

# Rely Care Agency Limited

# Constable House

## Inspection report

6-8 Howard Road  
Dines Green  
Worcester  
WR2 5RB  
Tel: 01905 422150

Date of inspection visit: 25 November 2015  
Date of publication: 02/02/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 25 November 2015 and was unannounced. Constable House provides accommodation for up to six adults who have a learning disability who require a respite service. There were three people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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.

Prior to our inspection we received concerns about the staff used people's personal money to pay for their meals while they were supporting them with social activities, for example, going for a pub lunch. We reviewed people's financial records and found some discrepancies in the way people's money was managed. We found that the provider had not taken appropriate

# Summary of findings

steps to ensure that arrangements made for payment of meals for staff were agreed by those who were able to do so. We raised our findings with the registered manager who was aware that this arrangement happened and told us that it would be stopped immediately. Following our inspection we shared our findings with the local authority.

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. The provider did not use agency staff and used their own staff to cover any staff shortages, to support people with continuity of care. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. People's independence was promoted to eat a healthy and balanced diet. We found that people had access to healthcare professionals, such as their doctor when this was required.

People were regularly involved in planning their health and social care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People told us they knew how to make a complaint and felt comfortable to do this should they feel they needed to. The provider had not received any complaints over the last 12 months.

People felt listened to by the registered manager. The registered manager demonstrated clear leadership and staff told us they felt supported to carry out their roles and responsibilities effectively.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to improve the service.

# Summary of findings

## 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.

The provider had not taken adequate steps to ensure people were safeguarded from improper treatment of their finances.

People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Good



### Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's had access to information should they need to raise a concerns or complaints.

Good



### Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received quality care to a good standard.

Good



# Constable House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had

been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider. The local authority informed us that they had undertaken a number of visits to the service following concerns that had also been raised with them. However had no concerns following their visits.

We spoke with two people who used the service. We also spoke with one care staff, and the registered manager. We looked at two people's care and finance record and medication records. We also looked at complaints and compliments, three staff recruitment record and relatives' surveys.

# Is the service safe?

## Our findings

Prior to our inspection we received concerns that told us that staff used people's personal money to pay for staff's meals while they were supporting them with social activities, for example, going for a pub lunch. We reviewed people's financial records to ascertain if there were any discrepancies in people's money. We found that people who lived in the home went out together for an evening meal once a week. Each person paid for their own evening meal; however, we found that the cost of the staff's meal was also paid for by the people who had lived at the home. We spoke with one person about how staff meals were paid for when they went out for the meal, they said, "Staff pay for their own meals". We checked people's records to see if this had been a prior agreement with people who were able to consent or with people's last power of attorney for their finances if they were unable to consent. However there were no agreements written. We raised our findings with the registered manager who was aware that this arrangement happened and told us that this practice would be stopped immediately. Following our inspection we shared our findings with the local authority.

All of the above evidence supported this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Both people we spoke with told us they felt safe living at the home. One person told us they felt safe and happy, another person told us, "All the staff are nice. I like it here, I feel safe". They told us that they enjoyed going out and staff always knew where they were.

The registered manager had assessed people's individual risks in a way that protected them and promoted their independence. For example, one person told us that they liked to go out for walks. They told us that they liked to go on their own, but not very far. The registered manager explained that to build the person's confidence while maintaining their safety, each time they took the person to their voluntary work placement, they would drop them off a little further away each time. They told us that this was

increasing the person's independence and that they thrived from this. The person told us that they enjoyed their independence but also with the knowledge that staff were, "looking out for me".

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, "There is always someone around". Staff told us they felt there were enough staff on duty to meet their needs through the day and night time.

The registered manager told us that they had a steady staff team and absences were covered by their own staff. The registered manager explained that they preferred this as they knew the needs of the people who lived at the home. They told us that staff worked hours that reflected people's needs. For example, where people required staff support with external activities more staff were on duty. When some people were at voluntary work placements, the staffing levels within the home reflected this. People and staff we spoke with told us that the registered manager was visible within the home. One staff member told us that there was a good team of staff and good management in place. The registered manager told us that while there was building work happening at the service they had the flexibility to be selective in whom they accepted into the home. They explained that if they had assessed a person and identified risks associated with them and the building work that they could not safely manage, it would not be a suitable respite accommodation for them and the place would not be offered to them.

We spoke to one person about medication, who did not have any concerns about how their medication was managed. They said, "I always get my meds at the same time every day". We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. We found that people's medicine was reviewed and where staff felt that a medicine may not be appropriate for the person they would contact the person's doctor. People's choices and preferences for their medicines had been recorded within care plans. We found that people's medication was stored and managed in a way that kept people safe.

# Is the service effective?

## Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well. People told us that they felt confident that staff supported them in the right way.

Staff told us that they had completed training that was relevant to people they cared for. They told us that they received further training where people's care and support needs changed. Staff provided an example where as a person developed a dementia related illness, the provider ensured staff attended dementia awareness training. Staff told us that with this knowledge they could continue to support and meet the person's needs. The registered manager told us that staff undertook additional training, such as autism and epilepsy training. They told us that while the people who lived at the home did not have these particular care needs, as they were a respite service, staff were trained to care for people who may have these care needs when they come to the home.

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 we spoke with told us that staff ensured they maintained their independence and staff promoted this. One person told us that they were able to go out when they wanted to, however they preferred to go out with staff. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care that they did what the person wanted and respected their decision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that registered manager had considered people's capacity when consent was needed. The registered manager completed an assessment to gain an understanding of the person's capacity to make the decision about a treatment that they required. We found that following the assessment the registered manager had taken appropriate action and acknowledged that the person did not have the capacity to make a decision about their care and treatment. We saw the registered manager had taken actions around this and applications to the relevant local authorities had been submitted where they deemed this to be necessary.

We spoke with two people about the food at the home. People told us that they ate food that they enjoyed and food that they had chosen. People were supported to maintain their independence and would plan what they would like to eat for the forthcoming week. Where people were able they prepared and cooked their own food. One person told us, "I get what I like". Some people were independent in making their own drinks and we saw that people had access to the kitchen to make drinks when they wanted to.

Staff told us they monitored people's weight monthly to ensure they maintained a healthy weight. Staff spoke of healthy eating, while respecting the person's choice of food. At the time of our inspection staff had no concerns about people's food or fluid intake.

We spoke with one person who confirmed that they had access to healthcare professionals when they needed to and had confidence that staff would arrange an appointment if they requested them to. Care records demonstrated that people saw their doctor when they needed to. We saw in care records that staff ensured people maintained their appointments and worked with external healthcare professionals to ensure the person received the care and treatment in a timely way. For example, staff had identified when a person had become unwell and arranged a doctor's appointment. The result of this meant an operation was required, the staff worked with the healthcare professionals and the person's family members to ensure that the person received the treatment that was in their best interest following the advice of the healthcare professionals involved.

# Is the service caring?

## Our findings

People we spoke with told us staff were kind and caring towards them. One person told us how Constable house was their home and they were happy with the staff that cared for them. We found that the interaction between people and the staff was relaxed and friendly. A staff member brought out a photo album of a person's recent visit to Disney land in Paris. The person talked about their trip and smiled and laughed at the pictures and talked to us about what they did on their trip away.

Staff spoke with people kindly and made sure people were comfortable. Staff were respectful and spoke with people in a considerate way. We saw and people told us that staff did not hurry people and were caring in their attitude towards people.

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to and that their wishes were respected. People told us that staff worked with them to ensure they received the support when they required it. Staff told us how they had supported a person whose care needs were changing and how this had affected their ways

in which they socialised. They told us that new ideas and places to visit were discussed with the person in order to maintain the person's social life so they did not become isolated.

People were supported and encouraged to maintain relationships with their friends and family. One person told us that visitors were welcome and they could visit their family members when they wished. The registered manager showed us how they involved people's family members. We saw that the provider had received many compliments from people's family members around the quality of the care provided by the staff at Constable House.

People told us they had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

# Is the service responsive?

## Our findings

People told us they felt staff understood their needs and provided appropriate support in response to them. People told us that staff asked them regularly what they would like as part of their social care needs. We found that people's care was reviewed on a monthly basis or when their needs changed.

We found that people's needs were assessed and reviewed when these needs changed. The service worked with external healthcare professionals to ensure that individuals were receiving the care and treatment was planned and delivered in line with their individual care plan. There was a small staff team who worked at the home. People had lived at the home for long-term respite which meant that staff were aware of people's health and social care needs. People we spoke with told us that staff always respected their decisions about their care. We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health and social care needs and what support the person required. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Staff told us that people's most recent information was in people care records and this was easy to follow.

One person told us how they had many hobbies and interests and staff supported them with these. They told us that they enjoyed going to theatre shows, going for walks and visiting local towns and villages. They confirmed that staff always supported them to go out when they wanted to.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person told us, "I get on with everyone; there is nothing I would change".

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. We looked at the provider's complaints over the last 12 months and found that no complaints had been received.

# Is the service well-led?

## Our findings

People were happy with the way the service was managed. People did not express any opinion to change the way things were. When we asked a person if they had the opportunity to give ideas, they confirmed that they could if they wanted to, but had not felt they had needed too. They told us that they felt listened to by management and felt happy to raise any ideas should they think of any.

Both people who we spoke with told us they found the registered manager approachable. One person told us, “I like the [registered manager] he’s funny”. We asked another person about the provider of the service, they said, “Yes, I get on with them”.

All staff we spoke with told us they felt supported by the registered manager and their colleagues. They told us they enjoyed their role. Staff had confidence in the registered manager to be able to make positive changes should they have any concerns. One staff member said, “Everything is fine, we are a small team, we all work well together”.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised that improvements to the homes environment were needed and building work had commenced to improve areas of the home, such as the utility room, for better access for people.

The provider had sent surveys to relatives to gain their views about the service provision in September 2015. Overall, these were positive comments about the care and service that was provided. For example, “Just continue with the excellent care (the person) already receives”. And, “We have every confidence in Constable House”.

We found that the provider did not completed checks of the service provision that could be evidenced. The registered manager told us that the provider was supportive and knew people who lived in the home well and visited often, staff and people confirmed this was the case.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**People were not protected from improper treatment.  
Regulation 13 (1) (6)(c).**