

Realcare + Limited

Realcare+ Limited

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

This inspection took place on 13 September 2016. We gave the registered manager short notice as we needed to be sure she would be present.

Realcare+ Limited provides domiciliary care support to seven people in the community living in their own homes. The service is also registered to provide support to people living supported living settings but was not doing so at the time of this inspection. The service also provides a range of other services outside the remit of inspection.

The service had a registered manager as required to manage its day to day operation. 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.

People and relatives felt staff were kind, caring and supported people's dignity and privacy effectively. They told us staff involved them in making decisions about their day-to-day care and encouraged them to do what they could for themselves. People's care needs were regularly reviewed with them or their representatives. Staff asked people's consent before providing support.

Staff knew how to respond to signs of possible abuse and how to report it. They felt the registered manager would respond appropriately to any concerns raised.

Staff received an appropriate induction and their competency was assessed. A rolling programme of training was provided, although not all staff had completed all of the required training. The care practice of staff was monitored through spot checks of their care practice and seeking feedback about them from the people supported.

An appropriate recruitment process helped ensure that staff had the necessary skills and approach to care for vulnerable people. However, some records were incomplete and this was addressed following the inspection.

Staff received ongoing support through supervision meetings, annual appraisals and a range of team meetings and other forums. The management kept staff up to date with developments in the service and the wider care industry.

Complaints were addressed appropriately by the service. People's views about the service had been sought by means of a survey and other feedback systems. The feedback was positive and where any issues had been raised they had been addressed. The service also sought the views of staff through a survey.

Effective management monitoring and review systems were in place and the service looked to learn from feedback and continue to develop.

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 and well cared for.

Staff had been trained and knew how to respond to concerns relating to safeguarding. They were confident management would respond appropriately to any concerns raised.

A robust recruitment system helped ensure the staff employed had appropriate skills and character. Some improvements to the associated records were made immediately after the inspection to address gaps.

Appropriate risk assessment and management systems were in place.

Is the service effective?

Good ●

The service was effective.

People felt the service met their needs well.

Appropriate support was obtained from external healthcare specialists when required.

Consent for the care was sought from the person or their representative.

Staff were inducted, trained and supported to enable them to perform their role effectively.

Is the service caring?

Good ●

The service was caring.

People felt the staff were caring and treated them with kindness and respected their dignity.

People were involved in making day-to-day decisions and choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People felt the service responded to their changing needs and their views were listened to and acted upon. The service had an appropriate complaints procedure which was provided to them. Where issues were raised they had been addressed.

People were involved in planning and reviewing their care. Care plans were individualised and sufficiently detailed to enable care to be delivered in accordance with people's wishes.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the service was well run and that management listened to them.

People's views about the service had been sought in a variety of ways. The feedback received was positive and any issues had been addressed.

The operation of the service was effectively managed and monitored.

Realcare+ Limited

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 last inspected the service on 2 June 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 13 September 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the previous inspection report, details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We sent pre-inspection surveys to four people who use the service, receiving one completed reply. We also surveyed six staff, of whom three replied, four relatives, of whom two replied and received feedback from two community professionals. We spoke on the telephone to two people who were receiving a service, two relatives of service recipients and four staff, to obtain their feedback about the service.

During the inspection we spoke with the registered providers and the registered manager. Prior to the inspection we contacted ten representatives of placing local authorities and healthcare professionals to seek their views. We received feedback from one of them about the service.

We reviewed the care plans and associated records for four people, including their risk assessments and reviews. We examined a sample of other records to do with the service's operation including staff records,

surveys, meeting minutes and monitoring and audit tools. We looked at the recruitment records for the two most recently recruited staff.

Is the service safe?

Our findings

People and their relatives felt people were kept safe and were well cared for by the service. One person when asked, said, "...yes, very safe" and a relative said, "...oh yes, definitely." People felt the staff were well trained and competent.

Staff demonstrated their understanding of their role in keeping people safe from abuse and had attended training on safeguarding vulnerable adults. They knew to whom they should report any concerns and felt management would respond appropriately.

One safeguarding-related matter had arisen in the previous 12 months, which had been referred back to the provider to investigate as the local authority had not deemed it a safeguarding issue. The provider took appropriate action, investigated and reported their findings to the local authority, and was awaiting their closure of the matter.

Relevant risk assessments were completed and held on people's files, where required. These included assessments of the home environment, moving and handling, use of bedrails, falls and skin integrity. The risk assessments identified any necessary actions to mitigate risks and were regularly reviewed to ensure they remained current.

The arrangements for one person's moving and handling support were not sufficiently clear in one instance and the provider was asked to ensure that appropriate clarity was sought about the process from an occupational therapist (OT). Records supplied following the inspection, show the service was pursuing an OT assessment and a review of the person's changing care needs.

Body charts were used to record any bruises, other injuries or skin damage. The forms also noted any follow up to identify potential causes of injury. These records were not always easy to interpret due to the system used but the member of management responsible agreed to ensure a clear audit trail was always available.

One instance of a missed visit had occurred due to a rota misunderstanding. The service had provided an alternative staff member as soon as they were notified of the rostered staff member's non-arrival, so the person's care needs were met.

One incident report had been worded in such a way that the reason for the actions taken was unclear. The event was explained during the inspection and the registered manager agreed to amend the record for clarity and ensure that any future events were more clearly documented. The service had sought appropriate actions from the family to reduce the risk of a recurrence.

The service had ten staff who provided regular domiciliary care support to people in their homes. In addition four members of the management team could step in, in the event of a shortfall, so the service never had to call upon other external agencies. Four staff had left the domiciliary care service in the previous 12 months.

The provider said staff recruitment was challenging at times, with numerous other local providers in competition for staff. The recruitment records for the two most recently recruited staff showed an appropriately vigorous process although one person's second character reference was still being chased as they only recently came to the UK. A copy was received and supplied immediately following the inspection. A system for recording the reason for any employment gaps was in place but the copy on one file had not been filled in correctly. The registered manager addressed this immediately following the inspection and provided a copy of the updated record.

The service provided support to people with their medicines if required, but was not doing so for anyone at the time of this inspection. Appropriate medicines management procedures were in place and five staff, to date, had completed medicines training.

Is the service effective?

Our findings

People and their relatives felt the service was effective and met people's needs. People were supported to do what they could for themselves and were happy that they were usually provided with consistent staff. One person said, "I have consistent staff with two backup staff to cover holidays". People were happy staff were usually on time and one added that they always, "...stay for the set times". New staff were introduced before starting to provide support and initially shadowed a colleague who knew the person's needs. One person summarised their views saying, "I would recommend them to anyone."

People felt staff knew their needs well and had the skills they needed. People variously described staff as, "The carers are brilliant", "...they are good" and "...pretty good." One person felt staff had improved recently and said, "They are better than at the beginning, one staff wasn't so good". People and relatives said staff always sought people's consent before providing care support and staff also told us they did this. A staff member, said, "Yes we check consent each time and take time to provide care and support." One staff member felt at times they could do with more time allocated to some calls to meet people's needs.

Staff were happy they had received a good induction and regular training. They said both core training and training specific to individual's needs, was provided. The training records provided showed the service had a programme of training for its staff. Not all staff had completed all of the core training but the majority of staff had attended most of the standard courses. Additional training was required regarding mental capacity and consent in particular. Training was provided through a mix of face to face courses and computer-based training. Specialist training had been provided by appropriately qualified external healthcare professionals.

New staff were completing the national Care Certificate induction programme which included competency assessments and observations of staff to confirm their knowledge and ability. Existing staff were also being taken through the same range of competencies although this process was not yet fully completed. Additional support had been provided where appropriate to support staff who found computer-based learning difficult.

Staff received periodic supervision although this was not always in accordance with the provider's stated three-monthly target. New staff tended to receive more frequent supervision in their early months. Staff felt well supported and said they could always ask management for support. And they were, "...flexible about it." Staff also received an annual performance appraisal to review progress and identify future goals. Out of hours support was always available from members of the management team.

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.

All but two of the people supported could make day-to-day decisions about their care choices and

contributed to their care plan discussions and reviews and all were involved in meetings. Two people had full capacity for all decision-making. Where appropriate, relatives were also involved or consulted and their views taken into account. One person had a relative with power of attorney so they could make decisions on the person's behalf. The service had taken part in best interest meetings where specific care decisions were needed. Consent was recorded within care plans. An independent advocate had been involved in the best interest process for one person, together with input from an occupational therapist.

Where necessary staff provided support with meal preparation and feeding as well as encouraging fluids. Staff had received training on feeding via peg tube, direct to the stomach from a district nurse and been signed off as competent to do this. None of the people currently receiving support had significant concerns around nutrition or hydration but the service had recording formats and risk assessments to address this, if required. Healthcare support was provided through contact with relevant healthcare practitioners as and when required.

Is the service caring?

Our findings

People and relatives told us the service was caring and staff were caring and kind. One person described the staff as, "...kind and patient", another said, "yes always". People told us the staff took the time to chat with them and didn't rush them when providing support. However, one person said, "Some carers could hold more conversations with me, be more sociable." A relative said, "The staff treat [name] well."

People's care plans identified any spiritual or cultural needs they may have and whether these impacted on the care and support which was to be provided. People's care plans provided detailed information which was obtained from them, about their specific preferences, likes, dislikes and how they wanted their support delivered.

Staff explained they involved people as much as possible in their own care, encouraging and supporting them to do what they could for themselves, so as not to de-skill them. Staff explained to people what they were about to do to reassure them. The way staff spoke about people suggested they viewed them as individuals and respected they were working in people's own homes. Independent advocacy had been obtained in one case to help ensure that decision-making was in the person's best interest.

People felt staff respected their privacy and dignity in the course of delivering their care and gave us examples of how they did this. One said, "Staff sort my needs out and look after my dignity", another told us staff looked after their dignity by ensuring blinds were down and doors closed. A relative told us staff provided, "...care in private."

Staff also described a variety of ways they maximised people's dignity, including always providing support behind closed doors and ensuring they had all the items they needed to hand, before starting a care task. Dignity and privacy were included in people's care plans and discussed at assessment as part of planning how people's care would be delivered within the home environment.

Is the service responsive?

Our findings

People and relatives felt they had been involved appropriately in care planning, decision making and reviews of care. One person said, "I am involved in care planning and they will ask for more funding if needed." People were happy with the flexibility demonstrated by the service. One said, "We are very happy with them, they always fit us in."

People's care files contained a copy of their assessment, identifying the required support, a detailed care plan supported by relevant risk assessments and any guidance from external healthcare professionals. Care plans provided staff with the information they needed to deliver care in an individualised way. They were regularly reviewed to ensure they were up to date and reflected the person's current needs. One person told us the service reviewed their care plan every six months. Where risk assessments identified concerns, staff were given guidance as to the action to take to minimise the risk.

The provider told us they identified one lead professional involved in each person's care provision, with whom to communicate, to ensure clear communication was maintained with professionals.

Care plans identified people's interests, hobbies and activities where this would assist staff to engage with them. Individual's preferences regarding care routines were recorded so staff provided their support in the way it was wanted.

The service has a complaints procedure which was described in their statement of purpose and the service user guide. Records showed complaints had been investigated and action taken to address the issues raised. The service had also received various compliments about the care provided.

People were happy with the way issues they had raised had been addressed by the provider. One person said, "They replaced a carer in the past, at our request", another told us, "...punctuality issues had been resolved". One person commented that, "...communication with admin is sometimes an issue if things go wrong".

Is the service well-led?

Our findings

People and relatives felt the service was well led by the management team and were happy any issues raised had been taken seriously and addressed. Staff felt the management provided clear expectations of conduct and values and said advice and support were always available. One staff member told us, "There is always a manager available to advise". Others said, "they tell us their expectations in team meetings, training and supervision" and "...they are very good." Staff were provided with a handbook and policies and procedures were available.

Staff told us various team meetings took place, such as with groups of staff working with particular individuals, as well as of the whole team. Staff forum meetings had also taken place. The forum minutes were detailed and included reminders of the company's mission and values and the conduct expectations upon staff as well as changes in the industry. Team meeting minutes were also detailed and informed staff about changes within the organisation

Staff practice was also monitored through spot check visits to observe their care. Staff, people and relatives all confirmed these took place. The management team were aware of the way people's needs were evolving and took action in a timely way to discuss any developing issues with family or external professionals. For example, in order to work with a family around the impact of a person's changing needs and increasing need for support. They have also liaised with external healthcare professional such as care managers and occupational therapists, to negotiate additional support or equipment. An external care professional told us they had no concerns regarding the management of the service.

As a matter of policy the service only took on substantial care packages where visits were of sufficient duration to enable meaningful interaction with the person supported. They saw this as essential in order that staff met the person's needs as a whole and did not just attend to the physical care aspects.

The performance of the service was monitored through a range of regular management audit tools in addition to practice checks and surveys. These included monthly management reports and six-monthly audits. The findings from management monitoring and surveys were discussed within management and team meetings to agree goals to develop the service.

An overview of various aspects of service performance was also maintained through the completion and monitoring of such things as staff training, supervision and appraisal. Annual reports were also produced by members of the management team regarding specific areas of the service. The clinical governance lead person also produced an annual 'end of year' report reviewing the previous 12 months and looking at future developments in the service. The annual director's report identified and set goals for the coming year.

People and relatives confirmed their views were sought periodically through a quality survey or satisfaction form. They could also raise any questions during care plan reviews or request a meeting with management. Feedback was also sought periodically via individual letters or courtesy calls, such as when a new care package was set up or after changes to support staff. The most recent quality survey was carried out in

December 2015 and January 2016. The feedback received was reported as very positive. One issue was raised regarding a previously unstated preference about the gender of care staff, which was addressed.

A staff survey was also completed at the same time, but few responses were received. The management were considering a different survey type to try to increase the response rate.