

Revelation Social Care Ltd

# Revelation Social Care Ltd

## 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 was an announced comprehensive inspection which took place on 6, 7 and 12 December 2018.

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. At the time of our inspection there were 3 people using the service.

At the inspection of the service in October 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not provided with accurate, up to date policies and procedures and effective systems were not in place to guide staff in the event of an emergency. The service was rated requires improvement overall. Following the inspection, we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions, is the service safe and well-led to at least good.

During this inspection we found the required improvements had been made and the breaches of regulations had been met

The service had a continuity plan and effective systems were in place to guide staff in the event of an emergency. Where fire safety risks had been identified for one person the provider, the person and other agencies, including the fire service, had worked together to reduce the risks to the person.

The provider had a range of new policies and procedures, which were up to date and related specifically to Revelation Social Care.

The service is required to have a registered manager. 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. The service had a registered manager, who is also the owner of the company.

People who used the service and staff spoke positively about the registered manager and their kindness and commitment. We found the registered manager to be passionately committed to providing good quality support and care.

People were very positive about the service and the way it was managed and organised. Staff we spoke with liked working for the service and told us they felt supported in their work.

Detailed assessments of people's support needs and preferences were made. Risks to people had been assessed. Care records were person centred, detailed and reflected peoples support needs and what was important to them. All care records had been reviewed regularly and changes made when needed.

Medicines were managed safely. Staff had received training in medicines administration and had their competency checked regularly.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff.

Staff we spoke with were aware of safeguarding and how to protect vulnerable people. Staff were confident the registered manager would deal with any issues they raised. There were systems in place to protect people's security and their property. People's confidentiality was maintained.

People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support. The requirements of the Mental Capacity Act (MCA) 2005 were being met. People were supported to have maximum choice and control of their lives.

People told us the service was reliable and that visits were never missed. Visits were well planned and people usually knew in advance which staff would be visiting. There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention. People told us they had no complaints, but were confident any concerns would be dealt with promptly.

People were very positive about the staff who supported them and spoke about them fondly. People told us the staff were lovely, caring and cheerful. Staff knew people well and showed a genuine affection for the people they supported. Staff respected people and ensured their dignity was maintained.

There were effective systems in place to assess, monitor and improve the quality and safety of the service provided.

People who used the service were encouraged to give their views on the quality of the service they received and how it could be improved.

Records of accidents, incident and complaints were kept. The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

The provider had displayed the CQC rating and report from the last inspection on their website and in the office as they are required to do.

## 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.

Contingency plans were in place to guide staff in the event of an emergency that could disrupt the service.

Medicines were managed safely. Risks to people were identified and guidance given to staff on how to minimise those risks.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

### Is the service effective?

Good ●

The service was effective.□

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People told us the service was reliable. Visits were never missed and staff usually arrived when they were expected.

### Is the service caring?

Good ●

The service was caring.

People told us staff were cheerful, caring and kind.

Staff knew people very well and spoke about them in caring and respectful terms. Staff showed a genuine affection for the people they supported.

Staff respected people's privacy and maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and person centred. They contained information about what was important to the person. They provided staff with the information they needed to support people appropriately.

The support provided was reviewed regularly, people and those who were important to them were involved in those reviews.

There was a suitable complaints procedure for people to voice their concerns.

### **Is the service well-led?**

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. Everyone was positive about the registered manager and the way the service was managed.

Policies and procedures were in place to guide staff on carrying out their roles effectively.

There were effective systems in place to assess, monitor and improve the quality of the service.

**Good** ●

# Revelation Social Care Ltd

## 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 6, 7 and 12 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that the manager would be available.

The inspection was carried out by one adult social care inspector. We visited the office location on 6 December 2018 to see the manager and office staff and to review care records and policies and procedures. On the 7 and 12 December the inspector had telephone discussions with people who used the service and their relatives about their views of the service and the quality of the support they received.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. No concerns were raised with us.

During this inspection we spoke by telephone with two people who used the service, and the relative of one person, to seek their views about the service provided. In addition, we spoke with the registered manager and three care staff.

We looked at two people's care records, a range of documents relating to how the service was managed including medication records, staff training records, duty rotas, policies and procedures and quality assurance audits.

## Is the service safe?

### Our findings

At the last comprehensive inspection of the service in October 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because contingency plans and fire safety records needed to accurately reflect the action to be taken in the event of an emergency arising so that people were kept safe. The provider was required to complete an action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care and how risks were managed. We found service continuity plans were in place that gave direction to staff in the event of an emergency such as late visits, utilities failure, adverse weather, pandemic, flooding or winter conditions. These plans helped to ensure that in the event of an emergency staff can follow the correct course of action promptly to ensure continuity of service and to keep people safe. Records showed that during a period of heavy snow earlier in the year, the continuity plan had been used very effectively to ensure people still received the support they needed.

Care records included environmental risk assessments for hazards in people's homes and these included; Uneven floor, household appliance, shower area, heating and lighting, pets, food, behaviour, medicines, risk of infection/ infection control. These assessments helped to minimise risks to people and those providing support so that people were kept safe. We saw that since our last inspection improvements had been made to fire safety management. Each person had a personal emergency evacuation plan (PEEPS) in place. Records showed that where fire safety risks had been identified for one person the provider, the person and other agencies including the fire service had worked together to reduce the risks to the person. This included detailed guidance to staff on fire safety measures, installing new equipment, regular checking of the fire alarm and an emergency call system for the person to use.

We looked at the care records for two people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; equipment, fire safety, moving and handling, personal care, medicines, eating and drinking and food hygiene, skin integrity, mobility, falls and moving and handling.

At the last inspection we found that the management of topical medicines needed to be improved. We recommend that the provider considered good practice guidance on the management of medicines for adults receiving social care in the community and takes any further action required to update their practice accordingly. During this inspection we found improvements had been made. We found that people received their medicines as prescribed and saw that medicines were managed safely.

The registered manager told us that staff were only supporting people with the administration of topical creams. Protocols and body maps were in place to guide staff on administration of these creams. They provided staff with specific instructions on how they would know when to apply the cream or where to apply

it. Medicines administration records (MAR) relating to administration of topical creams were fully completed.

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. Records we reviewed showed that MAR were checked by managers at least monthly to ensure they had been correctly completed. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

There had been two new staff recruited since our last inspection. We reviewed the personnel files of these two staff. The staff personnel files contained an application form where any gaps in employment could be investigated, at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These processes helped staff to know and understand what was expected of them in their roles.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. People told us they felt safe using Revelation Social Care. We found there were policies and procedures for safeguarding people from harm. We saw that the service had a whistleblowing policy. Staff we spoke with, and training records we reviewed, showed staff had received training in safeguarding people from abuse. Staff we spoke with knew how to report concerns and were confident the registered manager would deal with any concerns they raised.

We saw that there were systems in place to protect people's security and their property. Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incidents. There had been no accidents since our last inspection, but records we looked at showed that any incidents had been recorded in a log in the office and there was a record of action taken to prevent reoccurrence.

The service had an infection control policy. This gave staff guidance on preventing, detecting and controlling the spread of infection. It included hand washing and the use of personal protective equipment (PPE) including disposable gloves and aprons. Staff and people who used the service told us PPE was always available and used. One person said, "It's the first thing they do when they come in [put on PPE]. They [staff] are all very particular, they wear blue [gloves] in the kitchen."



## Is the service effective?

### Our findings

We looked to see if appropriate systems were in place to ensure staff had the training and support needed to carry out their roles safely and effectively.

We found staff received an induction when they started to work at the service that included completing training, an introduction to people who used the service and shadow-working alongside experienced staff. Staff we spoke with and records we reviewed showed that staff received training that included; manual handling, health and safety, fire safety food hygiene, basic life support and safeguarding vulnerable adults. We saw that staff also completed training relating to people's specific support needs and medical conditions including; diabetes, skin care, stroke and dementia awareness. Staff were very positive about the training they received. One staff member told us, "I know so much more since I did the training."

Records we reviewed and staff we spoke with showed that staff received regular supervision and an annual appraisal. Records we reviewed showed supervisions were detailed and included looking at workload, what staff were enjoying about their role, what not enjoying, any concerns or issues, training and development and staff achievements since last supervision. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff we spoke with told us they felt very supported. Staff said, "[Registered manager] is always there. She works alongside us, we communicate during visits. You can always phone the office if you need to talk to someone" and "I phone [registered manager] anytime, she is always there."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records we looked at contained evidence the service had identified whether a person could consent to their care. People we spoke with confirmed staff always sought their consent when supporting them. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

Before people started to use Revelation Social Care an assessment of their needs was completed by a manager of the service. We saw the assessment identified the support people required and how the service planned to provide it. The assessment process ensured the service could meet people's needs and staff

knew about people's needs and goals before they started to use the service. We saw that the assessments were used to develop very detailed person-centred care plans and risk assessments.

People told us that visits were never missed and staff usually arrived when they were expected to and that they had enough time to provide the support they needed. One person told us, "There are no missed visits. Even when it snowed they came."

Care records showed that where people did not use words to communicate, clear guidance was given to staff on how the person liked to communicate and what gestures and facial expressions might mean. They also included guidance to staff on how they should communicate with the person, for example words or phrases that would help the person understand.

People told us that they were usually supported by the same team of staff. They said, "Staff are more or less regular" and "We have consistent carers. I get the rota in advance also we always know who is coming."

We looked to see if people were supported to maintain a healthy diet. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that nutritional and hydration risk assessments were completed for each person who used the service. They also included details of things that people enjoyed eating and drinking. We saw these had been reviewed regularly and if any concerns were found the service had taken appropriate action such as helping the person contact their G.P.

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including GP's, speech and language therapists and district nurses. People we spoke with said that the service worked with the health care professionals involved in their care. This helped to ensure people's healthcare needs were met.

## Is the service caring?

### Our findings

Everyone we spoke with was positive about the staff who supported them and spoke about them fondly. People said, "They [staff] are very good. [Staff name] painted my toe nails", "They [staff] are all lovely" and "All the staff are just lovely girls. My [relative] can't speak highly enough of them. They even let my grandchildren read to them."

One person we spoke with said, "Staff are genuinely warm and caring." People told us staff chatted to them and were very cheerful. Another person said of one staff member, "She is a scream [funny], she is lovely. She's very, very good."

All the staff we spoke with knew people very well and spoke about them in caring and respectful terms. Staff showed a genuine affection for the people they supported. One staff member said, "I love this job, because of the person I am working with. [Person who used the service] is amazing. We get on so well." Other staff said, "We sit and talk to [person who used the service] so [person] doesn't feel alone" and "I have time to build up relationships [with people who used the service]. It's the best job I have ever had."

People we spoke with described how staff had an attention to detail and did; "Small things that make a difference" to make sure people were comfortable. Examples given included making sure the person had their favourite shawl and their favourite perfume. One person told us, "They ask if I am ok. They can't do enough for you. Things like checking I have my phone charger." Other people said, "They do nice things with [person who used the service] like use the foot spa" and "They started a new lady [staff member]. You can tell she loves the job. Nothing is too much trouble for her."

People who used the service told us staff respected their privacy and maintained their dignity. One person said, "[Registered manager] teaches staff how to regard you and your boundaries." Another said, "Yes, they respect me and they listen" During our conversations with staff they demonstrated they respected people who used the service and considered peoples dignity when supporting them with personal care.

People told us staff helped them to remain as independent as possible. Care records included guidance to staff on tasks that people could do for themselves and how to promote people's independence. Staff we spoke with told us, "We try to encourage them [people who use the service] to do things for themselves. Like getting them to help when showering" and "[Registered manager] has taught me how to communicate with people, how to encourage them to do things."

We saw staff had received training about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People said staff were responsive to their needs. One person told us, "I wanted an agency that would provide good care. We had several, but these were the best. They [Revelation Social Care] take the hassle out of it."

We saw that relevant care plans and risk assessments were in place with regards to the care and support people wanted and needed. Information was very detailed and included people's wishes and feelings, likes and dislikes, their routines, preferences and things that are important to them. These included; personal care, laundry, shopping, continence management, skin care, eating and drinking, communication, medication, mobility, emotional wellbeing, activities, autonomy and independence. The records were very person centred and written in respectful terms. We saw that the service placed great importance on respecting what was important to people. Records provided staff with the information they needed to enable them to promote people's health, social and emotional well-being.

People told us they were very involved in developing their care records. Care records we saw contained details of these discussions.

We found the care and support provided was regularly reviewed to ensure the service was meeting people's needs. These reviews were documented and changes were reflected in updated care plans and risk assessments. We also saw that where people's needs had changed, changes had been made to the length or frequency of visits. People told us that managers telephoned each week to check if any changes needed to be made. One person told us, "Lady's [managers] from the office ring every week to check if I am ok or if there is anything I need or they can do."

Detailed daily logs of care and support provided were kept. Staff told us they read the daily logs to update themselves with how the person was or if any important events had happened.

We saw the service had an equality and human rights policy and procedure. This gave staff information on the risks to people's human rights in health and social care provision. It guided staff on action to take when planning and delivering care and support. It included how risk to people's human rights should be included when planning care. All staff had also received training in equality and diversity.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider had a policy about how information would be made accessible to people if needed. We saw that information could be made available in different formats such as large print and languages other than English.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a

complaint had been dealt with. Copies of the complaints procedure were provided in each person's personal file which was kept in their own homes. The registered manager told us there had been no complaints since our last inspection. People we spoke with told us they had no complaints but would be able to raise any concerns they had. One person said, "I am perfectly happy with everything. I have no complaints at all." Others said, "If there is anything, I would ring [registered manager]. They would organise a meeting at my house and we would discuss it" and "Anytime I have had any issues, [registered manager] has sorted them out straight away."

The registered manager told us they were not currently supporting anyone with end of life care. We saw the service had a policy and procedure detailing how the service would ensure people's wishes about their care was respected if they were at the end of their lives. This would help staff understand how they could best support people and ensure peoples end of life wishes were respected.

# Is the service well-led?

## Our findings

At the last comprehensive inspection of the service in October 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not provided with accurate and up to date policies and procedures to guide them in the safe delivery of people's care. The provider was required to complete an action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

The provider had a range of new policies and procedures, which related specifically to Regulation Social Care. These ensured that staff knew what was expected in their roles. We saw there was also a service user handbook and statement of purpose. These explained the service's aims, values, objectives and services provided. Copies of these documents were in people's individual files in their own homes. These documents helped to ensure people knew what to expect when they used this service.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service had a registered manager, who is also the provider. During our inspection we spent time with the registered manager. We found them to be passionately committed to providing good quality support and care.

People who used the service were very positive about the registered manager and the way the service was run and organised. People told us, "She is very kind", "She is really good and kind", "She is a nice person and a good manager." Other people said, "She is very good, friendly and considerate" and "She observes staff. She is committed to a high standard of care."

Staff spoke positively about the registered manager and told us they enjoyed working for Revelation Social Care. They said of the registered manager, "She is a lovely person" and "She gives the best advise possible. We have a good relationship, I like her."

Staff told us the way the service was run had improved. They said, "It has been a bit disorganised at times, but it's got a lot better" and "At first they weren't organised, but they are now." Staff said about working for Revelation Social Care, "It's one of the best jobs I have ever had" and "It's the best care agency I have worked for."

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures the service provides people with a good service and are meeting appropriate quality standards and legal obligations. We found there was an effective system of weekly, monthly and annual quality assurance checks and audits. These included; medicines administration and recording, care records, infection control, staff meetings, training, supervisions, policies and procedures.

The registered manager also held themed reviews each month. They would meet with senior staff to review the service performance for a specific area. We saw that these had included a review of the use of the contingency plan, gathering service users feedback and use of communication logs.

Spot checks or 'care worker observation and monitoring' checks were completed for each staff member every month. The monitoring sheets were used to look at how staff performed different aspects of their roles including; attitude and appearance, if PPE was worn, infection control, communication with clients, if daily logs completed, policies and procedures followed, food hygiene, property safety, vigilant of hazards, medicines administration and recording. One staff member said, "[Registered manager] does spot checks. I have been observed, she looks at everything including medication."

Daily spot checks were also carried out via telephone to ensure staff had arrived at the correct times and were providing the support people needed.

We saw that the registered manager had systems were in place to identify any accidents, incidents, safeguarding's or complaints. We found they had detailed systems in place to help them identify any themes or lessons learned to help improve the service.

Records we reviewed showed that staff meetings were held every three months and detailed notes were kept of these meetings and included updates from last meeting, what areas were discussed, any issues or concerns and agreed actions.

The registered manager told us that due to the small number of people using they service they did not undertake an annual survey. People were encouraged to give their views on the quality of the service they received and how it could be improved with at least weekly contact, either by telephone or home visits. We saw that the registered manager also worked regular on shifts with each person who used the service. All the people we spoke with said they were consulted very regularly about the service they received and how it could be improved.

Before our inspection we checked the records, we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the office and the rating was displayed on the provider's website, with a link to the last CQC inspection report.