

Royale Carers Limited

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Inspection report

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Essex
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Tel: 01702353547

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royale Carers Limited provide personal care to people living in their own houses, flats and specialist housing. This is a domiciliary care service and primarily provides a service to older people, older people living with dementia or who may have a physical disability. At the time of inspection there were 44 people using the service.

People's experience of using this service and what we found

Recruitment systems were not robust to ensure the right staff are recruited to support people to stay safe. This remained outstanding from our previous inspection in April 2019 and had not been addressed by the provider. Risks for people were identified and recorded in relation to their care and support needs but information relating to how risks to a person's wellbeing and safety were to be mitigated were not recorded. Lessons are not always learned to support improvement.

There was a low incidence of safeguarding concerns and these were recorded and investigated. There were suitable numbers of staff to keep people safe and meet their needs. People received their medicines and accurate records were maintained. People were protected by the prevention and control of infection.

Staff received an induction, supervision and support in their role and areas of responsibility. People's healthcare needs were promptly met, and staff supported them with any nutritional and hydration needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People state the service is consistently well-led. Improvements have been made in relation to the service's governance arrangements. The service involves people, relatives and staff in a meaningful way. The provider worked alongside other agencies to meet people's needs.

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

Rating at last inspection (and update)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18 [Staffing]. However, the provider was still in breach of Regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The last rating for this service was Requires Improvement (published June 2019). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the provider's recruitment processes.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royale Carers Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Royale Carers Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the Local Authority. This information helps support our inspections and we used all information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the service's administrator and the office manager. We reviewed a range of records including four people's care and support plans and reviews, risk assessments, staff medication administration records, staff recruitment and training records.

After the inspection

We also reviewed records used in managing the service, for example, policies and procedures and quality assurance monitoring records. We spoke with three members of staff, three peoples relatives and three people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in April 2019, recruitment checks on staff were not followed to ensure people's safety. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found not enough improvement had been made and they remained in breach of this regulation.

Staffing and recruitment

- Suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken and were suitable to work with vulnerable people.
- Satisfactory evidence of conduct in staff's previous employment, in the form of references, had not been received before all staff commenced employment.
- Gaps in employment were not routinely explored to ascertain staffs work history or confirm gaps in their employment history that required exploring.
- One staff member's Disclosure and Barring Service [DBS] status through the online 'update service' was performed four months after they commenced employment. There was no evidence to show an Adult First Check had been completed for two members of staff. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list while waiting for the full DBS check to be completed.

The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People and their relative told us there were enough staff available to provide the care and support as detailed within their support plan.
- The provider used an electronic system to plan staff allocations and to monitor missed and late calls. An analysis of data provided, showed there had been no missed calls but there were occasions whereby staff did not always stay for the allocated time as detailed within people's support plan. Action was taken by the service to address this and staff were reminded of their roles and responsibilities.
- People spoken with stated they or their relative were generally supported by a regular team of staff to ensure continuity of care. One relative told us, "[Relative] has a group of staff who are familiar with my relative's needs." Another relative told us where there were staff changes due to sickness or annual leave,

their relative found this difficult as they were living with dementia.

Assessing risk, safety monitoring and management

- Risks for people were identified and recorded in relation to their care and support needs. However, improvements were required to demonstrate how risks to a person's wellbeing and safety were to be mitigated. For example, where people were recorded as being at risk of falls, the actions to be taken to reduce the risk were not recorded.
- Risk assessments were not completed for people using the service or staff in relation to the risks posed and presented by COVID-19. An assurance was provided by the registered manager that this would be completed as soon as possible.
- Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for four out of 44 people using the service. These showed people received their medication and records were kept in good order. No areas of concern were raised by people using the service or relatives relating to medicines management.
- One person's Medication Administration Record [MAR] showed they were prescribed PRN medication when they became anxious or distressed. This should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. However, the MAR showed this was routinely being administered by staff. This was brought to the registered manager's attention.
- Staff had received medication training and had their competency assessed.
- An analysis of data shared with us for the period October 2020 to February 2021 demonstrated minor areas for improvement were identified and addressed to ensure lessons learned.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One relative told us, "I feel [relative] is safe, especially when they have their regular carers."
- There was a low incidence of safeguarding concerns within the last 12 months. An analysis of data shared with us demonstrated there had been one safeguarding concern raised and this had been investigated in conjunction with the Local Authority. The outcome of the safeguarding concern was unsubstantiated.
- Staff had received safeguarding training, and this was up to date. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the office and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- Staff had received COVID-19 and infection, prevention and control training. Although no concerns were raised with us relating to staff not wearing appropriate Personal Protective Equipment [PPE], staff had not received 'donning and doffing' training.
- Staff had access to enough PPE to help prevent the spread of infection.
- We were assured the provider was accessing COVID-19 testing for staff in line with government guidance.

Learning lessons when things go wrong

- This inspection highlighted some lessons had been learned and improvements made since our last inspection in April 2019. Staff had received opportunities to complete mandatory training and to receive

regular supervision and/or 'spot visits'. Improvements had been made relating to medicines management. However, suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken relating to recruitment. Information relating to how risks were to be mitigated had not been recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in April 2019, not all staff had up to date training or received regular supervision or spot visits. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Staff support: induction, training, skills and experience

- Staff told us appropriate arrangements were in place to ensure they received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported.
- Staff training records viewed showed most staff had received mandatory training in key areas as part of their initial induction and subsequent refresher training thereafter.
- Staff received an induction and were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence.
- Staff told us they felt supported and valued by the registered manager. One member of staff told us, "[Registered Manager] is approachable, I can ask them anything, they are very supportive."
- Staff confirmed they received formal supervision and 'spot checks' were completed. The latter is where the provider's representative can observe a member of staff as they go about their duties to ensure they are meeting the organisations values, standards and expectations.

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

- People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their dietary needs were met.
- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the office or the registered manager for escalation and action.

Adapting service, design, decoration to meet people's needs

- The domiciliary care service office operated from a permanent property. The office is on a main bus route and a short distance from two mainline railway stations. However, the office is not easily visible as it is

placed behind a row of shops and residential dwellings. Though there is enough room for the management team to conduct their business, there are no training facilities available for staff and external venues are sourced for training purposes and staff meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff had received MCA 2005 training and demonstrated a basic understanding of the legal framework.
- Staff asked for consent from people before providing care and support and recognised the importance of people making choices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had not monitored their recruitment procedures, including undertaking all relevant checks before staff commenced employment. This remained outstanding from our previous inspection in April 2019.
- The service had a positive culture which focused on people receiving person centred care and achieving the best outcomes for people using the service. People were complimentary about the care and support they received.
- Systems were now in place to monitor the quality of the service provided. For example, since our last inspection in April 2019, improvements had been made to monitor missed and late calls for people using the service and to make staff employed more accountable for their actions. Medication audits had been introduced to ensure these arrangements were safe.
- Since April 2019, the registered manager had ensured staff employed at the service received formal supervision and 'spot visits' were undertaken at regular intervals. Improvements had been made pertaining to staff training.
- There was a low incidence of safeguarding concerns and complaints. The registered manager was able to demonstrate a duty of candour, including providing apologies when things go wrong. Though there had only been one safeguarding concern, the registered manager had not notified the Care Quality Commission. The rationale provided for this oversight was they were not aware they had to notify us as the investigation was completed by the Local Authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- Staff were positive about working at the service and consistently described the registered manager as supportive, approachable and understanding. One member of staff told us, "I couldn't be happier working for Royale Carers. I can always talk to [name of registered manager] and I feel very supported." Another member of staff told us, "I really enjoy my job and feel privileged to work for Royale Carers Limited."

- Staff told us communication with the management team was positive and as a result of the pandemic a 'WhatsApp' group had been set up for staff to share information.

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

- The service engaged with people, their relatives and staff employed at the service through satisfaction surveys. The providers satisfaction survey report dated July 2020 demonstrated there had been an overall improvement on the previous survey in 2019.
- Where comments were recorded from either people using the service or their relative, these were positive. One person wrote, 'When I started using Royale Carers, I was advised that they were second to none, they have lived up to that recommendation.' A second person wrote, 'They are without exception kind and attentive to us both and for that we thank you all.'
- The outcome of the staff survey recorded over 93% of staff who were employed by Royale Carers Limited were happy working for the organisation.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken and were suitable to work with vulnerable people.

The enforcement action we took:

Warning Notice Served