

Rely Care Agency Limited

Constable House

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

This inspection took place on 29 September 2016 and was unannounced. Constable House provides accommodation for up to six adults who have a learning disability who require a respite service. There were six 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; however they were not available 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.

We carried out an unannounced comprehensive inspection of this service on 25 November 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Safeguarding service users from abuse and improper treatment, regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We undertook a further comprehensive inspection on 29 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. We found at this inspection the provider was now meeting the legal requirement.

People and relatives told us that they did not have any concerns regarding the management of money. We found that written agreements were in place so people were clear about how their money would be managed.

People lived in a safe environment as staff knew how to protect people from harm. Staff recognised signs of abuse and knew how to report this. Risk assessments were in place and staff took appropriate actions to minimise those risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked flexibly to reflect people's activities and work that were happening that day. People's medicines were administered and managed in a way that kept people safe.

The provider supported their staff by arranging training in areas that were specific to the people who lived in the home. People received care and support that met their needs and reflected their choice. Staff provided people's care with their consent and agreement; staff understood the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals when they required them.

We saw that people were involved in the planning their care. Where people had expressed their views and decisions they were listened and acted upon. People told us that staff treated them kindly, with dignity and

their privacy was respected. People received individual, responsive, care and support that was in line with their preferences which had a positive outcome for people who used the service.

People and relatives knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 10 months and found that no complaints had been received.

People told us the provider was visited the home and ensured people were happy with the service they were receiving. The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support which was in-line with their needs and wishes.

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 was now safe.

The provider had taken steps to ensure people were safeguarded from financial abuse.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in when expected/needed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support.

People received care they had consented to and staff understood the importance of this.

People were supported with meal preparation and food they enjoyed and had enough to keep them healthy.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

Is the service responsive?

Good ●

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.

Is the service well-led?

Good ●

The service was well-led.

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

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.

We undertook an unannounced inspection on 29 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 25 November 2015 inspection had been made. The inspection team consisted of one inspector. The team inspected the service against all of the five questions we ask about services. This is because the service was not meeting some legal requirements.

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.

We spoke with four people who used the service. We also spoke with one care staff, and the senior carer. The registered manager was not available at the time of our inspection. We looked at two people's care and finance record and medication records. We also looked at complaints and compliments.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 25 November 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safeguarding service users from abuse and improper treatment, regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We undertook a second comprehensive inspection on 29 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. We found that at this inspection the provider was meeting the regulation.

People and relatives we spoke with felt their money was managed in a safe way. We checked people's records to see if this had been a prior agreement with people and found the registered manager had taken steps to ensure agreements were in place.

All people we spoke with told us they felt safe living at the home. One person told us they felt happy. Another person told us that they liked all of the staff and continued to say, "I feel safe". A relative we spoke with felt their family member was safe living in the home while enabling their independence.

The registered manager had assessed people's individual risks in a way that protected them and promoted their independence. For example, people carried their own mobile phones and knew they could ring staff if they needed to while out in the community. Staff knew people's individual risks and how to manage these. They knew what may cause someone to become upset and how to support them to reduce their anxiety.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. People told us how they were able to do activities that they wanted and at a time that suited them and staff were available to assist them where required. 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.

We spoke with the senior care staff member told us that they had a steady staff team and absences were covered by their own staff. They explained the staff worked hours that reflected people's individual needs. For example, staff worked flexibly dependant on what different activities were happening for people. When some people were at voluntary work placements, the staffing levels within the home reflected this.

We spoke one person about medication, who did not have any concerns about how their medication was managed. They said told us how they always got their medication at the right time with the right amount of tablets. We spoke with a staff member who 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. One person said, "They help me to go to things that I like to do". People told us that they felt confident that staff supported them in the right way. A relative we spoke with felt staff were knowledgeable to care for people who lived at the home.

Staff told us the training they had was useful and appropriate for the people they cared for and that the training was tailored to people's individual needs. They told us that they received further training where people's care and support needs changed. Staff told us that with this knowledge they could support and meet the people's needs. The provider ensured the staff were trained to meet people's needs before they used the service.

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.

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 people consented to their care. Through our conversations with staff it was evident staff knew people well and understood each person's individual capacity to make decisions. We saw people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent. Where it had been assessed that people lacked capacity to make specific decisions people's best interest decision had been made with their family members and external healthcare professionals.

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.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS) and told us that one person who lived in the home had their liberty restricted lawfully. Steps had been taken to determine who had legal responsibility to make decisions for the person where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home and they had a good range of choices. People who lived in the home had weekly discussions with staff about a meal plan so that food could be brought in. We saw examples where people had decided the meal for the evening. One person told

us how that meal was their favourite and how much they enjoyed it. Staff explained that this helped to give the day structure, but was not rigid and meals could change dependant on the person's choice that day. Staff told us how they supported people to prepare their meals, where safe to do so, so to maintain people's independence. We saw people were free to use the kitchen and staff ensured people had enough drinks throughout the day and had eaten their meals.

We asked two people if they were able to see a doctor if they wanted to. One person told us that they could and told us about their recent visits to the doctor. A relative we spoke with said staff responded to people physical and mental health care needs were necessary. All staff we spoke with were able to tell us about the support from external healthcare agencies and how this affected the support they offered to people's on-going healthcare. We saw from records that people had been involved and had the opportunity for regular health care checks. Where people had received further input from external healthcare support and staff actively followed this.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "I'm really happy here. There is always lots for me to do". Another person told us that they got on well with the staff and had no concerns. A further person told us, "Yes it's alright here. I've settled in". The relative we spoke with felt the staff had promoted the person's independence, meets more people and does a wider variety of activities.

Throughout the inspection we saw staff were kind and caring towards people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way, which encouraged further conversations. Staff gave people choices throughout the day about different things they would like to do. Staff recognised early signs of people becoming upset and were able to support the person in a way which quickly calmed them. We found that people were free to move around the home and staff respected people's choice to either stay in their room or go to a communal area.

Some people who lived in the home were keen to show us work that they had done while attending activities outside of the home. We could see people took pride in the work they had done and talked to us about how they had enjoyed doing the work. For example one person attended a wood workshop. They had created many pieces for the garden, which staff had utilised outside. The person told us it was good that these different items were being used and enjoyed in the garden.

People told us how staff supported them to make their own decisions about their care and support. One person told us how staff and the registered manager supported them to do more activities as they enjoyed being busy. A relative we spoke with felt that the registered manager was particularly good at seeking out opportunities for people. People told us they felt involved and listened to and that their wishes were respected.

People were supported and encouraged to maintain relationships with their friends and family. One person told us that their family member visited often and they could visit their family members when they wished. 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 were always treated with dignity and respect. One person told us, "I like all the staff, they are good to me". We saw staff ensured people's clothes were clean and they supported people to change if needed. People told us they wore clothes in their preferred style which also maintained their dignity. We overheard staff speaking with people in a calm and quiet manner and where encouragement was needed, this was done gently and at the person's own pace. The person responded positively to this calm interaction.

Where staff were required to discuss people's needs or requests of personal care, these were done in a way that promoted their dignity. 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. Staff told us that people's care was reviewed on a monthly basis or when their needs changed. Staff knew people well and recognised when the support that was in place was not working as it should for the person. For example, one person wanted to learn a new language; staff supported the person to be able to do this. We spoke with one person about how they were supported and were in the process of discussing with relevant healthcare professionals the opportunity for them to move into independent living accommodation. A staff member told us how they had worked with the person to build their independence, and that the person was, while independent at the home, was looking forward to living in a more independent setting.

People we spoke with told us that staff ensured they maintained their independence and staff promoted this. One person told us about their many different external hobbies and interest and work that they did in the community. They told us how staff supported them to do this in a way they preferred. We saw people chose what they wanted to do, and were encouraged by staff in a positive way to undertake certain daily tasks, for example, doing their laundry or making their lunch.

People told us that staff supported them to plan their care and support and listened to their wishes. We saw from care records that people had information they required in a format that was suitable for their individual needs. One person told us that they enjoyed many activities, such as woodwork, music, drama, working in a charity shop and working in a local store. They told us that they also enjoyed learning a new language. The person told us that they felt happy that they were able to do this.

One person told us how they had recently been to a chocolate factory. They told us how much they had enjoyed it and wanted to go again. They continued to tell us how staff were supporting them to save money so they could go on a cruise next year. They told us how much they enjoyed holidays and were looking forward to going away over the Christmas period with other people who live in the home and the staff. A staff member told us how they supported people for a week away from the home to go to places where people had chosen.

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had handover of information. All staff we spoke with felt that due to the small service, there were good levels of communication were in place so people received responsive care in a timely way.

People did not express any concerns or complaints to us. We spoke with a relative who told us that they felt listened to and felt the registered manager was receptive and responsive to any concerns.

The provider shared information with people about how to raise a complaint about the care they received. 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. This was also available in a format for people who used the service. We looked at the provider's

complaints over the last 10 months and found that no complaints had been received.

Is the service well-led?

Our findings

All people and relatives we spoke with felt included and empowered and had a say in how the service was run. For example, we saw that people had been involved in changes to the home environment. People had decided to paint the garden fence, chosen the colours and painted this themselves. People we spoke with told us they had done this and enjoyed it.

We spoke with one 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. Two other people we spoke with told us they were happy as things were and did not want to change anything.

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. People who we spoke with told us they found the registered manager was approachable and responsive to their requests where it was required. One person we spoke with said, "Yes, I like [registered manager's name], he is very helpful". A relative we spoke with felt that they were listened to by the registered manager. They continued to say how impressed they were by all the staff at Constable House.

Staff told us they felt supported by the registered manager. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the registered manager. One staff member told us how proud they were of the job they did. They continued to say how people were like an extended family to them. Staff and people told us the provider was supportive and knew people who lived in the home well and visited often.

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, medication, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met.

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".