

Revelation Social Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Revelation Social Care is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. At the time of our inspection there were 32 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Robust systems were not in place providing clear management and oversight of the service. The office area was disorganised and did not provide an effective working environment. Both electronic and paper records were inaccurate and incomplete.

The registered manager recognised the service was not equipped to support some of the people in their care. This was being addressed with the local authority. The registered manager also liaised with the local authority safeguarding team where issues and concerns had been raised.

Robust recruitment practices were not followed. Systems to support and develop staff did not ensure they had the knowledge and skills needed to support people safely and effectively. Some staff had worked excessive hours with inadequate breaks. This potentially placed the health and well-being of the service user and staff at risk.

People's medicines were not managed and administered as prescribed. Staff training and assessments of competency had not been effective to ensure practice was safe. Information showed people had access to healthcare support, where necessary. We were told support to appointments was provided if needed.

Feedback from people and family members was very positive about the support provided and felt the registered manager was responsive. We were told staff enabled people to make their own decisions and offered choice when carrying out tasks. However, we found the service was not working within principles of the Mental Capacity Act. (MCA). Records did not clearly evidence capacity had been assessed and decisions were made in the people's best interests.

People felt they were cared for in a safe way. However, staff felt, and records showed further development was needed, so staff were clearly guided in the support people needed to keep them safe. During the inspection, specific areas of training had been arranged for staff. This learning needed embedding and included within the individual support plans.

Suitable arrangements were in place to minimise the spread of infection. Records showed and staff confirmed training was provided in infection control. Staff told us personal protective equipment (PPE) was readily available and worn when carrying out care tasks. This was confirmed by people we spoke with.

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

Rating at last inspection

The last rating for this service was good (published 22 January 2019).

Why we inspected

We received concerns in relation to the management and conduct of the service, safeguarding, staff training and development and safe care and treatment, particularly in relation to risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to consent, safe care and treatment, staff recruitment and training and good governance at this inspection. A warning notice has been issued in relation governance systems to ensure effective management and oversight of the service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Revelation Social Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 5 April 2023 and ended on 24 April 2023. We visited the location's office on 5 and 12 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We also received feedback from the local authority commissioning team. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service, 4 relatives and 8 members of staff. This included the registered manager, administration staff and care staff. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care records, medication management, staff recruitment and training. Additional evidence, sent to us electronically, was reviewed remotely. These included, staffing arrangements, policies, and procedures as well as information to evidence management and oversight of 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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- Staff recruitment procedures were not in place.
- Relevant information and checks had not been made prior to staff commencing work. This included, incomplete application forms, written references and up to date Disclosure and Barring Service (DBS) checks. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additional checks in relation to 'Right to work' were not sufficiently robust. We found guidance for employers had not been followed. This included all necessary information required for students with limited permission to work during term-times as well as full copies, including both sides of an Immigration Status Document.
- A review of rotas showed staff were not deployed safely. Some staff were rostered to work an excessive number of hours with appropriate breaks.

Although we found no evidence of harm the provider had failed to ensure staff had been safely recruited and deployed to help keep people safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said the team worked well together. We were told, "The support is good, no conflicts; the team work well together" and "I feel all the staff and management are friendly and supportive. Staff inform you and support you with clients."
- We also sought feedback from professionals involved with people's care. One healthcare professional spoke about their client being more settled with the support from the service. Whilst another said the service had considered the staffing arrangements to minimise the impact on the wider family.

Assessing risk, safety monitoring and management

- Arrangements to monitor and manage areas of risk needed improving.
- We looked at records in relation to areas of potential risk. Specific areas of concern, such as behaviours that challenge and self-harm had not been thoroughly assessed and planned to provide clear guidance for staff about the way support should be provided to help keep people safe.
- Staff spoken with felt peoples risk assessments and plans could be improved. One staff member told us, "There's just enough information, but we could do with more. Another staff member said, "You're not always sure what situation you're going into."
- Assessments were completed in areas such as fire safety, environmental hazards, and food safety. However, on one file we found the Personal Emergency Evacuation Plan (PEEP) was incomplete. This

information is important, so people can be safely supported in the event of any emergency.

Although we found no evidence of harm, the provider had failed to ensure areas of risk were assessed and planned for ensuring the safety and protection of people. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were made aware during the inspection that specific areas of training in self-harm, ligatures and dementia care had been arranged for staff. This learning needed embedding and included within the individual support plans.
- People and their relatives felt staff provided care in a safe way. One person told how staff assisted them to move around their home safely, adding, "I feel assured with the help they give me." The relative of one person also said, "[Relative] has complex needs, staff understand and cope well."
- Feedback from professionals was also positive about how the service managed risk. They told us, "The service is safe, always been helpful to eliminate risks" and, "There was one occasion where the service user was in need of support out of hours and they responded to the crisis whilst social work team were out of office and eliminated the distress."

Using medicines safely

- The management and administration of people's prescribed medicines was not safe.
- A review of people's medication administration records (MAR) showed items were not given as prescribed. For example, one person required topical cream applied twice daily, records showed this was applied 4 times each day. Records did not provide any direction for staff on where creams were to be applied. A further record showed medication with a variable dose was not being administered as prescribed.
- The service had recently been inspected by the local authority medication optimisation team. They too identified shortfalls in medication practice.
- Medication competency assessments were completed for staff as part of the induction programme. Records seen showed assessments of staff had been carried out with people who did not receive support with the medicines.
- Staff told us they had completed medicines training through the e-learning programme. However, staff member felt further in-depth training was required due to complex needs of some people.

Although we found no evidence of harm, the provider had failed to ensure the safe management and administration of people's prescribed medicines. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had liaised with the local authority safeguarding team in relation to issues and concerns, which had been raised.
- Records showed and staff confirmed they had completed training in safeguarding. Staff told us they report any concerns to the registered manager.
- People and their relatives told us they felt the service was safe. We were told, "I trust them with everything" and, "Couldn't manage without them. Keep [relative] safe and well." Feedback from health and social care professionals involved with people was also positive. One professional told us, "I or the direct family have never had any concerns over the safety of the service or how the care is delivered."
- The registered manager completed a quarterly 'trend analysis' which explored any issues which had arisen, and action required in areas such as health and safety or medication. During the local authority quality review, the registered manager was advised how this information could be expanded upon to help identify specific areas of learning.

Preventing and controlling infection

- People were protected from the risk of spread of infection. Policies and procedures were in place to help minimise the risk of cross infection.
- The service had a contingency plan which explores any action required in the event of a pandemic.
- Records showed, and staff confirmed training was provided in infection control. Staff told us personal protective equipment (PPE) was readily available.
- People told us staff wore PPE when providing care and ensured items were disposed of correctly. We were told, "They [staff] leave the home clean and tidy and always dispose of things properly."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Staff had not received the necessary training, development and support needed to support people using the service.
- Staff told us the majority of training was provided through on-line training. Training records showed a number of staff had completed multiple courses in 1 day. This did not demonstrate training was appropriately planned to promote staff learning.
- A staff induction was in place however records did not reflect information provided in the PIR with regards to shadowing and completion of the care certificate signed off by the manager.
- Self assessments and observed competency assessments had been completed with some staff. Where additional learning had been identified there was no evidence this had been acted upon.
- Information provided by the registered manager in the pre-inspection record (PIR) stated 'bespoke' training had been provided in specific areas of support. No evidence was provided to support this. During the inspection we noted face to face training in specific areas of support had been scheduled.
- Staff felt communication systems could be improved along with specific areas of training in areas such as behaviours that challenge mental health and medication.

The provider had failed to ensure staff received the training and development needed to support people using the service safely and effectively. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people and their relatives was very positive about the care staff. Comments included, "I can't praise them enough" and, "Couldn't ask for a better team. We rarely have someone different and trust them with everything."

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law;
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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Records did not clearly evidence people had consented to their care and support.
- Where people were said to lack capacity to make their own decisions, an MCA assessment had not been completed. Information was not sufficiently detailed where decisions had been made in their 'best interest'.
- Staff spoken with had little understanding on the MCA, although training had been provided. The self-assessment completed by one member staff identified additional learning was needed in this area. However, no action had been taken.

Although we found no evidence of harm, the provider had failed to comply with the Mental Capacity Act 2005 ensuring people's right were upheld and protected. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We noted one person was being deprived of their liberty. A referral for assessment was initiated some time ago however the registered manager had received no further information from the local authority confirming a welfare decision had been made by the court of Protection.

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

- People's nutritional and hydration needs were assessed and planned for. Records showed how staff were to support people to maintain a healthy diet. Information included people preferences.
- Where concerns were identified staff completed food and fluid charts to monitor people's intake. One person told us staff always made sure they had breakfast and left drinks ready, until their next visit.
- The service had become a member of the Greater Manchester Nutrition and Hydration programme. This aims to make sure that older people across the borough are eating and drinking well enough to remain healthy and independent.

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

- The service worked in partnership with people, their relatives, and professionals to ensure people's healthcare needs were met.
- From discussions with staff and a review of people's records we found people had access to health care support services. This too was confirmed by people's relatives. One person told us, "If I can't take [relative] to an appointment, they will do it."
- We received feedback from 2 professionals involved with people using the service. They told us the service was responsive to people needs, adding, "They have always been able to support me with any issues that I have with patients and ultimately care for the individuals they work with" and, "[Registered manager] has always contacted me back and attended joint visits when required. They have also identified concerns themselves and brought them to me."

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 our last inspection we rated this key question good. At this inspection, the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- The service did not have systems in place to monitor and review the service provided; helping to identify the shortfalls found during the inspection.
- The registered manager acknowledged the lack of thorough assessments prior to agreeing packages of care had potentially compromised the service. Whilst the majority of complex care packages did not receive a regulated activity, pressures on the service had impacted on the overall management and oversight of the service.
- The registered manager was working with a consultancy firm to help identify areas of improvement needed. A service improvement plan had been developed. Action identified had yet to be implemented and embedded. The registered manager has given us assurances no further packages of care will be accepted until the necessary improvements had been made.
- We found the office environment was disorganised and did not provide an effective working environment. Both electronic and paper records were inaccurate and incomplete.

The provider had failed to ensure effective governance systems were in place to help demonstrate continuous quality improvements and compliance with regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we were informed a new deputy manager had been appointed. It was anticipated clear roles and responsibilities would be identified to help provide better management and oversight of the service.
- We received a mixed response from staff about the support they received. Some staff felt the registered manager was approachable, whilst others felt team leaders were more accessible. Staff felt they were not always equipped to support the complex needs of 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;

- The registered manager was aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong. People we spoke with said the registered manager was responsive to any issues raised with them.
- Feedback from professionals was positive about the management of the service. We were told,

"[Registered manager] is a kind and caring individual, she has empathy for each service user, she is non-judgemental and supportive" and, [Registered manager] has always been supportive of the work required and amended service delivery when required."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family members spoke positively about the care and support provided. We were told, "We don't see [registered manager] often, but we can call her. Any issues she will sort things" and, "Communication with the office is fine."
- Feedback from people and their relatives was sought. This included feedback surveys as well as telephone calls. We saw evidence of surveys on people's files. Comments included, "10/10 no concerns, I am really happy with the support I receive from all the staff" and "Overall care very good, any issues I can contact [registered manager] and she will try and resolve as soon as possible".
- Staff felt communication across the service could be improved. However, staff felt support was delivered to a good standard and person centred, adding, "We put the clients first" and, "I really like my job, good team support."
- Feedback was also received from health and social care professionals involved with the service. We were told, "Revelations Home Care have been supporting my customer for many years and they have built up a very trusting and caring relationship, the service is personalised and considers the needs of the person" and, "They [the service] are efficient and support the service users' needs and preferences."

Working in partnership with others

- The registered manager was currently working with the local authority commissioning team to address shortfalls identified following a quality monitoring visit. Short falls identified had been included in the service improvement plan.
- Additional requests for support, due to the complex needs of some people, had not always been responded to by the local authority. This was currently being addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Although we found no evidence of harm, the provider had failed to comply with the Mental Capacity Act 2005 ensuring people's right were upheld and protected.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found no evidence of harm, the provider had failed to ensure areas of risk were assessed and planned for ensuring the safety and protection of people.</p> <p>Although we found no evidence of harm, the provider had failed to ensure the safe management and administration of people's prescribed medicines.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Although we found no evidence of harm the provider had failed to ensure staff had been safely recruited and deployed to help keep people safe.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received</p>

the training and development needed to support people using the service safely and effectively.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective governance systems were in place to help demonstrate continuous quality improvements and compliance with regulations.

The enforcement action we took:

Warning Notice issued