

Reflective Care Ltd

Reflective Care 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

About the service

Reflective Care Limited provides personal care for young people living with a learning disability in a supported living setting; with people as tenants in shared houses for three to six people. The service supports people to live in their own homes as independently as possible, while continuing to develop daily living skills, such as making drinks and preparing meals. At the time of this inspection two people were receiving personal care and lived in New Romney and Folkestone.

People have their own rooms and can access shared communal facilities a lounge, dining room, kitchen and laundry, when they wish. Staff are available for 24 hours, seven days a week and there are facilities at each house to keep records secure.

Not everyone living in the houses received the regulated activity although they received a level of support. CQC only inspects the service being received by people provided with 'personal care'. Personal care includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

The people who received support and personal care had lived in the shared houses for several years. People knew staff very well; staff had a good understanding of each person's individual support needs and they had the skills to provide the care people wanted and needed.

People were empowered to be involved in how the service developed. Staff assisted people to make their preferences known and supported them to make decisions about how and where they spent their time. This meant 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's needs, and preferences had been assessed and recorded. Support plans included information about people's lives, including life histories, their likes and dislikes and health care needs. They were discussed, agreed and reviewed with people, their relatives or representatives and appropriate health and social care professionals.

An effective quality assurance system monitored the services provided and action had been taken when areas for improvement had been identified. The management continually sought feedback from people, relatives and health professionals and those we spoke to were consistently positive about the services provided. A complaints procedure was in place and staff encouraged people to raise any concerns they might have.

Staff were complimentary about the provider and registered manager. They said they all worked together as

a team, to ensure people were comfortable and received the support and care they needed. Staff said the registered manager was approachable and had an open-door policy.

Regular team meetings enabled staff to discuss any changes in people's needs and put forward suggestions to improve practice and outcomes for people. Meetings were also held in the houses for people to discuss the day to day management in each, such as who is responsible for cleaning and cooking, and other aspects of the support provided.

Staff had completed relevant training and were supported to develop their roles and responsibilities through supervision and ongoing training to develop their practice. Robust recruitment procedures ensured only suitable staff were employed.

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 10 May 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 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

Reflective Care 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 carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People'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.

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

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 information we had received about the service since the last inspection. We contacted the local authority for their feedback. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to one person who used the service about their experiences. We spoke with five members of staff including the registered manager, the provider, deputy manager and two support workers.

We reviewed a range of records. This included a person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, minutes of meetings and policies and procedures. We emailed two health professionals who visit the service and received responses. We spoke with a relative and two people who provide community activities for the people who used this 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems, processes and practices to safeguard people from abuse.
- People were clearly comfortable with staff, they chatted about how they were going to spend their day and which staff were supporting them. When asked if the staff provided the support they wanted one person nodded, said "Yes" and smiled. A relative was confident that their family member was safe and told us, "Yes, I have no worries about their safety I am sure the staff look after them."
- Staff had completed safeguarding training and understood their responsibilities to protect people from the risk or abuse, harm and discrimination.
- Staff said they knew who to contact if they had any concerns and they had previously contacted them to discuss any issues and for advice. There were appropriate policies and procedures and contact numbers available for staff to refer to if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored and managed. Staff spoke knowledgeably about risk and how they encouraged people to make decisions about their day to day lives. One member of staff said, "We have done risk assessments for all aspects of the support we provide and review these regularly and when things change; but we also want them to be independent and not restrict them, so they take some risks while we keep an eye on them."
- People were supported to go out into the community and attend day centres. One person said they were going shopping and agreed when asked that staff would be going with them.
- People's support plans included assessments related to physical and mental health care needs. These were detailed, provided clear guidance for staff to follow and reduced the risk as much as possible without restricting people's choices. For example, people were prompted to make drinks for themselves and take it in turns to assist at mealtimes. Assessments identified risk such as scalds when making hot drinks, and staff supported people when they were making drinks or meals.
- Records showed staff carried out health and safety checks of the houses and assisted people to use the facilities safely. Fire safety procedures were recorded and included in the fire training staff completed. One member of staff said, "We have spoken to all of the residents about leaving the home if the alarm goes off and it is tested regularly. One person needed assistance, and this had been included in their personal emergency evacuation plan (PEEPs).

Staffing and recruitment

- There were enough staff to support people to spend time in the community, attend day centres or remain

at home. A relative told us, "Yes there are enough staff."

- They were not rushed, one person showed us their shopping when they returned to the home and they talked about where they were going that afternoon.
- Staff said there was enough staff working for the service to make sure people could spend their time as they wished. One member of staff told us, "It is really up to them, most go out every day and if there is any sickness or holiday the manager and provider cover, works really well."
- Robust recruitment procedures made sure only suitable staff were employed. These included application forms, references, interview records and appropriate checks, such as disclosure and barring check (DBS – police check).

Using medicines safely

- Records showed staff had completed medicine training. Staff told us they had to do this, and be assessed as competent, before they could give medicines to people.
- Staff said one of the people receiving personal care had been prescribed medicines and they explained how they assisted the person to take them. One member of staff said, "We remind (person) what the medicines are for and they can take them."
- Medicine records were completed correctly and showed people had their medicines when they needed them. One member of staff told us, "We know if there are any problems with the charts as we check them when we give medicines out and we have a process to follow if this happens, but we haven't had any for a long time."

Preventing and controlling infection

- People were supported to live in a clean environment and the risks of infection were minimised.
- Staff had received training in infection control and food hygiene. They confirmed there was enough personal protective equipment (PPE), such as gloves and aprons, to use when supporting people and preparing meals.
- One member of staff said, "We prompt or support residents to keep their rooms and the communal rooms clean, as well as make the meals. So, gloves and aprons are available and used by everyone."

Learning lessons when things go wrong

- There were systems in place to record any accidents or incidents. The quality assurance process audited these records, to identify any themes or where improvements were needed, as part of the provider's governance process.
- There had been no accident or incident that involved people receiving personal care.

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

- People's needs had been assessed before they were assisted with personal care and this information was used for the basis of their support plans. A relative said, "Yes they talked about needs before and I visit regularly so know they can look after them all."
- The support plans had been written with the involvement of people, their relatives, if appropriate, and staff. They were personalised and reflected people's individual needs and preferences.
- Staff had a good understanding of each person's needs and talked knowledgeably about how they enabled people make choices and be independent. One member of staff said, "Everything we do is really based on what they want to do and how we can support them to do that safely."
- Support was delivered in line with current legislation and evidence-guidance. For example, a person's mobility was continually assessed, appropriate shoes had been obtained and referrals had been made to health professionals for specific health support.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training and understood people's support needs. Staff said they had both online and face to face training, which enabled them to develop the skills and understanding to provide the support and care people wanted. The training included moving and handling, first aid, food hygiene and health and safety.
- People were clearly very comfortable with staff, they chatted about how they had spent their day and one said, "They (the staff) are all very nice." A relative told us, "Yes I think the staff have all the training they need."
- All new staff were required to complete induction and the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said when they started working for the service they completed relevant training before they shadowed more experienced staff, as they assisted people with their support needs. Staff said, "Yes I did induction and worked with other staff as residents got to know me and I learnt about the support they needed" and "I have done the induction and working through the care certificate."
- Staff said they had regular supervision and were supported to develop their roles and responsibilities with additional training. Two staff said they had completed national vocational qualifications to level 5; the training plan showed other staff had completed levels 2 and 3 and one planned to start level 5.

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

- Staff supported people to eat a healthy diet and supervised people to prepare food and drinks safely. Staff said people took it in turns to prepare the main meal in the evening and if necessary people were prompted or assisted. This meant people were protected from risk of cuts or burns when using cutlery and cooking food.
- Staff had a good understanding of each person's eating habits and additional support was provided when needed. For example, one person was at risk of choking, because they ate too fast. Staff explained they observed and reminded them to slow down or eat less, and there was clear guidance in the support plan for staff to follow.
- People decided what they wanted to eat and joined staff when they went shopping for food, drinks and household essentials. Staff said one person really enjoyed shopping. They often went with staff and regularly visited the local shops for snacks and drinks they wanted. They went shopping with staff during the inspection.

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

- Staff worked with health and social care professionals to ensure people had appropriate support to maintain and improve their health and well-being.
- Records showed that people received visits or attended appointments with GP's, chiropodists, opticians and dentists as required.
- Where people had specific healthcare needs guidance had been provided from healthcare professionals, and staff had a very good understanding of these. They talked confidently about how they knew when people were unwell, what action they took to support them and the health professionals who were involved.

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.

- People receiving personal care had capacity to make everyday decisions and made choices about how they lived their lives. Staff said people may not be able to tell them verbally what their preference was, but they knew people very well and interpreted their responses and body language. One member of staff told us, "(Person) replies 'Yes' to most questions, but we know from their smile and facial expression what they want. They refuse if they don't want to do or have anything and we respect that."
- Staff had completed MCA and DoLS training and understood how to support people and offer assistance when needed. One member of staff said, "All of our residents want to spend time in the day centres, going into town, shopping or going out for lunch. They are usually up early and waiting for us to take them."
- People were ready at the beginning of the inspection to go shopping with staff and were clearly looking forward to going out. Another member of staff said, "We are here to support residents to have the best lives they can, and we continually review how we are doing this to make sure it is what they want."
- MCA assessments had been completed to review people's capacity if specific decisions were needed, such as going to the hospital for treatment. If people had been assessed as needing support for these decisions

best interest meetings were held and any decisions taken were in people's best interests, appropriate people were involved and was it recorded.

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 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

- Staff had developed positive and caring relationships with people they supported. A relative told us, "I think the staff are all caring and look after (person) in the best way."
- Staff knew people very well and were clearly committed to providing the support people wanted, in a kind and respectful way.
- Conversations were relaxed and friendly; staff were interested in how people had spent their time on the day of the inspection and chatted about what they wanted to do later that evening.
- There was a clear ethos of inclusion within the service values and staff promoted equality and diversity, irrespective of age, belief, disability, sex or race. At the time of the inspection people had chosen not to attend religious services, although staff said there would be no difficulty arranging this if needed.

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

- We saw that people were fully involved in all decisions about their care and support. One person had planned their day around shopping for a party and having their hair cut and staff ensured their safety by going out with them.
- A relative told us, "(Person) is quite happy there, happy to go back after staying here." A health professional told us they had only seen politeness and respect between people and staff.
- It was clear from conversations with staff that they knew about people's needs, interests, preferences, personal history, and that people were supported to continue to see relatives and friends who were important to them.
- People were asked if they had any preference regarding male or female staff providing support and this was recorded in their support plan.

Respecting and promoting people's privacy, dignity and independence

- Staff prompted and encouraged people to maintain or improve their independence. Staff said they continually supported people to develop their day to day skills. They pointed out how one person had taken more responsibility for keeping their room tidy and another needed less support to get dressed and washed since they started to use the service.
- Staff understood the importance of promoting people's privacy and dignity. It was clear that people's rooms in the houses were regarded as their personal space and staff and other people respected this. Staff told us, "We might suggest that a resident makes some changes, like reducing the amount of possessions

they have in their room if they affect how they get around, but it is a conversation and ultimately if it doesn't pose a fire risk of affect their mobility it is up to them."

- Staff said if a person needed assistance with washing and dressing or prompting to use the facilities this was done discretely. The support plans included guidance on how to support people with personal care and what their preferences were, and staff were knowledgeable about these.
- Personal information was kept confidential and staff were aware of the importance of discussing people's needs privately and with their, or their representatives, permission. They said as part of the induction they had been given the confidentiality policy and had signed to show they had read and understood it. Records were kept secure in the office which was only accessible to staff employed at the service.

Is the service responsive?

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 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

- People received care and support that was personalised to meet their individual needs.
- Support plans were written with people and their representatives. They included information about their learning disabilities and health care needs as well as specific guidance for staff to ensure these were met. A relative told us, "Yes the staff know how to look after (person) and they let me know if there are any changes."
- Staff were knowledgeable about each person's needs. They were very clear about people's likes and dislikes and records showed the support provided reflected these. For example, one person liked to watch TV in their room in the evening. Staff knew they would not go out for an evening activity, although they told them what other people were doing, and respected their decision.
- Each person had a keyworker and they talked regularly about the person's preferences and if the support provided was what they wanted. One member of staff said, "Yes, I am (person) keyworker, we talk every day when I am at work about how they are and if everything is ok. We also sit down regularly to catch up and make sure they have everything they want."

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.

- People's communication needs had been assessed and included in their support plan. Staff had a good understanding of how people communicated their preferences and spoke about facial expressions, smiles and body language.
- Where people needed additional support, staff put appropriate systems in place. For example, one person did not like to be in the house on their own and staff had set up a system of regular calls to tell the person where they were and how long they would be. Staff said this worked well and meant they were rarely anxious.

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

- Transport was provided by the service so that people could access the local community and take part in activities.

- People and staff from each of the houses knew each other well. They often attended the same day centres and got together for people's birthdays and seasonal celebrations. A relative said, "(Person) had a good party at the weekend, other residents were there. It was very good."
- People participated in different activities in the community each day. These included cooking, arts and crafts, looking after animals at a nearby farm, shopping or going to a place of their choice, for a drink or lunch. Each person had a weekly planner, which staff said was flexible depending on what people wanted to do.
- One person enjoyed going out each day, they attended each of the activities provided and rarely spent time in the home during the day.

Improving care quality in response to complaints or concerns

- A complaints procedure was available for people and relatives to refer to if they wanted to raise a concern. A relative told us, "I have regular contact with staff so I can talk to them whenever I need to if I want to know anything."
- People were unable to make a complaint themselves but, staff were very aware of any changes in their mood or body language if they were anxious. One member of staff told us, "They may have disagreements, like people do when they live together, but they are quickly resolved."

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 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

- From the feedback from staff, a relative, health professional and our observations the culture was open and positive. This provided people with a comfortable and homely atmosphere, which empowered them to make decisions about the support they received.
- A relative said the staff looked after their family member very well and involved them both in decisions about their care and support. A health professional told us they had never seen anything negative between people and staff.
- Staff said they were proud of working for Reflective Care Limited, some had worked for the service for several years, and they spoke about providing a good quality of life for people. One member of staff told us, "I love working here. I have seen how residents have come on leaps and bounds since they moved in, which is great for them and it makes it all worthwhile."
- The provider and registered manager were aware of the requirements under duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. A relative said staff were always available to talk to and they kept them informed of any changes.

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

- The management team were very visible within the service and they worked with staff when needed, to ensure people had the support they wanted. A relative said, "Yes I think it is well managed."
- Several audits and checks were completed to monitor the quality of the service. These included audits of care plans, medicines, health and safety and infection control. When areas for improvement were found action was taken to address these. For example, staff felt the length of time between the keyworker meetings increased the risk that issues might be missed so these had increased to monthly meetings.
- The registered manager and deputy manager carried out monitoring visits at the houses; to ensure people had the support and care they needed, and that staff carried out relevant checks.
- Staff were clear about their roles and responsibilities. Senior support workers were responsible for ensuring the support provided in each house ran smoothly. They checked records were completed, such as rotas for cooking and laundry; whilst other staff assisted people to access the community and attend day

centres.

- Staff said it worked very well and they felt empowered to work together as an effective team, "To make sure residents lived as independently as they can."
- The registered manager was aware of the requirement to notify CQC or any changes that impacted on people using the service and notifications were sent in when necessary to inform CQC, and other services, of any issues.
- The provider and registered manager consistently looked for ways to improve and develop the service through ongoing training and support for staff. Working with people and their relatives, health and social care professionals, activity providers and staff they involved all interested parties in discussing and developing the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Regular feedback was sought and captured through regular contact with people, their relatives, staff and health and social care professionals.
- The provider and registered manager consistently looked for ways to improve and develop the service through ongoing training and support for staff. Working with people and their relatives, health and social care professionals, activity providers and staff they involved all interested parties in discussing and developing the service.

Working in partnership with others

- The provider and registered manager had been responsible for the management of Reflective Care Limited for several years and consequently knew people, their relatives and friends, staff and health and social care professionals very well.
- Staff said they worked well with the local authority and external professionals. This included the safeguarding team, community learning disability team, GPs and visiting health professionals, and records supported the positive relationships.