

K and S Solutions Ltd

Ruby24hr Care and Revive Supported Living

Inspection report

Duston Foot Clinic , Unit 2
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Date of inspection visit:
16 September 2021
12 October 2021

Date of publication:
03 November 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ruby24hr Care and Revive Supported Living is a domiciliary care and supported living service providing personal care for people living in their own homes. 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. One person was receiving personal care at the time of the inspection.

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

The provider had not consistently maintained effective oversight of the safety and quality of the service. They had recently employed an experienced administrator to support them to improve in this area.

People were not consistently protected from the risk of infection as staff were not being tested in line with government guidance. However, staff were trained in infection control and had access to personal protective equipment which they were using appropriately.

Risks were not consistently assessed, mitigated and recorded by the provider, but, a small team of staff that knew the person well understood the risks and explained measures they used to keep the person safe. A system was in place for staff to report accidents and incidents.

Staff recruitment was not always in line with regulatory requirements, this had not impacted on people's safety and checks were in place to ensure only suitable staff were employed. People were protected from the risk of abuse by staff who had received training and knew how to report concerns.

Staff were not consistently formally supervised in line with the provider's policy and procedure. However, staff were well supported and were in regular contact with the provider who also worked as part of the small team. Staff had completed training and had been supported with extra learning on request.

The person's care plan contained person-centred information but was overdue a review with some information out of date. The person felt not all their domestic support needs were being met. Care records evidenced food and hydration and personal care needs were provided as per the person's choices. Communication needs were considered and planned into care.

Staff were not currently supporting anyone who needed access to health care services, but we have recommended that the provider implement a system to ensure a smooth transition into emergency services if required.

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. Care plans and care records evidenced choice and inclusion and staff had a good understanding of protecting people's privacy and dignity.

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

Rating at last inspection

This service was registered with us on 4 September 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

Enforcement

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

We have identified breaches of regulations in relation to the managerial oversight of the safety and quality of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ruby24hr Care and Revive Supported Living

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 was carried out by one inspector.

Service and service type

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

This service also 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be staff at the office to speak with us.

Inspection activity started on 16 September 2021 and ended on 12 October 2021. We visited the office

location on 16 September 2021.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 with one person who used the service about their experience of the care provided. We spoke with four members of staff including the provider who is also the registered manager, the compliance administrator and two support workers.

We reviewed a range of records. This included one person's care records and two 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 evidence found. We looked at training data and further recruitment records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection;

- People were not consistently protected from the risk of infection of COVID-19. The provider had not ensured staff were routinely polymerase chain reaction (PCR) tested as per government guidance for homecare providers. Staff were required to complete lateral flow device (LFD) testing twice weekly but the provider did not collate the results of these tests to ensure effective oversight.
- Staff had received training in infection control and were able to explain how to protect people such as, the importance of handwashing and appropriate use of personal protective equipment (PPE).
- Staff had access to personal PPE as and when needed. The provider ensured adequate stock was in place.

Assessing risk, safety monitoring and management

- Risks to the person were not consistently assessed and mitigated. For example, care records evidenced there was a risk of falls and scalds for the person but there were no risk assessments in place for staff guidance in these areas. Risks to the person were somewhat mitigated due to being supported by a regular small team of staff who knew the person well and were able to explain the risks, and the measures taken to reduce them, to the inspector.
- Risks around fire had been considered and a risk assessment was in place in the person's home.
- The provider had a system in place to check staff had arrived when they should, which mitigated the risk of the person being left unsupported.

Staffing and recruitment

- Staff were not consistently recruited in line with the regulatory requirement. For example, application forms were not fully completed to include full work history and reasons for leaving previous roles. We discussed this with the provider who agreed to review their process in line with regulatory requirement to ensure compliance going forward. There was no evidence that people had been harmed or were at an increased risk from staff.
- Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working alone with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Where there had been delays in receiving a DBS check for a staff member, a risk assessment was put in place and they had been supervised until checks were completed.
- There were enough staff available to meet people's needs. The person received a consistent staffing team and there had been no late or missed calls.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and understood the signs of abuse and how to report it.
- The person told us they felt safe with staff. Staff had access to the providers safeguarding and whistleblowing procedure. The local authority safeguarding team contact details were on the back of staff ID badges for easy access.

Using medicines safely

- Staff did not administer prescribed medication to people at the time of the inspection. There was a medicines policy and procedure in place and medication records available for documenting medicines should this service be required.
- The registered manager had completed a train the trainer qualification so that they could provide training and supervision in medicines as and when needed.

Learning lessons when things go wrong

- There had not been any accidents or incidents at the time of the inspection. Staff understood the importance of reporting accidents and incidents to the registered manager and there was a policy and procedure in place for staff guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There was no record of a thorough assessment, or tools used to calculate risk, for the person to ensure the service could meet the person's needs prior to admission. This meant there was an increased risk of the service not being able to meet people's needs post admission. There had been no impact on the person currently using the service.

Staff support: induction, training, skills and experience

- Staff supervision had not been completed in line with the provider's policy and procedure and spot checks were not regularly completed. However, a staff member told us the provider contacted staff regularly to check they were ok and ask if they had any concerns or needed any support.
- Staff had received mandatory training which included completing the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the care certificate gives everyone the confidence that these workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. One staff member had requested to start an extra training program to increase their knowledge in care, this had been arranged and was starting imminently.

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

- The person was independent, or supported by family and their primary care provider, to access routine appointments.
- GP, dentist and optician's details were recorded for staff to access should they be required. There was no evidence of a quick reference/grab sheet in the person's home to ensure a timely transition into emergency service if needed.

We recommend a system to be implemented to support timely transition to emergency services if needed.

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

- Care plans included details of people's choices and preferences around food and drink. Care notes evidenced the person was being supported as per the care plan.
- Care plans guided staff on how to ensure the person could access drinks independently in the absence of care staff.

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.

- At the time of the inspection there was no one using the service that did not have capacity to make decisions around their care and treatment.
- Not all staff had completed training in MCA. However, they had been prompted by the provider to complete this and demonstrated an understanding of the mental capacity act, people's rights to refuse care and support, and the difference between capacity and unwise decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person told us they did not consistently feel well supported, and stated some staff were not completing the domestic tasks required. The care plan was overdue a review, the provider advised they had contacted the person and their family to arrange a review and update the care plan as required. This would need to be completed and reviewed regularly thereafter to ensure the person's needs were consistently met.

- Religion and cultural support needs were considered and recorded in care records and the care plan. There was an equality, diversity and inclusion policy in place that was available for staff to access for guidance.

Respecting and promoting people's privacy, dignity and independence

- Care notes reflected that the person was supported to be as independent as possible. For example, drinks were set up so that the person could access them independently and the care plan detailed tasks the person preferred to do themselves without assistance.
- Staff had a good understanding of privacy and dignity and explained how they closed bathroom doors and curtains to ensure privacy and knocked and announced before entering the person's room.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The care plan included person-centred information which had been written with the person and their family's involvement. The person felt they had choice and control over their care, and this was reflected in the care records. However, adjustments were now required to include extra domestic tasks for staff guidance.
- The person did not like to have lots of different care staff, so care was supplied by three staff members that had gotten to know the person well.
- Care planning included the person's interests and how staff should support the person to be able to partake in these. Such as ensuring items were in reach for the person to partake in their chosen activities independently.

End of life care and support

- The provider was not currently supporting anyone at the end of their life. End of life wishes in the case of a sudden decline in health had not been discussed as part of the care planning process. This meant staff would not have clear guidance of the person preferences at end of life such as who to contact first or comforting things they would like around them. We discussed this with the provider who agreed to review how they would collate this information and include in care planning.

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.

- Communication needs were considered and planned into care including details of any communication aids required.
- The provider had sourced a local printer who could provide records in people's preferred languages and formats if required, including braille and large print.

Improving care quality in response to complaints or concerns

- There was a system for logging complaints and the provider had a complaints policy and procedure. However, this was not available in the person's home. The person told us they had not made any complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not consistently maintained effective oversight of the safety and quality of the service.
- Staff did not have access to regular COVID-19 testing as per government guidance. This meant people were exposed to increased risk of infection
- The provider had not consistently identified risks and ensured that risk assessments were completed. Measures to mitigate risk were not recorded for staff guidance.
- The provider had not ensured the care plan was reviewed regularly; this was found to contain outdated information such as dispensing medication which staff no longer supported the person with. There was an increased risk that errors could be made should new staff, that were not familiar with the person's needs, be deployed.
- Formal supervisions had not consistently taken place in line with the provider's policy and procedure. This meant the provider did not have recorded oversight of ensuring staff were performing to the expected standards.
- The provider had not ensured that staff were consistently recruited safely in line with the regulatory requirement. Application forms had not been fully completed to include full work history and reason for leaving previous jobs. This meant the provider had not fully explored staff suitability for employment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person's care plan was overdue review and they felt some domestic tasks were not being completed as they wished. However, the person felt they had choice and their independence was supported by staff. The care plan included person-centred information and was written with the person and their family's involvement.
- Staff felt well supportive and spoke positively of the culture in the service. There was the opportunity for further learning and development on request and staff felt morale was good. One staff member told us they felt part of a supportive team.

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 provider demonstrated a good understanding of the need to be open and transparent when something goes wrong and a policy and procedure was in place for guidance on the duty of candour should it be required.

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

- The provider demonstrated a good understanding of supporting people in being involved in and leading their care. Independence was supported and encouraged regardless of age or disability.
- The provider collated feedback from staff and the person using the service and we saw that feedback had been positive.

Continuous learning and improving care; Working in partnership with others

- The provider had recognised the need to improve governance of the service and understood they would need to implement systems to help maintain better oversight as the business grew. and had recruited an administrator who was experienced in working with care services and ensuring compliance with governance.
- There was evidence of partnership working with commissioners and social workers to support people in supported living.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not consistently maintained effective oversight of the safety and quality of the service.</p>