

Revive Care Service Ltd

# Revive Care Service - East London

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Revive Care Service – East London is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, 97 people were receiving the regulated activity of personal care.

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

Risk assessments were not always detailed enough to provide staff with guidance for safe care or implemented effectively to help reduce risks to people. Care plans did not always provide relevant information. We have made a recommendation about care plans.

People were not always supported by enough staff. We received mixed feedback about staff punctuality and staff deployment from people who used the service and their relatives. People and their relatives told us they did not always receive a weekly rota of care staff and visit times.

Medicines was not always managed safely. The service did not check medicines records. Medicines administration records were not always clear and concise. Infection control procedures were not always followed. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves. We have made a recommendation about infection control.

We were not assured the provider had effective systems and processes in place to ensure the safe running of the service.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

Most people and their relatives told us staff were caring and treated their family with respect and dignity. People and their relatives were involved in making decisions regarding their care. Staff were recruited safely.

People's cultural and religious needs were respected when planning and delivering care. Discussions with the senior management and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 23/11/2018 and this is the first rated inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, recruitment, staffing levels and missed call visits. A decision was made for us to inspect and examine those risks.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, staffing and the overall governance of the service.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Revive Care Service - East London

## **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 Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors 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 agency. It provides personal care to people living in their own houses and flats.

The service had a nominated individual who was undergoing the registration process with the Care Quality Commission to become the registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with four members of staff which included the manager, the operations manager, a field care supervisor and the human resources manager.

We reviewed a range of records. These included nine people's care records. We looked at six staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided and liaised with service commissioners. We spoke with five people who used the service and 10 relatives. We also spoke with two care workers and received written feedback from four care workers.

# Is the service safe?

## Our findings

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

This is the first rated inspection for this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not always ensured appropriate risk management plans were in place to mitigate risks to people who used the service.
- People had risk assessments completed. However, where a person had a specific risk or condition, they did not always include risk management plans detailing information on how to safely manage these individual risks. For example, one person's risk assessment stated they had a pressure sore. The risk assessment and care plan gave minimal information detailing how to manage this risk.
- People's care plans did not contain enough guidance to support staff to manage identified risks.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate risks were assessed and mitigated. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The provider did not have suitable systems in place to ensure medicines were managed safely.
- The provider had not ensured care records contained enough information about the medicines people needed support with or the level of support people needed from staff.
- Medicine administration records (MAR) were not always clear. Records we looked did not always demonstrate if medicines were administered. However, the electronic system used to record medicines would alert office staff if medicines were administered late or missed.
- The provider was not operating an effective audit system to ensure they could quickly identify and resolve any issues with medicines management. The operations manager told us they had not completed medicine checks since the previous registered manager had left the service in July 2021.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medicines training. Staff felt confident administering medicines. One staff member said, "My responsibilities are to ensure the [person] has the correct medication on the correct visit and ensuring I read all the details in the [person's care records]. I have had in house training regarding medication." Another staff member told us, "I had online medicines training and supervision with trainer."

## Staffing and recruitment

- There were not always sufficient numbers of suitable staff to safely support people to meet their needs. People did not always receive continuity of care as the deployment of staff did not consider their needs effectively.
- Local authority had contacted people who used the service because they had been notified of missed call visits. The local authority advised us missed calls had continued to be an issue for some people.
- We received negative feedback from people and their relatives about staff punctuality and availability of staff. One person told us, "They are sometimes short staffed. Recently I had a very late visit. I had put myself to bed." A relative said, "Sometimes [staff are] late and don't let us know. Once a month we have a hospital appointment and I phone to remind them each time so they can come earlier, but they have arrived just as we're leaving." Another relative commented, "Sometimes [staff] do seem rushed and short staffed. We don't have a rota of times of visits or who is coming."
- We received mixed feedback from staff about staffing levels. One staff member said, "[I] think there's too many [people]. Not enough time to see [people]." Another staff member told us, "At the moment they have been a lot of changes. [Staff] being given different [people] to see, [people] complaining about seeing different [staff], but their needs have been met." A third staff member commented, "[The provider] needs to communicate more with [people] if [staff] are running late." However, one staff member said, "I will say I always have enough time to carry out my tasks and I was told not to rush."
- The human resources manager discussed with us about recruiting new staff. They told us additional staff were in the process of being employed and there was a process of ongoing recruitment.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to effectively deploy staff to ensure they could safely meet people's care and support needs. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

## Preventing and controlling infection

- The staff were not always following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed.
  - We received some negative feedback from a person and a relative about staff wearing PPE incorrectly. One person said, "[Staff] wear their PPE but a [staff member] had the mask under [their] chin on Wednesday." A relative told us, "A [staff member] came today without a mask, [they] told me [they] didn't need to wear one."
  - The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. One staff member told us, "[Provider] very strict on PPE. We go into the office to collect our PPE." Another staff member said, "When providing care, it is important that you minimise the risk by washing your hands regularly before you see [person]. You must wear the correct PPE gloves, aprons, masks, [and] also dispose of them correctly."
  - The provider's infection prevention and control policy was in date and included reference to COVID-19.

We recommend the provider performs regular checks on staff to make they are adhering to PPE guidelines.



Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Most people and their relatives told us they felt the service was safe. One person said, "[Staff safe], they have the key and ring the doorbell to let me know they're here." A relative told us, "I feel safe because [staff are] all DBS checked." However, one relative said, "Up until recently I would have said yes about feeling safe but recently there have been a few issues."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would raise concerns with the office, and they would deal with it straight away." Another staff member told us, "All cases must be recorded and reported to management."
- Senior management were able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.
- The provider was able to demonstrate lessons learnt when things went wrong. For example, the provider had retrained staff after an incident with hoisting.

# 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.

This is the first rated inspection for this service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs, and choices were assessed before the service started to provide any care or support and were then reviewed on an ongoing basis.
- Staff told us people's care plans and assessments were accessible and they had time to read them. One staff member said, "The risk to the people we support are written down in the care plan which can be found on the [electronic phone application]." Another staff member told us, "It is important to look at the care plan"

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff training was offered on a regular basis. Records confirmed this. Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "Yes we do get supervision." Another staff member told us, "I do get supervision and my concerns always heard."

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

- People's care plans contained information about the level of support required with nutrition and hydration.
- Staff supported people with their meals when needed. A relative said, "[Staff] help [relative] with food and offer choices of what to eat."
- Records confirmed staff had received training in nutrition, hydration and food safety.

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

- The service worked effectively with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One staff member told us, "Any concerns must be informed to the family GP or the office."
- People's care records showed relevant health care professionals contact details.

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 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 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.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate. The registered manager and staff had an understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. One relative said, "[Staff] are always polite and friendly, always ask before they do anything with [my relative]." Another relative told us, "[Staff] ask before doing anything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first rated inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most relatives told us staff were kind and caring. One relative told us, "[Staff] are so caring. They are always polite and friendly." Another relative said, "[Staff] do seem to care. They are good with us all as a family." However, one relative commented, "Most [staff] are very good, the odd one is sharp and bossy."
- Relatives told us continuity of care could be improved. This meant staff could not always get to know people well and build a good relationship. One relative said, "With having so many different [staff] a lot of time is spent getting them up to speed with [relative's] care needs." Another relative told us, "There seem to be a lot of different [staff]."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I would treat each individual with the same respect and dignity with each visit." The manager said, "Equality and diversity is really important. I plan to implement a plan with the care staff to make them aware of diversity and equality. Remind them of the protected characteristics. I will stress about equality and diversity and that [LGBT people] will be respected."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's cultural backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. One relative said, "[Staff] respectful towards [relative]." Another relative told us, "[Staff] respect [relative's] wishes."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We look at the care plan and you must communicate with [person] making sure that the doors are closed curtains are closed, talking them through their personal care needs, covering them up and help them feel relaxed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first rated inspection for this service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Systems were not fully in place to plan people's care. Care plans sometimes contained limited amounts of person-centred information about people's needs and preferences.
- People had electronic care plans which started with a detailed pen picture of the person. However, guidance around peoples' different needs and wishes was mixed and sometimes lacked details for staff to follow. For example, there were limited details on people's specific health conditions and eating and drinking preferences.

We recommend the provider seek advice and guidance from a reputable source, ensuring care plans contain adequate information in line with current best practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, care plans stated what language people preferred to be communicated with and how they would want information shared such as telephone or face to face.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- People and relatives knew how to make a complaint. People felt comfortable to speak to the staff about any concerns. A relative told us, "I'd phone the office with a problem."
- Records showed complaints were resolved as per the policy.

End of life care and support

- The service had an end of life care planning policy in place. No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their end of life care wishes.

# 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.

This is the first rated inspection for this service. The key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management of safety, risk and governance was not always effective. We identified concerns about people's safety during the inspection due to the lack of oversight, medicines not being audited, staffing, infection control procedures not always being followed, and the lack of robust risk assessments.
- The registered manager had left the service in July 2021 with short notice. Also, at the same time a care coordinator and trainer left. The operations manager had taken over the role of overseeing the service until a manager had been appointed and hiring a new office team. A new manager started on 23 August 2021 and planned to apply for the role of the registered manager. The nominated individual was going to apply for the role of registered manager in the interim. The operations manager told us while covering the role of manager they had discovered concerns about the service. They told us, "I was shocked of some concerns, but it was an eye opener to some things in the service that need attention."
- The operations manager and newly appointed manager had started a service improvement plan with concerns found since the registered manager had left. The service improvement plan covered care plans and risk assessments, call visit times, and medicines audits. The service improvement plan was sent to us after the inspection.
- People and their relatives we spoke with were aware of the management changes at the services. The newly appointed manager had started to make contact with people and their relatives. One person told us "It has been chaotic with the new [staff] but my [relative] has complained and the new manager came out to talk to me." One relative said, "The new manager did phone me yesterday." Another relative commented, "I spoke to the new manager this week [with a concern], he sorted it out immediately."
- During the inspection we saw copies of surveys sent to people and their relatives. However, these were not dated, and we could not be sure when they were returned. Also, people and relatives we spoke with told us they had not completed a survey. One person said, "I haven't had any surveys." A relative told us, "There haven't been any surveys." This meant we could not be assured people were asked their views.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the on-going concerns we found during the inspection.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- Spots checks on staff were completed and helped to monitor their performance. One staff member told us, "I get spot checks occasionally and they would check if we were wearing PPE and following the rules." Another staff member said, "Yes, spot checks are carried out just to make sure you turn up on time and wearing the correct uniforms."
- Staff completed a survey annually. The last staff survey was completed March 2021. Overall, the results were positive. Comments included, "Everything perfect. I'm grateful" and "the company was organised."
- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member said, "Yes they offer meetings it's mostly about issues in the establishment, [and] new policies." Another staff member told us, "Because of COVID-19 the staff meetings [have] been [held] online and it was always an great opportunity to be part of it."

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;

- Senior management understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users of receiving care or treatment or done all that was reasonably practicable to mitigate any such risks. Medicines were not managed safely. Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not in place to ensure compliance with the regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety. The provider failed to ensure the service was assessed and monitored to improve quality and safety. Regulation 17 (1) (2) (a) (b) (c) (e) (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet service users care and treatment needs. Regulation 18 (1)</p>