the service well-led?

Inspected but not rated

The service had a registered manager in post.

Staff were contacted on a regular basis which gave opportunities for them to feedback and update the registered manager as to people's progress.

The registered manager was in regular contact with people using the service and sought their views as to the quality of care and support provided.

Respectus

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 inspection took place on 5 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that members of the management team would be available to speak with us. The inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service.

During the inspection we spoke with the registered manager and a co-director. We were advised by the registered manager that it would not be appropriate to speak with the one person using the service. We contacted two care staff members to gain feedback about their roles, the service and the people they supported. The records we looked at included one care plan, three staff records and records relating to the management of the service.

Inspected but not rated

Is the service safe?

Our findings

Where risks to people's health, safety and welfare were identified, appropriate management plans were developed to minimise them. We looked at one care plan which showed risk assessments were carried out addressing environmental issues, falls prevention, diet and nutrition.

There were effective systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff.

Staff completed safeguarding training as part of their induction. We saw records that confirmed this and spoke with staff who were able to explain how they would identify abuse and were aware of the correct reporting procedures.

We found robust recruitment and selection procedures were in place and saw appropriate checks had been undertaken before staff began work, to help ensure that staff were suitable to work with people using the service. Staff files contained references, proof of identity and appropriate criminal record checks.

Where staff were responsible for prompting people to take their medicines, we were told medicines administration records (MAR) were kept in people's homes in their care files and signed accordingly. Staff had completed medicine administration training.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as catheter care or the care of pressure wounds, healthcare professionals were consulted to ensure care staff were managing the care appropriately.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Staff we spoke with were able to explain how they would raise any concerns about the service to the management team and to external authorities, if necessary.

Inspected but not rated

Is the service effective?

Our findings

People's needs were assessed and met by the service. Care plans included care needs assessments, which had been carried out before the person's package of care was commenced. Therefore, staff had a good level of information about people's health and social care needs and some understanding of the support they required, from their very first point of contact.

Staff were well-trained and able to deliver a good standard of care. The registered manager told us that all staff were required to complete an induction which covered areas such as medicines administration, moving and positioning, mental health legislation and food preparation. One member of staff told us the induction was well-delivered and covered all aspects of delivering person-centred care.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. The registered manager told us that he did not provide formal supervision sessions to staff since he was in daily contact with the small staff team supporting the one person using the service.

The registered manager visited staff in people's homes to monitor progress and review people's daily notes. Staff were encouraged to discuss any aspect of their role and the needs of people they supported with the registered manager.

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.

The registered manager and staff had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment by people who used the service and staff understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves.

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and where appropriate signed by family members.

Staff had received training in nutrition and food preparation and were responsible for preparing simple healthy meals and snacks. One member of staff told us, "I prepare the food [they] want me to, [they] choose."

Inspected but not rated

Is the service caring?

Our findings

People and their relatives were involved in the care planning process and had been visited in their homes prior to receiving care. Care plans included people's medical history, family information and emergency contact details. People were given copies of their care plans and a service user guide which provided people with useful contact numbers for the service and other information.

We saw that visits and phone calls had been made by the registered manager to people and/or their relatives in order to obtain feedback about the staff and the care provided. Feedback we reviewed was positive. We reviewed correspondence from a family member that praised the service and the kindness and caring attitude of staff and thanked the registered manager for his ongoing support.

People were able to specify whether they preferred a male or female member of staff. Where possible, care staff were matched with people who were able to speak their first language if this was not English. The care staff we spoke with all possessed a good level of spoken English.

Staff were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff told us, "I ask what help is needed, I shut the doors and close curtains and make sure other people leave the room."

Inspected but not rated

Is the service responsive?

Our findings

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. Staff told us they had access to copies of people's care records and that records were "very detailed." We noted records included contact details for people's GPs and other relevant health and social care professionals involved in people's care.

People's care and support needs were updated and reviewed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

Staff knew how to support people if their needs changed. Staff told us care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact the registered manager in the office to inform them of any emergency situation.

People were supported to engage in a range of activities that reflected their interests if these formed part of their agreed care plan. Staff demonstrated a good understanding of how people liked to occupy their time and supported people to maintain their interests and hobbies.

We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meal preparation and medicines prompting.

The complaints policy was available in the service user guide given to people when they began using the service. The registered manager told us they were always available to speak with people and listen to their concerns.

Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure. No formal complaints had been made at the time of our inspection but there were structures in place to address complaints effectively.

Inspected but not rated

Is the service well-led?

Our findings

The service had a registered manager who was supported in his role by a co-director. Staff comments about the registered manager included, "He's a good manager" and "He's very easy to work with and easy to communicate with, he's always behind me and is very supportive."

The registered manager told us they completed regular and ongoing checks on care delivery, daily logs and medicines records when he visited people in their own homes. Staff files were well managed.

Staff recorded the daily tasks they completed in a diary kept in people's care plan files within their own homes. Log sheets were collected and returned to the office on a regular basis for auditing purposes. However, medicines administration records were not available to review at the time of our visit meaning we were unable to verify the consistency and quality of medicines recording and how this was monitored by the registered manager.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the matter to the registered manager.