

RV Extra Care Limited

RV Care Limited - Warwickshire

Inspection report

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Date of inspection visit:
26 September 2018

Date of publication:
30 October 2018

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 inspected RV Care on 26 September 2018. RV Care Services is a domiciliary care agency that provides personal care and support to people living in their own homes, within a residential community. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were nine people who received personal care from the service.

Not everyone using the service receives the regulated service of personal care. Some people had 'cleaning' or 'shopping' visits. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

There was not a registered manager in post when we inspected the service. A requirement of the service's registration is that they have a registered manager. At the time of our inspection visit an acting manager had been appointed to manage the service, and they were in the process of registering with CQC. 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.

This was the first time we inspected the service. The service had been rated under a different provider where we awarded them a rating of 'Good' overall. At this inspection we found the quality of care had been maintained and people continued to receive a service that was responsive to their needs. We have rated the service as 'Good' in all areas, giving the service an overall rating of 'Good'.

Most people were positive about the care they or their relatives received were complimentary of the care staff that supported them. This was because people received a service based on their personal needs and preferences, and care staff usually arrived to carry out their care and support within the timeframes agreed.

People said they felt safe in their home when they were being supported by care staff. Care staff understood how to protect people from the risk of abuse and there were processes in place to minimise risks to people's safety, which included information about people's individual risks in their care plans.

Checks were carried out prior to care staff starting work, to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

All care staff had been provided with the policies and procedures of RV Care to support them to provide safe and effective care to people. Care staff received specialist training on how to manage medicines so they could safely support people to take them.

People told us care staff maintained their privacy and dignity. People's nutritional needs were met by the service where appropriate.

The acting manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before providing people with care and support.

The provider gathered feedback about their service, and acted on the feedback people gave them to make improvement. People knew how to raise a complaint if they were not satisfied with the service they received.

The provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people, staff, and record checks

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 Safe.

People felt safe with staff. People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good ●

The service was Effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs. People received support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good ●

The service was Caring.

Staff were described as being caring. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good ●

The service was Responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People participated in activities and interests that were important to them, where this was agreed as part of their care package. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

Good 

The service was Well-led.

People felt able to approach the acting manager and senior staff, and were listened to when they did. The provider acted to continuously improve their service. The provider worked in partnership with other organisations to meet people's needs. There were quality monitoring systems in place which contributed to continuous improvement.

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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.

The office visit took place on 26 September 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the acting manager was available to speak with us. The inspection was a comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service such as statutory notifications before we conducted our inspection visit. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at the Provider Information Collection (PIC) record. A PIC is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information was used to inform our inspection planning.

We received feedback from a field supervisor, a member of care staff, the acting manager, and the peripatetic manager. We also received feedback from four people's relatives and a representative of the retirement village.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and daily logs. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the acting manager and provider made to ensure people received a

quality service. We also looked at staff records to check that safe recruitment procedures were in operation, and staff received appropriate supervision and support to continue their professional development.

Is the service safe?

Our findings

We found people and their relatives felt safe with staff from RV Care Services, and that there were sufficient staff, who usually arrived on time, to support people. One relative told us, "[Name] always felt safe in their hands."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff told us they were comfortable raising any concerns they had with the acting manager, and were confident any concerns would be investigated and responded to. Staff also understood they could report safeguarding concerns to other authorities if they had concerns. The acting manager had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC.

Care staff attended regular infection control training and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

Procedures were in place to record any accidents and incidents that occurred to show when and where accidents happened, and whether risks could be mitigated to reduce them happening in the future.

Risks to people's health and wellbeing were identified in the care records we reviewed. For example, where people had environmental risks to their safety, these had been assessed and staff were provided with guidance about how such risks should be minimised.

People were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There were sufficient staff employed by the service to ensure people received their agreed calls at the time they should. In addition, the acting manager and office staff kept their own training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were unexpectedly absent due to illness. The acting manager told us they employed sufficient staff to cover all their existing calls to ensure no temporary or agency staff were needed.

There was a system in place to record the arrival and leaving time of staff on the paper records everyone had in their home. The acting manager used the information generated to highlight where staff may arrive late and the reasons why this occurred. The information reassured the acting manager that staff arrived on time, and no calls were missed. The acting manager intended to introduce an electronic system over the next few months, so that staff could notify the office in 'real time' when they arrived in someone's home. This would mean office staff would always know whether staff were running late, and could mitigate the risks of people receiving late calls.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Each person who was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed. MARs were kept in the person's home so they could be completed each time a medicine was given. There were checks and audit systems in place to ensure people received their medicines when they should.

Is the service effective?

Our findings

One relative described how staff had met their relation's needs effectively saying, "The care staff were very good. Both were kind, caring, prompt, willing, conscientious and encouraging. They showed concern with [Name's] recovery and well-being, and monitored pressure points, weights, mobility and progress."

New staff members were provided with effective support when they first started work at RV Care. They completed an induction to the service and started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff. It sets the standard for the skills, knowledge, values and behaviours expected. During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. Staff also worked through a probationary period to ensure they had the skills needed.

Only one relative told us staff had not always received the training they needed straight away, when mobility equipment was changed in their home. They said, "Staff were sent instructions on how to use the equipment after it was changed, but were still unsure how to use it." The acting manager told us staff were able to contact the office for any advice and support whenever it was needed during normal office hours, this included practical sessions on how to use any equipment.

Staff told us, and records confirmed, a programme of regular training updates supported staff to keep their skills and knowledge up to date. A staff member told us training was delivered according to the needs of the people they supported, for example, where people had specific health conditions.

The acting manager told us they continued to support staff through a system of regular meetings with their manager, and yearly appraisals. Regular meetings with staff provided an opportunity to discuss personal development and training requirements.

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and included discussions on each person's individual needs such as their mobility, likes and dislikes. Where people's needs changed, a re-assessment of need was conducted.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

People signed their own care records where they could, to consent to their care. Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to do so. The acting manager understood their responsibilities under the

MCA. They knew if people lacked the capacity to make all of their own decisions, records were required to show how decisions were reached in their best interests following mental capacity assessments.

People we spoke with managed their own healthcare appointments or relatives supported them with this. The acting manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were living with a health condition such as diabetes.

Is the service caring?

Our findings

People told us they enjoyed the company of care staff, and that they got along with them well. Comments from relatives included, "[Name] often comments on the kindness of the staff", "Carers who actually do the job of looking after [Name] are very good. They are kind and caring" and "[Name] always enjoyed their cheery company."

People were cared for by a consistent staff team that visited them regularly, which helped people feel secure with staff. One relative said, "The same five or six staff do all the calls."

People told us that by having staff from RV Care come into their home, this supported them to remain independent and stay living in their own home. Staff commented on how they supported people to make their own choices and stay as independent as possible. For example, by encouraging them to do tasks they could do themselves such as moving around without assistance where they could. Staff told us they respected the decisions people made about their care for example, how they wished their support to be delivered.

Staff and the acting manager understood the importance of promoting equality and human rights as part of a caring approach. Staff training included 'equality and diversity.' Staff told us they were supported by the provider to work in a caring way, which focussed on treating people equally and in ways they would want themselves or their families to be treated.

Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also, information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation.

Where people or staff needed support to access information, such as documents in a large print format, or in an easy to read picture format, these were supplied by the provider.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care and asking family or visitors to leave the room during care. One relative said, "When [Name] has asked staff to give her privacy, they have responded accordingly."

Is the service responsive?

Our findings

One relative said, "RV Care have taken into account [Name's] personal preferences regarding who looks after them and briefed staff as to their likes and dislikes. The management team have liaised with myself regarding any issues and have been able to rapidly provide any additional care."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. For example, information was contained in care records about whether people preferred female or male care workers, what food people enjoyed, and what interests and hobbies people enjoyed. People were involved alongside family members in care planning and regular reviews of their care.

Relatives told us staff wrote information about all the care they had provided in the daily records that were kept in the home. This information acted as a handover of information, so other care staff always knew what care people had received. One relative said, "The staff are very diligent in completing care records."

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community. For example, we saw one person really enjoyed being outside in their garden, and staff supported them to be outside whenever the weather permitted.

People's relatives confirmed they and their relation had been given the complaints policy which was included within the information guide, available within their homes. There were systems in place to manage complaints about the service. One relative said, "All the managers have been open to discussion and feedback." Another relative said, "We never had any reason to complain, but knew how to contact their management team, and had no concerns in that direction." We received feedback from one person who had made a complaint about staffing levels and equipment to support their relative. The person had been contacted in accordance with the provider's policy, and the provider had worked with them to resolve their complaint.

For those people who wished to engage with staff regarding end of life care planning, this facility was offered to people who used the service and their relatives. This process included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

Is the service well-led?

Our findings

Most relatives told us the service was well led. Only one relative said recent changes to the management structure had not improved the service. Another relative told us, "When the last manager left, I was very concerned that the replacement management team may not be of the same quality. Thankfully, that has not proved to be the case." One comment was, "We would have no hesitation in using them again, and would recommend them to anyone."

The provider told us they had recently changed their registration, as they had re-branded their service and the ownership had changed. Following the change, the provider had also recruited a new management team to include a new manager and supervisor. This meant there was no registered manager in post at the service when we inspected. However, the provider had already appointed the acting manager who was in the process of registering with CQC.

There was a clear management structure in place at the service to support staff. The acting manager was supported by a field supervisor who oversaw the allocation of staff and people's care packages. The acting manager was also supported by a peripatetic manager who regularly visited the service to support them during their probationary period.

Staff told us managers were approachable and supportive. The acting manager and other senior staff worked alongside care staff to regularly observe their practice, and to develop and maintain their own skills. In addition, spot checks and recorded observations of how staff were performing care tasks were made each month. The acting manager operated an 'open door' policy, where staff could call into the office if they needed to meet as a group, or with their manager. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours.

The acting manager told us how they worked in partnership with other agencies such as health care organisations and onsite management teams who oversaw the running of the retirement village to support people, making sure their needs were fully assessed to get the right care in place. A representative from the retirement village said, "Yes, we work together to meet people's needs, and have a good relationship. If we feel people may need the support of RV Care in their home then we can let them know about the service."

Regular quality monitoring ensured the provider and acting manager identified and acted upon any concerns or issues, to continuously improve their service. Monthly, weekly and daily checks were undertaken to check a range of information, which included checks to ensure staff were on time, the records of people's care and medicines records to ensure people received a quality service. Weekly checks also included a quality review of communication logs, accidents and incidents, to see whether any action needed to be taken to ensure people were safe, including re-assessments of risks to people where changed had occurred.

In addition, the acting manager had introduced a system of daily meetings with the field supervisor, to check on any changes to rotas, staffing levels, and people's health. This ensured the manager was kept up to

date daily with any issues or concerns that required review.

Monthly staff meetings were held to discuss any changes in policy, training updates, changes to people's care, and to ask staff for their feedback. Minutes of meetings showed compliments were shared with staff, and staff were asked if they had any concerns or feedback in 'Any other Business'. Agenda items included updates to training, feedback regarding and changes, and reminders to staff on how to report issues or concerns.

The acting manager asked for people's feedback about the care they received in quality assurance questionnaires, and when each person was contacted by telephone from office staff about their care and welfare. We looked at the comments on the most recent quality assurance questionnaires, which had been gathered in March 2018. We found people were generally satisfied with the care they received.

We looked at how the provider responded to the feedback they received to improve their service, and found improvements were encouraged and acted upon. For example, one relative had raised the quality of food preparation by staff could be improved to make meals more appetising to people. To make mealtimes more enjoyable for people staff were encouraged to take part in a competition using a telephone application, to share images of food they prepared, to win the 'best looking' meal prize.

The acting manager was supported by the provider with regular visits to the service, and regular monitoring and quality assurance checks on the care people received. They shared with the acting manager information and best practice guidance from other services in their region, and shared lessons learnt from across their organisation. The acting manager was also included in meetings with other registered managers across the providers group of services, to learn from each other, share ideas and discuss changes within policy and the organisation.

The provider sent us notifications regarding specific incidents and events that occurred at the service, as required by CQC, except in one instance where the provider had failed to recognise a notification was required due to the absence of the previous registered manager. We were confident that any such incidents in the future would be recognised and CQC would be notified. The provider completed the missing notification following the inspection visit.