

Retons Care and Training Services Ltd

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Inspection report

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Date of inspection visit:
06 April 2017

Date of publication:
26 May 2017

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 announced inspection took place on 06 April 2017. We told the provider two days before our visit that we would be coming, as we wanted to make sure that the registered manager would be available.

This was the provider's first inspection since their registration in October 2015. Retons care and training services Ltd is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection only one person was using the service. Therefore we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and therefore could not provide an overall rating for the service.

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

There were systems in place that ensured people received their care on time, people were kept safe and their needs were met. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and risk assessments provided clear information and guidance for staff. There were systems in place to ensure the safe management, storage and administration of medicines, however at the time of our inspection no one required support with their medicines. There were enough staff deployed to meet people's needs and the provider conducted appropriate recruitment checks before staff started work. The service had an on call system to make sure staff had support outside the office working hours..

Staff told us that they had completed an induction into the service and had completed mandatory training to help them carry out their role. Records confirmed staff training was up to date. Staff were supported by receiving regular supervisions.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection the registered manager told us the person they were supporting had the capacity to make decisions for themselves.

People were supported to prepare meals and staff were available to support people to access health care appointments if needed.

Staff told us that they delivered care and support with kindness and consideration. People were provided

with information about the service when they joined. People were involved in their care planning and people's needs were reviewed on a regular basis. Care plans provided clear information for staff on how to support people using the service with their needs. People were provided with the service's complaints procedure.

Regular staff meetings took place and people were provided with opportunities to provide feedback about the service. Staff and people told us they thought the service was well run and that the registered manager was supportive.

There were effective processes in place to monitor the quality and safety of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided.

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 safe.

People told us they felt safe when receiving care and support from staff.

There were appropriate safeguarding and whistleblowing procedures in place and staff had a clear understanding of these procedures.

Risks assessments were carried out and provided guidance for staff on how to manage risks to people's health and wellbeing.

There were enough people deployed to meet people's needs. Appropriate recruitment checks took place before staff started work at the service.

Inspected but not rated

Is the service effective?

The service was effective.

Staff told us that they had completed an induction and had received adequate training and support to carry out their roles and staff training was up to date.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation and people's consent was gained.

People had access to health care professionals in order that they maintain good health.

Inspected but not rated

Is the service caring?

Staff delivered care and support with kindness and consideration.

People told us they were treated with dignity and respect.

People were provided with information about the service when they joined.

Inspected but not rated

Is the service responsive?

People were involved in their care planning.

People's needs were reviewed on a regular basis.

People were aware of the service's complaints procedure and said they felt confident their complaints would be investigated and action taken if necessary.

Inspected but not rated

Is the service well-led?

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

Inspected but not rated

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 announced inspection took place on 06 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

As part of our inspection we spoke with two members of the care staff, the registered manager, and the deputy manager. During the inspection we looked at one person's care records, five staff records, quality assurance records, and policies and procedures.

Is the service safe?

Our findings

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. The registered manager was aware of the need to report any concerns to the local authority safeguarding team, and the Care Quality Commission (CQC). There had not been any safeguarding concerns since the service's registration in October 2015. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to. One staff member told us, "I would report any abuse I suspected to my manager and am confident they would deal with the issue immediately". Staff also confirmed that they were aware that they could also report concerns to external bodies if needed.

The service completed risk assessments for each person in relation communication, mobility, falls and mental health. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. For example, one person was at risk of falls whilst mobilising, staff were instructed to offer support and stay within close proximity of the person to ensure that they were able to mobilise safely.

The service had appropriate medicines policy and procedures in place should people require support with medicines. At the time of our inspection people using the service were not receiving any support with medication.

The service had enough staff to meet people's needs. One staff member told us, "We are a small service at present so have more than enough staff." The registered manager and staff told us that travelling time was factored into people's appointments. Staff carried a mobile phone with them during working hours so that the service could monitor that they were arriving at the appointments on time. The registered manager also told us that as the service grows they would be moving to an electronic call monitoring system, which would ensure that the service was effective in monitoring times of calls. The service had an on call system to make sure staff had support outside the office working hours.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

The service had a system to manage accidents and incidents, however there had been no accidents or incidents reported. The registered manager told us that if there was an accident or incident they would ensure that they would follow the procedure for recording accidents and incidents, for example by recording what happened and what action was taken.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. There was an out of hours emergency call system to support both people using the service and staff.

Is the service effective?

Our findings

We saw and staff told us they had completed an induction programme in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all care workers. The induction included reading policies and procedures, health and safety and training opportunities. Staff also told us they had completed all mandatory which included safeguarding, medicines, fire, mental capacity and moving and handling. Records we saw confirmed this. Records confirmed and staff told us that they shadowed a more experienced member of staff when they started work. One staff member said, "I did shadow a member of staff which was very useful in getting to understand people's needs."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The service had systems to look for and record whether people had capacity to consent to care. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that this did not currently apply as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

We saw the service carried out observations to ensure staff members' competency in how staff communicated with people, if they carried out treatments as required and met people's needs and whether they were punctual. One staff member said, "The registered manager carries out observation checks, I think this is good as it can highlight any areas for improvement."

Staff were supported through regular supervisions, at the time of our inspection annual appraisals were not due. During supervision sessions, staff discussed a range of topics, including the people they supported, safeguarding, consent and health and safety. A staff member told us, "I have regular supervisions; they are good, it's a chance to discuss clients and get feedback."

We saw one person was supported with food preparation, they only required support with certain aspects of preparing meals such as help with stirring food, fetching and carrying ingredients. One staff member told us, "I assist and offer as much help as the person requires."

People's relatives arranged health care appointments for people but the registered manager told us that staff were available to support people to access healthcare appointments if needed. One staff member told us, "I don't arrange or escort people to appointments as their relative deal with this. But I would do so if there was ever a need."

Is the service caring?

Our findings

Staff we spoke with were aware of people's life histories and supported them in a caring manner; they were able to describe the individual needs of people who used the service. For example, one staff member told us, "My client hates cheese and I always make sure they don't have this."

Staff maintained people's privacy and dignity. Staff we spoke with told us that they treated people with dignity and respect and made sure that doors were closed and that people were properly covered when providing personal care. Staff we spoke with told us they always checked that people were happy with the care and support being offered. One staff member told us, "I always maintain people's privacy and dignity. I always close doors and curtains." Another staff member said, "If relatives are present I always inform them that I need to close doors whilst offering their relative support."

Staff told us that they promoted people's independence whenever possible by encouraging them to carry out aspects of their personal care such as washing and eating. One staff member told us, "I encourage people to do what they can, such as carrying out aspects of personal care, I think it's important." Another member of staff said, "I encourage people to do whatever they can for themselves."

Staff has an understanding of equality and diversity. Care records showed that people's choices and preferences including their religion, interests and preferences were recorded. For example, people's choice of faith. Staff told us that people's families usually escorted them to their place of worship, but if it was ever required they would provide this service.

People's information was treated confidentially. Personal records were stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were also securely locked in cabinets within the office and only staff authorised to view them had access to them.

People were provided with appropriate information about the service, this was given to people when they started using service and included information on the standard of care to expect and the services provided. This also included the provider's complaints policy and procedure.

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. Care records were maintained within people's homes as well the service's office. We saw that support plans included the guidance staff needed to provide and meet people's care needs.

Pre-admission assessments were carried out to ensure people's care needs could be met. This assessment was used for developing a personalised support plan to guide staff on how to meet people's individual needs. We saw that people and their relatives were involved in the care planning process. Care plans were reviewed on an annual basis or when needed to ensure they met people's needs. We saw care files contained information relating to people's medical history, physical and mental health, mobility and communication needs. Support plans were reviewed on an annual basis or when there was a change to people's care needs. One staff member told us, "There haven't been any changes in my client's needs but if there was, I would discuss this with the registered manager and their care records would then be updated to reflect the changes."

Staff knew people well and remembered things that were important to them. For example, one staff member told us, "One of my client's likes to talk about their former profession and I always make time to do this." Records confirmed staff recorded daily progress notes that detailed the care and support delivered to people was in line with their care needs.

We saw the service had a complaints policy and complaints log in place. Although the service maintained a complaints folder they had not received any complaints to date. However, the registered manager said if they did they would follow the complaints process to investigate the matter.

Is the service well-led?

Our findings

The service had a registered manager in place who was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff said that they felt comfortable in raising matters with the manager or provider and felt confident that they would be listened to and concerns acted upon. They told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. Staff also told us that the manager operated an open door policy. One staff member told us, "The registered manager is always available whatever the time of day." Another staff member said, "I do enjoy working at the service, I enjoy the working with the clients and my colleagues."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as health and safety, safeguarding, accidents and incidents and supervisions. This meant that learning and best practice was shared with staff and they understood what was expected of them. One staff member told us, "I do attend team meetings and they are useful. It's a chance to meet with colleagues and discuss common issues."

Records confirmed that the service had systems in place to monitor the quality of the service to identify any shortfalls in the quality of care provided to people using the service. This included care plans and quality telephone monitoring to obtain feedback with regards to the quality of the service and regular observations of the care provided at the person's home. Comments from the telephone monitoring included, "Have no complaints" and "Providing excellent care to [my relative], happy with level of care and support provided and time keeping is good and may it continue".

The registered manager told us that the vision and values of the service is for it to steadily grow and at the same time ensuring that people received care and support that helped them lead an independent life as possible.