

P.G.S Healthcare Limited

Ruby-Rose Supported Living Services

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Ruby-Rose Supported Living provides twenty-four hour care and support to one person living with a learning disability. This is a single tenancy and staff were present at all times of the day and night.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Their support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff provided safe care and support. They had received training in how to protect people from abuse and avoidable harm. The registered manager was aware of their responsibilities to act on any safeguarding concerns. Staff had guidance of action required to mitigate any risks. There were enough staff employed and recruitment checks were completed before staff commenced their employment. Checks were completed to ensure health and safety and infection control and prevention were followed. Medicines were managed and administered safely. Whilst accidents and incidents were minimal, action was taken when concerns were identified and lessons were learnt.

Staff received ongoing training and support, checks were completed on their competency and there was a lone working policy and procedure. Ongoing assessment and monitoring ensured the person's health needs were met effectively. The person was fully involved and supported with menu planning, shopping and cooking. The person was supported to have maximum choice and control of their life 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.

Staff were kind, caring and respectful. They fully involved the person in their care and support and acted upon, and respected their wishes. Independence was promoted and the person led an active and fulfilling life. They were active citizens of their community and participated in social activities, followed interest and hobbies and worked a few hours a week for which they got paid. Information had been made accessible to meet the person's communication needs, including how to make a complaint. End of life care wishes had been considered.

There were systems and processes in place that monitored quality and safety. The registered manager

regularly visited the person, supported the staff team effectively and had good oversight of the service. The registered manager provided good leadership and continued to meet their registration regulation requirements.

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 4 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Ruby-Rose Supported Living Services

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

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to a person living in one 'supported living' setting, so that they can live as independently as possible. The person's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was announced. 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 available to support the inspection.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked commissioners for their feedback about the service. At the time of the inspection, we had not asked the provider to complete their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements

they plan to make. However, we gave the provider the opportunity to share any information they wished and this was included in this inspection

During the inspection

As part of this inspection, we spent time with the person who used the service talking with them and observing support they received from staff. We spoke with the registered manager and one care worker. We reviewed a range of records. This included in the person's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, medicine records, audits, staff training and checks on health and safety.

After the inspection

We spoke with the person's relative for their feedback about the service and another care staff worker.

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 Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person who used the service told us staff cared for them safely and having staff with them 24 hours a day, made them feel safe. This person's relative confirmed they had no concerns about safety. Comments included, "The care [name] gets is really good and puts my mind at rest. I would know if they were not happy."
- Staff received ongoing safeguarding refresher training and had a safeguarding policy and procedure to support them. Staff were clear about their responsibility to protect the person from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with the person's care and support needs, including health conditions were assessed and monitored. There was a positive approach to risk taking and no restrictions were in place. The person's relative confirmed the person led an active and fulfilling life and any known risks were managed effectively.
- Staff gave an example of action taken to manage known risks and the person's care records and risk assessments confirmed what we were told.
- Staff supported the person with their tenancy, and completed health and safety checks, and reported any repairs to the landlord.

Staffing and recruitment

- Staffing levels met the person's dependency needs. Staff were present at all times. A lone working policy supported the staff. The registered manager visited the person weekly and completed unannounced spot checks as a way of managing health and safety.
- Safe recruitment checks were completed before staff provided care, to ensure they were suitable to care for the person safely.

Using medicines safely

- Medicines were ordered, managed, stored and administered safely and in line with best practice guidance. The person confirmed they received their medicines at the same time each day.
- Staff received refresher training in medicines administration and the registered manager completed staff competency assessments.
- Documentation confirmed the person had received their prescribed medicines as required. Staff had the information required to provide safe, person centred care and support.

Preventing and controlling infection

- Staff has received training in infection control and prevention. They had an infection control policy and procedure to support their practice and a supply of aprons and gloves used to reduce the risk of cross contamination.

Learning lessons when things go wrong

- Incidents were minimal, but the registered manager's audits and checks enabled them to identify any themes and patterns. Where a concern had been identified action had been taken to reduce further reoccurrence. This included a review by the GP and care plans and risk assessments were updated.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's care and support needs were assessed and regularly discussed and reviewed with them. Care and support was based on current health and social care legislation and the fundamental care standards that providers' are requested to meet.
- The risk of discrimination was reduced because staff had detailed guidance about the person's specific, individual and diverse needs.
- Whilst the person was supported with their oral health care and attended a dentist, the registered manager was not aware of latest best practice guidance in relation to oral health care. Neither had staff received training. However, the registered manager assured us they would develop their knowledge and take action to ensure oral health care was provided as expected.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced their role. This included shadowing experienced staff and having the opportunity to get to know the person. Ongoing training was completed, and this supported the staff to keep their knowledge up to date.
- Staff told us they found the training supportive and appropriate for the care needs of the person. A staff member said, "The training is face to face which is helpful and supportive. If you want any more training the manager will arrange it."
- Staff told us they felt well supported by the registered manager. They had weekly contact with the registered manager, in addition to receiving regular formal opportunities to discuss and review their work, training and development needs.

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

- The person was on a weight loss programme which the staff supported them with. They were proud to tell us about their successful weight loss.
- The person told us how they were supported to plan, shop and cook their meals. A weekly menu had been developed. This supported the person to manage their diet. Support included the storage and management of foods such as checking use by dates.

Staff working with other agencies to provide consistent, effective, timely care

- Staff used an NHS Hospital Passport document to share information with health care professionals such as ambulance and hospital staff. This meant important information about the person's ongoing care needs were known and understood by others.

Supporting people to live healthier lives, access healthcare services and support

- The person told us how staff supported them to attend health appointments including having blood test reviews and an annual health care check with the GP.
- Staff monitored the person's health and took action if concerns were identified such as making an appointment with the GP.

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.

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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, the person had mental capacity to consent to all their care and support needs and they had no restrictions on their freedom and liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person who used the service told us they were very happy with the care and support they received. They spoke positively about the staff and how they cared for them.
- The person's relative was equally positive and complimentary about the staff and their approach. Comments included, "Staff are brilliant, I think they go above and beyond, they include [name] in everything and see that they have a good and active life and supports them to do what they want."
- Staff spoke very positively and with great respect and care for the person who used the service. From speaking with staff and by our observation of interactions, it was clear staff and the person had developed a trusting and equal relationship with mutual respect. The person was seen to be relaxed within the company of staff and much laughter and jovial exchanges were shared.

Supporting people to express their views and be involved in making decisions about their care

- The person confirmed they were fully involved in their care. They told us how staff would ask them about their care on a regular basis. This included discussions with the registered manager.
- The person's relative told us they were involved and consulted, but felt their relation was fully involved in all aspects of their care and their wishes were respected and acted upon. Comments included, "[Name] has complete choice with everything, they are really happy and settled."
- Staff gave good examples of how they encouraged and supported the person to make their own choices in all aspects of their care and daily living.
- Whilst the person had the support of their relative to act as their advocate if required, independent advocacy information was available should the person require this support.

Respecting and promoting people's privacy, dignity and independence

- The person and their relative told us staff were polite and respectful. Comments included, "[Name] is fully involved and respected. They really do live the life they want."
- Staff showed great respect and empathy. A staff member said, "We always respect [name's] wishes. We always knock on the bedroom door and wait for them to answer before entering. With personal care we are sensitive and respect their privacy."
- Independence was encouraged and promoted. The person told us how staff supported them with daily living tasks. Care plans provided staff with guidance about meeting the person's care needs whilst promoting independence at all times.
- Staff understood the importance of promoting independence. A staff member said, "We support independence by encouraging [name] to do as much as possible for themselves. They will choose

everything such as meals, clothes how to spend their time, our job is to encourage, support and keep [name] safe."

Is the service responsive?

Our findings

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person who used the service was fully involved in the assessment, planning and review of their care and support. Staff regularly discussed their care with them and also arranged review meetings with the person's relative.
- Care plans provided staff with guidance of how to provide care but also about the person's preferences, routines, social history and what was important to them. This enabled staff to provide individualised care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication and sensory needs had been assessed and staff had detailed guidance of how to support the person.
- Staff were knowledgeable about the person's communication needs and we saw they used effective communication with the person. This included using clear speech, gaining eye contact with the person and checking they had understood what the person had communicated.
- Information such as the provider's complaint procedure had been made available in easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person had an active and fulfilling social life. The person told us how they attended a community day centre five days a week. They enjoyed and participated in a variety of activities and learning opportunities and spent time with their friends. They also had paid employment.
- The person, their relative and staff gave examples and showed us photographs of the many activities the person had participated in. This confirmed how the person was supported with their interests and hobbies. This included going on holiday and day trips.

Improving care quality in response to complaints or concerns

- The person told us they were happy with their care and support and told us they would speak with staff if they had any complaints or concerns.
- The person's relative told us they had found the registered manager to be approachable and responsive to

any concerns or complaints. They gave an example of making a complaint in 2018 and how the registered manager had taken immediate action to resolve. This information was recorded in the provider's complaint log. No other complaints had been received

End of life care and support

- At the time of our inspection, the person using the service was not receiving end of life care. Staff had tried to discuss their future end of life wishes, but the person had chosen not to discuss this.

Is the service well-led?

Our findings

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Staff shared the provider's vision and values of providing good quality person centred care and support that enabled the person to achieve positive outcomes. A staff member said, "The aim is to promote independence, provide a safe environment, and support [name] to live they life they want."
- The person was supported to lead an active and fulfilling life in the community. They were fully involved in their care and support. The registered manager had created an open and honest culture.
- Staff were very happy in their role and spoke about the person with great care and respect. A staff member said, "I love my job, [name of person] is the best thing, we just connect ,we respect each other, we communicate and get on so well. I've no concerns with working for the service."
- The person and their relative were very complimentary of the staff and registered manager. Comments included, "I trust the staff completely, and I feel they have [name] best interest at heart at all times. The manager is very approachable and supportive."
- The registered manager had a positive and open approach when things went wrong. They completed a detailed investigation when incidents occurred and shared the findings and any lessons learnt with the staff and others.

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

- The registered manager was an experienced manager and staff were very complimentary of their leadership and support. A staff member said, "I couldn't wish for a better manager, they are brilliant and very supportive."
- The registered manager had good oversight of the service. They regularly completed audits and checks in quality and safety. They ensured staff remained up to date with training and received opportunities to discuss their work.
- The registered manager notified CQC of any reportable incidents and displayed the inspection ratings as required.

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

- The registered manager visited the service weekly and spent time with the person who used the service

and staff. This enabled the person and staff to raise any issues or concerns, and gave the registered manager the opportunity to review the standard of care being delivered.

- The registered manager sent annual quality assurance questionnaires to the person, their relative and staff as an additional method to gain feedback about the service.

Working in partnership with others

- Staff made referrals to external health and social care professionals when required and followed any recommendations made.