

Residential Care Services Limited

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Inspection report

913 Harrow Road
Wembley
Middlesex
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29 August 2017

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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

We undertook an inspection of Residential Care Services Limited on 29 August 2017.

Residential Care Services Limited is a domiciliary care agency registered to provide personal care services to people with learning disabilities. The service is situated in the London Borough of Brent. At the time of this inspection the service was providing care and support to 10 people residing in supported living services at three locations.

At our last inspection of 28 August 2015 the service was rated Good.

At this inspection we found that the service remained Good.

The staff members we spoke with demonstrated a good understanding of how to identify and report suspicions of abuse. People had up to date risk assessments in place which included guidance for staff on how to reduce and manage risk. Medicines were well managed and recorded. There were sufficient staff members deployed to ensure that people's support needs were met.

Staff members received training and supervision to ensure that they were skilled and competent in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. People were involved in the planning and preparation of their meals and guidance was in place for staff supporting people with dietary needs. Staff supported people to ensure that their health care needs were met.

Staff members showed a caring attitude towards people and ensured that they were supported with dignity and privacy. People told us that they were happy with the support that they received from staff.

People's support plans were up to date and included guidance for staff on how they to meet people's needs and preferences. Individual records showed that people were supported to participate in a range of activities outside the home. The people we spoke with confirmed this. Support plans included information about people's spiritual and cultural needs and we saw that these were met. A complaints procedure was in place and people told us how they would raise any complaints or concerns.

People told us that they knew the registered manager. We saw that the registered manager was familiar with people and communicated with them in ways that they understood. Staff members said that they felt well supported and could approach the registered manager at any time if they had a concern. There were a range of processes in place to monitor the quality of the service. Actions had been taken to address any concerns arising from these.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Residential Care Services 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 checked 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.

This was a comprehensive inspection which took place on 29 August 2017, and was announced. We gave 24 hours' notice because the service is a small domiciliary care agency and we needed to be sure that someone was available. The service was inspected by a single inspector.

Before the inspection the provider had 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 reviewed the information included in the PIR along with other information we held about the service.

During our inspection we observed support being provided in communal areas. We spoke with five people who used the service. We also spoke with three care staff and the registered manager. We looked at records including four support records, five staff files and other records relating to the management of the service.



Our findings

People told us that they felt safe with support workers. One person said, "They are much better than where I lived before." Another person told us, "I feel safe and happy here."

The staff members that we spoke with understood their roles and responsibilities in ensuring that people were safe and that any suspicions of abuse were immediately reported and recorded. The service's training records showed that all staff members had received training in safeguarding people at risk.

We looked at the personal risk assessments for four people. These were clearly linked to the individual needs identified in their plans. Detailed guidance for staff on management of identified risks was in place. The staff members that we spoke with were familiar with people's needs and spoke to us about the importance of ensuring that all potential risks were assessed.

Sufficient staffing was in place to ensure that people's needs were supported. One person said, "There is always someone there when I need them." We saw that the staff members working at the three supported living locations were able to meet people's support needs and requests. The service used agency and bank workers. The registered manager told us that these worked regularly at the service and this was confirmed by the staffing rotas that we viewed. We spoke with an agency worker and a bank worker who confirmed that they worked for the service on a regular basis.

Some people using the service required support with their medicines. We saw that medicines were safely managed and that records of medicines received were accurately recorded.

Communal areas at the locations were clean and tidy and staff members that we spoke with understood the importance of ensuring that infection was controlled. Disposable gloves and aprons were provided at each location along with anti-bacterial hand washing liquid and disposable paper towels.



Our findings

People told us that they liked the staff and were satisfied with their support. One person said, "They are really good." Another person told us, "The staff are alright here. They know what they are doing."

People were supported by staff members who had been supported to develop the skills they required to meet their needs. We looked at the training records for five staff members. These showed that all staff, including regular agency workers, had received training in a variety of topic areas including autism awareness, diabetes management, positive behaviour management and dignity in care. We also saw that staff members were supported to achieve qualifications in health and social care.

All staff members working at the service working at the service had received regular supervision from a manager. The staff members that we spoke with told us that they valued the training and support that they received.

We looked at how the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The support plans that we looked at contained information about people's capacity to make decisions. Where people had been assessed as requiring continuous supervision in relation to capacity to make safe decisions, applications to The Court of Protection (COP) for a Deprivation of Liberty Safeguard (DoLS) authorisation had been made. The registered manager told us that the service would not accept new people where capacity to make safe decisions was limited unless the local authority had made a DoLS application to the COP.

People were supported to maintain a healthy diet. Two people we spoke with told us that staff supported them to cook for themselves. Where people had conditions such as diabetes or weight control issues their support plans included guidance for staff on assisting them to make healthy food choices. The service had made dietician referrals where there were concerns about people's weight.

Support plans and risk assessments included detailed information about people's health needs. Information about GP, hospital and other health appointments were maintained in their files. Staff members supported people to attend appointments.



Our findings

People spoke positively about the support that they received from staff. One person said, "It's good, the care, the love, the support." People told us that staff listened to them and enabled them to make choices about their daily living activities and support.

We observed staff members interacting with people in the communal areas of the supported living houses. We saw that they asked people how they were, offered choices and chatted to them about topics that they were interested in. People were responsive to this interaction and initiated conversations with staff or asked for support where they required it. We saw that staff members responded quickly and with good humour.

People's support plans included information about their likes and dislikes, interests and hobbies and preferred means of communication. These were updated regularly and changes were immediately communicated to staff. The plans showed that people had been involved in agreeing how their support was provided. Where guidance on communication with a person was in place we saw that this was followed by staff.

Staff members had received training on dignity in care and shared examples of how they supported people to maintain privacy and dignity, for example in personal care, and in ensuring that people had private space to discuss concerns. One person said, "They always ask me first." We saw that staff members knocked on people's doors before entering, and discreetly and gently spoke with people when they were anxious. People told us that their privacy was respected. Care plans included guidance on supporting people to 'take the lead' when they required support at home or in the community.

Staff members demonstrated a good understanding of the importance of confidentiality. Support plans and other documents were stored in a secure place when not in use. One staff member said, "We are always careful about what we say and do for somebody when other people are around."



Our findings

The people we spoke with told us that they were involved in planning their support. One person said, "They have helped me to do new things." Another person told us that they wanted to move to their own flat and staff were encouraging them to undertake activities such as cleaning and cooking independently, "To help me with this."

People's support plans were up to date, regularly reviewed and described how people were involved in planning their support. Daily support notes were up to date and included information about how they were supported.

The support records showed that people were supported to participate in a range of activities of their choice. One person told us, "I go to the park, play football, to the cinema and car and train rides. I went to the funfair when it was here." Another told us that they went out by themselves, but that staff helped them to go to the bank. Three people had recently been on a holiday to Brighton and one told us that, "Brighton was brilliant." Most people were out for a substantial part of the day during our inspection doing community based activities. Some people went regularly to a local day service and two people told us that they enjoyed this. Another person told us that they did gardening on two days each week, and were also on an arts and crafts course at a local college.

Staff members spoke about supporting people to be as independent as possible and develop new skills. One staff member told us about a person who had become more independent since moving to the service. He said, "It's wonderful to see the progress in people. It's like we are all flowing forward together."

People's cultural and religious needs and preferences were recorded in their support plans along with guidance on how they should be supported to follow these. The support records showed, for example, that staff members supported a person to attend a local place of worship on a weekly basis.

The service facilitated regular joint meetings for people and staff where they could discuss a wide range of issues. These meetings were always chaired by a person living at the service. The records of recent meetings showed that topics such as activities, wellbeing, cooking, safety and household chores were discussed.

The service had a complaints procedure and people we spoke with told us that they would speak to the registered manager or a staff member if they had any concerns. We looked at the service's complaints log and saw that there had been no complaints during the past year.



Our findings

The service had a registered manager. 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 told us that they liked the registered manager. One person said, "She is really nice," and another said, "I would tell her if I had a problem." Staff members also spoke positively about the management of the service. Their comments included, "You can speak to her at any time about any concern"; "and, "She always has an open door and is fair and meticulous. This is a very well led service."

The registered manager accompanied us when we visited each of the supported living houses. We observed that people were familiar with her and approached her to talk. She took time to listen and chat with people about subjects that were of interest to them.

Staff members told us that they felt well supported by the registered manager. They said that they valued their individual supervision sessions and the regular monthly team meetings that took place at each house. We looked at the notes of the team meetings and saw that issues and concerns about people using the service were regularly discussed, along with quality and staff support issues.

The registered manager conducted regular spot checks of support, records and safe practice at each house. In addition, the provider undertook monthly quality assurance visits where they looked at, for example, medicines, records, the housing environment, and spoke with people and staff members. Action plans were put in place for any concerns identified during quality assurance monitoring and records showed that actions were quickly addressed. The provider conducted annual service user satisfaction surveys, the most recent of which showed high levels of satisfaction. The registered manager attended regular senior management meetings facilitated by the provider where quality issues and concerns were discussed.

Regular audits of, for example, medicines, records and accidents and incidents had taken place. These were periodically reviewed to identify if there were any patterns or failures that might require further action by the provider.

The provider has a legal duty to inform the CQC about significant changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required.

