

Royale Carers Limited

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Inspection report

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16 September 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The unannounced inspection took place on the 12, 14 and 16 September 2016.

Royale Carers provides personal care and support to people in their own homes. At the time of inspection there were 39 people who used the service.

The service is required to and did have a 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.

The service needed to improve their quality assurance systems. Monitoring systems were in the process of being developed to achieve robust quality monitoring of the service. Although systems were in place to make sure that people's views were gathered, developments were being made to analyse and produce action plans to make effective use of people's views.

There were sufficient staff employed to keep people safe and plans had been implemented to ensure adequate staffing levels were maintained. People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care workers supported people with their medication as required.

Care workers were knowledgeable about their roles and responsibilities, had received regular training and instilled confidence in people. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including dementia nurses and social workers.

Staff understood people's needs and treated people with dignity and respect. Care plans were in place detailing how people wished to be supported. People felt listened to and were involved in making decisions about their care. An open and inclusive culture had been formed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with care workers. There were adequate staffing levels to meet people's needs and plans were in place to ensure adequate staffing levels were maintained.

People were supported to take their medications as required. Management responded appropriately to errors.

Staff were only recruited and employed after appropriate checks were completed.

Is the service effective?

Good ●

The service was effective.

People were supported to access healthcare professionals when they needed them.

People felt care workers were competent in their roles and care workers felt confident in their roles.

Staff received a 4 week induction when they came to work at the service to understand how to fulfil people's needs effectively.

Is the service caring?

Good ●

The service was caring.

Care workers treated people kindly, with compassion and had respect for their homes.

Positive relationships had been created between care workers and people.

People felt listened to and were supported to express their views.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received.

Is the service well-led?

The service was not consistently well-led.

Improvements to quality assurance systems were needed to embed robust quality monitoring of the service. Developments were being implemented.

There were systems in place to seek the views of people who used the service however systems were being developed in order for them to be fully effective.

There was a clear vision to provide quality care that care workers had adopted.

Requires Improvement ●

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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.

We inspected Royale carers on the 12 and 16 September 2016 and the inspection was announced. The provider was given notice because the service provides a domiciliary care service and we need to ensure that someone would be available. On 14 September 2016 we spoke with people who used the service and their relatives as part of our ongoing inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with six people, four relatives, three care workers, care co-ordinator, deputy manager, registered manager and social worker. We looked at management records including samples of rotas, five people's individual support plans, risk assessments and daily records of care and support given. We looked at three care workers recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us repeatedly that they felt safe using the service. Relatives consistently told us that they knew their relatives were safe when support was being provided by staff from Royale Carers. One relative said, "We're extremely happy with the service, I know [person's name] is safe in their [staff's] care."

There were sufficient staff employed to keep people safe. Although, the registered manager and care co-ordinator explained that staffing levels fluctuated on a weekly basis, due to various factors including care workers personal circumstances. We observed on the rotas that the deputy manager and registered manager were covering shifts on the weekends to ensure people's needs were met. Care workers reported to us the registered manager was supportive of each of their personal circumstances and their 0 hours contracts allowed flexibility within their rota. However, care workers also disappointingly reported that their rotas were distributed to them biweekly and changed frequently to meet the needs of people and care workers. The registered manager explained that plans had been put in place to improve the planning of rotas and consistency of staffing levels. These plans included outsourcing human resources to an external company to review staff contracts. The registered manager had also recruited a care worker, with experience in planning work rotas, whom would be solely responsible for improving planning of care workers rotas.

The registered manager told us that they only agree to provide a service to people in specific geographical areas where there are enough staff to meet people's needs. They told us, "I want to deal in quality not numbers." During the inspection we observed the registered manager regretfully decline the provision of services to new people. The registered manager explained that until additional care workers were recruited they would not be accepting any new care packages which ensured the existing care packages people received were met. People who used the service told us that the care workers stayed for the correct amount of time they were needed and if they were late they would ring to notify them. One person told us, "They are on time most of the time, if they are late I always get a call but it's only ever 10-15 minutes late." Another person said, "They're on time give or take a few minutes." Care workers recorded their call times and the registered manager was developing systems to monitor any late and missed calls more robustly.

Care workers knew how to keep people safe and protect them from harm. They were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The registered manager told us that safeguarding was part of the staff mandatory training. All staff we spoke to confidently told us they knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services if they had any concerns about people's safety. One member of staff whose training records confirmed had undertaken Safeguarding of Vulnerable Adults training told us, "I wouldn't hesitate to contact [registered manager's name] or CQC if I thought I should."

Risks were communicated effectively and managed appropriately. We saw that communication was good between the care co-ordinator, registered manager and care workers. Care workers told us they updated the registered manager and care co-ordinator if they identify risks or a change in need. One staff member told us "I visit the same people most of the time so I understand if they are not themselves, if their behaviour changes it may be their dementia or a urine infection but it's important to let the manager know so we can

help straight away." This demonstrated how care workers were aware of potential risks and how to respond to them safely.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Care workers files we looked at contained the necessary recruitment documentation.

Medication management at the service was safe and where needed managements response to concerns was robust and appropriate. Some people were supported to self-medicate, others required prompting or administering of medicines by care workers which was clearly indicated in people's care plans. The registered manager explained how they had implemented improved medication administration records (MAR) in people's homes, on which trained staff recorded people's administered medication. The MAR's were audited monthly to monitor good practice of care workers. People told us they were happy with the support provided to them regarding medications. One person told us, "I am very happy with the support they give me with my medications. I think they work safely, yes." We were satisfied that the deputy manager and registered manager responded appropriately to errors to ensure people's medications were always managed safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. The registered manager was also a registered district nurse which allowed them to support people and care workers alike. One person commented, "[Registered manager's name] is very good, we know we can and have called on them when we need any advice." One care worker told us, "[Registered manager's name] is very knowledgeable."

The registered manager spoke of the importance of recruiting care workers with the capability to learn and apply appropriate skills. Staff received an effective 4 week induction into the service before starting work. The induction allowed new staff to get to know their role and the people they were supporting. Care workers told us during the induction they completed mandatory training, read care plans and shadowed existing care workers on call, to understand exactly what people's needs were. We saw care workers files consistently contained documentation which demonstrated completed inductions.

The registered manager confirmed that suitable new staff were enrolled on a Care Certificate equivalent training programme to ensure people received continuous effective care. Staff also received on-going training in the essential elements of delivering care and we saw online records pertaining to the adequate pass marks of care workers. The registered manager was in the process of implementing a new system which allowed improved monitoring of staff training.

People consistently told us that they felt care workers were competent in their role. One person told us, "I don't require a hoist but I need to use a slide board. I always feel safe when I'm being moved and they know how to use all the equipment safely. I never feel rushed." When we spoke with care workers they conveyed confidence with regard to manual handling skills, one care worker told us, "You must always have two people supporting someone who needs to use a slide sheet, for the safety of everyone."

The registered manager told us formal supervisions were carried out at regular three monthly intervals or when a need arose. Although care workers told us conflicting information about when formal supervisions were carried out, they all consistently told us that informal supervisions were carried out daily. We saw manually written supervision records and the registered manager advised that further records were stored on their computer system. The registered manager showed us systems which were being developed to monitor supervisions more robustly.

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 manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this.

People's care records contained signed documents of consent which confirmed agreement of the care that

was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision and how they liaised with people's lasting power of attorneys and families to act in people's best interests. A social worker told us how the registered manager had identified a breach of a person's human rights and acted accordingly. This told us people's choices and decisions were protected.

Where the support was required people were helped to maintain a balanced diet. One person told us, "They always leave me enough to drink." Another person was reluctant to speak with us as they were enjoying their lunch provided to them by a care worker. Royale Carers supported people to access healthcare professionals as required. One person told us, "They will help me make and get to any appointments I need." This demonstrated that people's nutritional and health needs were being met.

Is the service caring?

Our findings

Staff had positive relationships with people and their relatives. People repeatedly told us they liked the care workers who supported them. One relative told us, "They don't only support [person's name] but they support me too." A person said, "We have little laughs every day, they make my bed for me and do the little things like get my serviettes out for me. It's the little things that they do that make your day better." Another person told us, "They [care workers] are all very bubbly and friendly."

The registered manager and staff supported people to express their views. We observed the registered manager receive multiple telephone calls throughout the day from one person who required constant reassurance and interaction. The registered manager remained attentive, listened and understood the person's needs and responded appropriately every time they called. The registered manager explained to us the good relations they had built with the person's relative who lived some distance away. Therefore they understood the importance of the extra support needed to avoid social isolation.

People told us that they were actively involved in making decisions about their care. Although people told us they didn't have meetings at regular intervals about their care specifically, they did tell us that they had meetings whenever a change in need was identified. One relative told us, "There is no hesitation to have a meeting if anything needs changing." One person told us, "[Registered manager's name] is lovely, I haven't had many meetings with her about my care really but my care hasn't changed so I don't need any meetings. I know I can arrange a meeting with [registered manager's name] when I see her or just call her." We were assured that people felt listened to.

People's privacy and dignity was respected by staff. One care worker told us how they took pride in the fact that they helped people increase their independence and in turn dignity. People repeatedly told us that care workers were respectful when providing care and support. Additionally they told us that care workers respected their homes when visiting them. A relative told us, "If [person's name] is happy then I am happy and [person's name] is always laughing and joking with them. They are respectful and friendly." We also observed respectful and friendly interactions between care workers and people.

Care workers were reported to be kind and compassionate. One person gratefully explained, "I had a funny turn this morning. I was sick and [care worker's name] stayed with me but also popped back in when they were passing again. They let [relative's name] know and I couldn't ask for more. They're so kind."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person happily told us, "I woke up this morning and I feel that I've come on so far since their [care workers] help." One relative explained to us how the care workers had made such a difference to their lives and that they had experienced other care agencies without time or patience which had impacted negatively. They stated that since they had been with Royale Carers their relative had improved so much and was so much more cheerful. They said, "They spend time trying to encourage [person's name] to get dressed and walk short distances, he's improved a lot."

Before people used the service their needs were assessed to see if they could be met by the service. The registered manager spoke strongly that they would not commit to providing someone's care if they were unable to fulfil their needs continuously. People remembered their initial assessments and care plans produced. One person told us, "[Registered manager's name] came out to meet me first, she was very kind natured and we spoke of everything she could do and everything that she wouldn't be able to do, so it's all very clear." The registered manager expressed the importance of the initial assessment and told us that they themselves provided care to each person initially which ensured they fully understood each person's needs and whether their needs could be met consistently by the service. People consistently told us they had a blue folder in their home which contained information about their care. One care worker told us, "It's very important to read people's care plans, it tells us about people's needs, like allergies, it is important to know these things."

Care workers had the information they needed which allowed them to respond to people's needs. One social worker spoke of their confidence in the service and told us how the registered manager ensured that the care workers used care plans that were provided by them which enabled people to be supported without hesitation. People's care records contained person centred information in a more detailed format alongside easy read summarised care plans outlining exactly what care and support was being provided. The registered and deputy managers were responsible and in the process of updating care plans and risk assessments. People told us that although they communicated with the registered manager often; the review of care plans generally only took place when a change in need was identified. The registered manager showed us systems which were being developed to monitor the regular reviews of care more robustly.

People's experiences were listened to and responded to appropriately. The registered manager explained how they liaised with care workers and health professionals to ensure people received appropriate individual care. For instance care workers reported to the registered manager one person's increasingly distressed nature when being transported to their day care centre. Discussions and meetings were had with social workers, family and other appropriate people to find interventions which reduced the stress of the person whilst continuing to visit their day centre.

One relative told us how pleased they were with how the registered manager consistently responded to the needs of their relative and themselves. They explained how the registered manager had arranged respite

services for them when requested. A social worker also expressed, "[Registered manager's name] and her team offer sitting services, live in care, community support and regular home care support, they are very flexible and can meet a range of needs." This demonstrated that people's needs were responded to in order to improve their experiences.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. Staff knew about the complaints procedure and to direct complaints to management. People consistently told us they had no reason to complain and were very happy with the service being provided. One person told us, "There's information about how to complain in the folder but I have never had to use it and I know I could just call [registered manager's name] anyway. They deal with any concerns immediately." Although the registered manager recorded complaints they told us that they were in the process of developing methods to analyse the data more closely to drive improvements.

Is the service well-led?

Our findings

Quality assurance processes required some improvement and although they were being developed had not yet been imbedded to allow for robust quality monitoring of the service. The registered manager reported that this was due to management covering shifts which ensured people's needs were met. Nevertheless, the monitoring of quality assurance had been overlooked to ensure consistent quality care. The registered manager told us how they are now in the process of improving monitoring systems and understood the importance of improving quality assurance. We were shown documentation which demonstrated the developments of the monthly audits and the analysis that would be carried out. It was explained to us that the improved audits would be undertaken monthly regarding various aspects of service performance. In turn a yearly report and action plan would be produced to identify areas where improvements could be driven. The registered and deputy managers both expressed their keenness to deliver a high standard of care and support to people using the service and developments were being made. This demonstrated that effective quality assurance systems were in the process of being developed and imbedded.

The registered manager told us people were contacted every three months to gain feedback on the services they were provided with. The registered manager reported that responses from biannual questionnaires of people, relatives and other stakeholders would be analysed and action plans produced as part of the on-going improvements to quality assurance systems. People reported to us that they felt they could contact staff members from the service whenever they needed to and felt that care workers, and the registered manager were all approachable and responsive.

The service had a registered manager in place. They also had a deputy manager and care co-ordinator who were additional contacts for people and care workers in and out of office hours. People and relatives we spoke with were very complimentary of the registered manager and their team. One person said, "They do what they say on the tin. They dispense holistic care, reliable and caring."

An inclusive and person centred culture was promoted by the service. The registered and deputy manager both expressed that they had mindfully tried to recruit care workers who displayed genuine respect towards people and who were on board with their vision. The registered manager expressed how she wanted to provide exceptional care to people that have worked hard all their lives. Care workers had adopted the vision of the service. Care workers told us, "We are trying to promote independence, we are a stepping stone from ill health to good health," and, "We are simply trying to provide the best care possible."

Staff felt supported at the service. One member of staff told us how they had needed assistance immediately at a person's house and [registered manager] came to help straight away. Another care worker told us, "I find my managers very supportive, if I need help or not sure of anything I will just ask [registered manager's name]."

The registered manager also gathered staff's views on the service through meetings held every month and on a daily basis through face to face communication or over the phone. Care workers consistently told us that they attended monthly staff meetings as often as they could. One care workers questionnaire feedback

remarks stated, "It's nice to have regular staff meetings in a relaxed and informal atmosphere; to chat and discuss changes." The registered manager told us how she cooked for her care workers at staff meetings and they all spoke about service activity openly.

Minutes of the meetings were detailed and clearly showed how developments were being made and how management and care workers were all informed with current information regarding people that use the service. For example, discussions were had regarding the need for continuity of care workers visiting people as much as possible. This showed that despite some quality monitoring processes still requiring improvement, there was an open and inclusive culture in which staff felt comfortable discussing their views to improve the service they provided.