

K and S Solutions Ltd

Ruby24hr Care and Revive Supported Living

Inspection report

Duston Foot Clinic , Unit 2
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ruby24hr Care and Revive Supported Living is a domiciliary care service. They provide personal care to people living in their own homes or individual flats. The service provides support to people with a learning disability and autistic people within a supported living setting.

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. At the time of the inspection 4 people were receiving personal care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Staff supported people to make decisions following best practice in decision-making. Staff supported people to have the maximum possible choice and control over their own lives. Policies and systems in the service supported this practice.

Risks to people were assessed and managed. People's support plans were comprehensive and enabled staff to provide person centred care to meet their needs. People received care and support from staff who knew them well and understood their individual needs and preferences. This included staff supporting people to maintain their own health and wellbeing. Trained staff supported people with their medicines and their dietary needs to promote the best possible health outcome.

Right Care

Staff provided personalised care and support to promote people's wellbeing, enhance their quality of life and to achieve positive outcomes. People's support plans reflected their range of needs and this promoted their wellbeing.

Staff were trained and understood how to protect people from poor care and abuse. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service worked well with other agencies to do so.

Right Culture

Risks to people were managed safely and effectively and ensured the person and their relative or advocate

was involved in the planning their care.

People were supported by staff who were trained and understood best practice in relation to impairments or sensitivities to people with a learning disability and autistic people.

Staff recruitment process had been strengthened to ensure only suitable staff worked at the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People's quality of life was enhanced by the service's culture of continuous improvement. Improved quality assurance systems were in place to monitor the quality service and care provided. The registered manager understood their responsibilities and worked in an open and transparent way.

People's wishes, needs and rights at the heart of everything they did. People were aware of how to approach the registered manager to raise concerns or complaints and were confident swift action would be taken. The registered manager and staff worked with external agencies and professionals. The local authority who monitors people's package of care told us the provider was responsive to feedback and was taking action to improve the quality of service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2022) and there were breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 22 October 2022. Breaches of regulations were found and a warning notice was issued in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment and good governance arrangements at the service.

At this inspection we found improvements had been made. The provider had met the legal requirement in relation to the warning notice. The provider was no longer in breach of regulations.

We undertook this focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ruby24hr Care and Revive Supported Living on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care service. It provides personal care to children and young people, and people living in their own houses and flats. This service provides care and support to people living in '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to ensure the registered manager would be available in the office to support the inspection.

Inspection activity started on 29 November and ended on 5 December 2023. We visited the location's office on 30 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the provider's action plan which set out how they would meet the regulations. We sought feedback from the local authority who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with a person and a relative of a person who used the service. We spoke with 5 staff members, including the registered manager, a house manager and support workers. We reviewed a range of records, including 2 people's care records and medicine administration records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Following our visit we received feedback from a further 4 support workers. We continued to review information including policies and procedures, staff training, quality audits and management records as part of the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to operate effective systems and processes to monitor incidents, and to ensure people received safe care and treatment to prevent or mitigate further risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- Improved processes were in place to record, investigate and monitor accidents and incidents and the actions taken to ensure the person's wellbeing and safety. Reports were completed fully, and showed measures in place had been reviewed to prevent further risk of harm.
- The provider had improved the oversight systems of all incidents to identify trends so action could be taken to drive improvements. Any lessons learnt were shared with staff. This demonstrated an open and transparent approach and a commitment to reducing further risks.
- People were protected from risks to their health and wellbeing.
- Risks associated with people's care, potential risks and risks within the home environment were assessed, mitigated and kept under review to promote people's independence and safety. Additional person specific risk assessments were in place. For example to manage specific health condition and support with finances. Support plans were detailed to ensure staff supported people safely. Support plans for a person living in supported living service was person-centred and available in an accessible format.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm.
- The provider had systems in place to safeguard people from abuse. Adults and Childrens' safeguarding procedures were in place. Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols. The registered manager had collaborated with partner agencies and took action to keep people safe.
- Staff were confident the management would take action if they reported any concerns about people's safety. Staff were aware they could report concerns to external organisations and were aware of the whistleblowing policy. A staff member said, "Safeguarding is talked about in meetings and we get asked questions to ensure we are up to date."

Staff were confident the management would take action if they reported any concerns about people's safety.

Staffing and recruitment

- Staff recruitment processes had been strengthened to protect people from harm. For instance, any gaps in employment were explored at the interview stage. Staff records included all required information to evidence their suitability to work with people, which included evidence of good character, right to work checks and a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Everyone told us they had regular reliable and caring staff and no one reported any missed visits. Comments received included, "[Person] likes [staff name] and is very happy with them."
- There were enough staff to meet people's needs. Assessments and support plans identified the number of staff required to deliver care safely.
- Rotas showed, and staff told us they worked long shifts and consecutive days which included overnight support. This meant staff may not have rested enough to support the person the next day. When we raised this with the registered manager they assured us another staff member would provide support to the person the following morning to promote safety.
- Staff had access to on-call management support outside office hours.

Using medicines safely

- Medicine were safely prompted to people by staff trained and assessed competent to do so.
- Where people required support with medicines this had been assessed and plans included instructions for staff to support people with their medicines. A person told us staff prompted medicines safely.
- A medicine audit system was in place to check and provide assurance that medicine was taken as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Staff had received up to date infection prevention training and described the measures that were in place to protect people. Staff confirmed they had adequate supplies of personal protective equipment including face masks.

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 our last inspection we rated this key question requires improvement. Further action was needed in relation to staff training and support. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Everyone we spoke with said staff provided the care they needed.
- The provider had improved the training for staff to ensure people's needs were met by staff with the skills, knowledge and experience to deliver effective care and support. Records showed staff received induction and training which covered topics related to health and safety, medicines, first aid, and supporting people with a learning disability and autism. Additional training was provided to enable staff to support and communicate with people effectively using sign language. Staff competence was checked regularly.
- Staff told us the training made them feel confident to meet people's needs. A staff member said, "Training was good as it helped me to understand the right way to support people."
- Staff confirmed that refresher training was provided to ensure they were up to date with the skills they needed to provide effective care to people. Staff felt supported with regular supervision and received feedback on their performance.

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

- People's needs were assessed with the involvement of the individual and their family or advocate before personal care and support was provided.
- Detailed assessments of people's needs and choices were in place and considered the protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs. This information helped to ensure staff were suitably trained to provide the care and support needed
- Everyone we spoke with said there had been no problems in the care provided by staff. They were satisfied support plans included all necessary information such as individual preferences, routines and goals to provide effective care.

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

- People's dietary needs were considered as part of the assessment process.
- Where people were supported with meal preparation and consumption of food and drinks their support plan had information about their dietary needs and the level of support required.
- A relative said their family member could help themselves to drinks and snacks with the support of staff.
- Records confirmed staff were trained to prepare and support people with their food and drinks. A staff member said, "I've done the food hygiene training, but the house manager showed me how meals should be prepared for [person] and how to use the microwave."

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

- People were supported to live healthier lives, access health care services and support.
- Staff told us, and records showed, the service worked effectively with health and social care professionals. Records showed involvement of external professionals for further assessment and support, and staff followed advice to promote people's wellbeing.
- Health action plan and emergency grab sheets were in place. These ensured information could be shared with hospital and health care professionals in the event of a medical emergency.

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 MCA 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.

- The provider was working within the principles of the MCA. The registered manager and staff had received training and understood the principles of the MCA. Staff confirmed they always asked for consent before providing care.
- People had autonomy to make daily decisions in their lives.
- Mental capacity assessments had been completed with the person and their relative or advocate. Appropriate paperwork was in place to ensure where decisions were made in people's best interest this was done legally.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's governance systems were not effective in continually monitoring and improving the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- The provider had also strengthened the management structure to support staff and people receiving care and support in other geographical areas.
- The provider had improved quality assurance systems and processes. Continuous daily, weekly and monthly audits were undertaken covering a range of areas. They included checking if people's care remained relevant to their needs, medicines audits and oversight of incidents and staffing, as reported under safe and effective. Spot checks to monitor staff performance were completed and action was taken when shortfalls were found.
- The registered manager was responsive to areas identified for improvements.
- Staff spoke positively about the training and felt well supported by management. A system was in place to ensure staff received regular refresher training. Regular meetings were held to ensure staff were kept up to date with any changes within the service and to encourage feedback from staff. A system was in place to ensure staff received supervisions regularly and provided feedback on their performance.

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

- There was a positive and open culture at the service which encouraged feedback regarding all aspects of care and support.
- The registered manager and staff knew people well and they worked in a person-centred way.
- People's support plans were comprehensive and contained important information about people's life, interests, goals and what was important to them. This enabled staff to understand, recognise and respect people's routines and provide person centred care and support to promote positive outcomes.

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. Records confirmed, relatives were informed if their family member had an accident or became unwell, and had also received an apology in response to a complaint.
- The provider had notified Care Quality Commission (CQC) about significant events, which they are required to tell us. This helps us to monitor the service.
- The provider had moved to new premises. An application had been received by CQC to change the registered office address.
- The CQC inspection report and rating were displayed at the service and on the provider's website.

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

- People received consistent care and support that respected their individual and diverse needs, and their protected characteristics.
- The registered manager had regular contact with people, their relative and the staff team.
- Records showed people's views and experience of the quality of care was sought during spot checks, care reviews, complaints and surveys. The latest survey results were positive. The service had received compliments about the staff and the service provided from people, relatives and external professionals.

Continuous learning and improving care

- The service had a positive approach to continuous learning and improvement. The registered manager demonstrated lessons were learnt and actions taken to drive improvements. They were responsive to areas which required strengthening.
- The registered manager kept their knowledge up to date through training and various forums.

Working in partnership with others

- The registered manager and staff worked in partnership with external agencies and professionals. Records showed they liaised with local commissioners where required with regards to people's care and to support with transportation and housing matters.
- We received feedback from the local authority who monitors people's package of care. They had found a number of issues at the last visit where action was needed. The registered manager told and records confirmed all actions had been completed. This showed a commitment to improve the service.