

Rely Care Agency Limited

Constable House

Inspection report

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Date of inspection visit:
20 September 2018

Date of publication:
16 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

Constable House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Constable House provides long-term accommodation and care for up to six people, across two floors. There were six people living at the home at the time of our visit.

At the last inspection in September 2016 the service was rated Good. At this inspection we found the service remained Good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was not in place at the time of our inspection, however, the provider was taking reasonable steps to address this. 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.

People continued to be cared for in ways which took their individual safety and risks into account. Staff adapted how they supported people so people could do things which were important to them and to continue to develop their independence, as safely as possible.

Checks were made on the suitability of staff before they were recruited and there were enough staff to care for people. Systems were in place to manage people's medicines so they received them as prescribed. People benefited from living in a home where steps were taken to reduce the chance of people having infections. Staff reviewed and untoward incidents and were supported to learn from them.

People's needs and lifestyle choices were taken into account when their care was first planned. Systems were in place to enable staff to obtain input from other organisations and health and social care professionals, so staff would be assured they would meet people's needs.

People were positive about the skills and knowledge staff used when caring for them. We found staff were provided with opportunities to develop their skills and knowledge they needed to support people living at the home.

Staff supported people to have enough to eat and drink so they would remain well. People told us they enjoyed their meal time experiences, which reflected their choices. Some people took pride in making their own drinks and meals. People told us if they wanted support to attend health appointments this was always provided. By doing this, staff helped to ensure people's well-being and health was promoted.

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

The caring approach of staff was highlighted by people and people chose to involve staff in their daily lives. Staff encouraged people to make their own decisions about the care they wanted and spoke respectfully to the people they supported. People's right to dignity and privacy was considered in the ways staff cared for them.

Care was offered to people which reflected their individual preferences, aspirations and needs. Staff supported people to make their own decisions about their lives and care. The views of other health and social care professions were listened to, to help to ensure people's care was planned in the best way for them.

There were systems in place to support people to raise any concerns they had or to make a complaint. Everyone we spoke with told us they had not wanted to make any complaints because the care provided was good.

The provider's representative spent time with people, so they could be assured people were receiving good quality care. Staff were confident if they raised any concerns senior staff and the provider's representative would address them.

Checks were made by senior staff and the provider's representative, so they could be sure the people benefited from living in a home where the focus was on the experiences of people who lived there.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Constable House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 20 September 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality. We also spoke with a health and social care professional who supported one person living at the home.

We spoke four three people who lived at the home. We also spoke with the provider's representative, a senior carer and one care staff member.

We reviewed three people's care records, two staff recruitment files and checked how people's medicines were managed. In addition, we looked at information which showed us how the provider monitored the quality of the care provided and the actions they took to develop the service further. This included questionnaires completed by people and their relatives, minutes of meetings with people and staff. We also saw how accidents and incidents we monitored, and systems for managing any complaints about the care provided.

Is the service safe?

Our findings

When we inspected the service in September 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The systems in place supported people to be as safe as possible. People told us staff talked with them about their safety needs and staff provided the support they needed. One person told us this included action taken by staff when they were anxious, so they would be reassured as quickly as possible.

Staff understood the risk to people's safety. One staff member explained how risks to people when eating and drinking were reduced. The staff member told us how they cared for people by providing the support they needed, discreetly, so the risk of people choking was reduced. A further staff member explained how staff planned ahead, so risks to people were reduced. The staff member gave us an example of action taken to support one person when they travelled, to meet their changing needs. This had enabled the person to continue to enjoy going out to do things they enjoyed in the safest way possible.

One person who had recently moved to the home told us they had discussed their safety needs with staff before they came to live at the home. The person said a plan had been put in place, so they would still be able to do things that were important to them as safely as possible. Staff explained this had enabled them to be sure the safety needs of everyone at the home would be met, and risks to the person reduced.

Staff had understood the different types of abuse and knew what actions they would need to take in the event of any concerns. Staff were confident the provider's representative would act if they raised any concerns for people's safety.

There were enough staff to care for people. People told us there were always staff available to support them, and to spend time talking with them when they wanted this, so they were less anxious. One person told us they were supported by their preferred staff member when they went for health appointments, so they were less anxious. One staff member said, "We are quite lucky, there's always two of us, you have time to chat to people." The staff member gave us an example of times when staffing was increased. This was in relation to times when people were anxious and needed more support from staff.

People were supported to have their medicines as safely as possible. One person gave us an example of a time when they had asked for pain relief. The person said, "Staff were good. I got my tablets quickly." Staff told us they were not allowed to administer medicines until they had received the training they needed to do this safely. We saw there were checks undertaken on the way people's medicines were administered and stored, so the provider would be assured people were receiving their medicines as prescribed.

There were systems and processes in place to reduce the chance of people acquiring infections. One person told us, "It's a clean and tidy home." The person they explained how they had further developed their independence by managing their own washing and cleaning. The person showed us where cleaning items were stored, and explained how they were supported to use these safely. Staff told us they were

supported to reduce the chance of infections through training and the use of aprons and gloves.

Staff explained how learning from safety incidents, such as when people became anxious, had been used to drive through improvement in the care provided. Records we saw showed us staff and the provider monitored the cleanliness of the building, accidents and incidents and people's safety.

Is the service effective?

Our findings

When we inspected the service in September 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's needs were assessed so appropriate care could be planned for them. People told us they had talked about their care needs, so they would receive the care they wanted. One person told us this had made it easier for them to settle into their new home. Records we saw showed us staff had also taken into account the views of other health and social care professionals when assessing people's needs. This included when people had moved into the home at short notice.

Staff had opportunities to develop their skills and knowledge for the benefit of the people living at the home. People told us staff knew how to support them. One person said they had a range of physical and communication needs and said, "Staff understand how to help me." Staff told us about the training they received. One staff member said, "It makes staff more aware of their [people's] needs, so you know how to go about things in the best way for people." We saw the types of training staff attended reflected the needs of the people living at the home.

People were supported to have enough to eat and drink and to remain well. One person told us they had regular meetings with staff so all the people living at the home could choose what they wanted to eat. One staff member gave us an example of how one person's health had improved because of the support they had with their meals. The staff member told us, "Because [person's name] diet is so good now, they're no longer classed as diabetic." Another staff member said, "You encourage [people] to drink and make a point of ensuring there are drinks with meals and medicines." We saw people's meal times were not rushed and staff spent time chatting with people to put them at their ease. We also saw people enjoyed the independence of making their own drinks.

There were systems in place to support staff to work together, and with other organisations, so people would receive the care they needed. Two people told us they were supported by staff to see the health professionals they needed to remain well. One staff member explained they kept up to date with people's changing needs through discussion when they started each shift, and by checking care records. Another staff member told us staff had consulted with speech and language therapists. The staff member gave us an example of how this had led to improvements in one person's ability to communicate their preferences, and improved their independence.

Records showed us specialist advice had been sought from health and social care professionals when needed. We also saw people were supported to attend health appointments, such as GPs, to support good health outcomes.

People told us they liked to spend time in different areas of the home, including quiet communal areas, or areas to chat with staff and other people. One person told us they enjoyed spending regular time in their own room, and this had been planned with staff. Another person told us they liked their room, and had

made their own choices about what they wanted in it. The person told us this helped to make them feel relaxed and comfortable.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had followed the right process, where this was needed, so people's freedoms were respected.

One person told us staff understood they enjoyed spending time away from the home on their own. The person told us, "I can just walk out to the shops if I want to." Staff gave us examples of how they had supported people who were not always able to make their own decisions. One staff member told us they had worked with other organisations in these circumstances, so decisions would be made in people's best interests. Records we saw showed us staff had been given guidance on the best way to support people, so they could to make their own decisions, where possible. Where this was not possible, records demonstrated staff considered supporting people in the least restrictive way.

Is the service caring?

Our findings

When we inspected the service in September 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they liked the staff who supported them. One person told us, "Staff treat me with respect. They are bubbly and we can have a joke." Staff spoke warmly about the people they cared for. One member of staff told us, "The best thing about working here is the people we support."

Staff knew what mattered to the people they supported and told us this helped them to build bonds with the people they cared for. One person told us they found staff to be very supportive. The person said they had developed good relationships with staff quickly after moving into the home, and this made them feel more settled. One staff member gave us an example of the difference this made to people. The staff member explained one person was sometimes reluctant to have the care they needed. The staff member said, "If [person's name] knows I am on shift, she likes me to do her personal care."

People were comfortable and relaxed with staff, and sought out staff's company and support. We saw staff spent time throughout the day chatting to people, and encouraging them to be part of life at the home. We saw when people became anxious staff promptly reassured them so their well-being was promoted.

People were supported by staff to make decisions about the care they wanted. This included involving people with day to day decisions about their care. For example, one person told us people were encouraged to decide what they wanted to eat. Another person told us they decided what activities they would like to do. The person told us staff listened to their choices. We saw people were keen to involve staff in their lives and were confident to ask staff for support when they wanted it.

Staff took into account people's rights to dignity and independence when caring for them. One person told us staff had encouraged them to be part of life at the home, but also respected they liked to spend some time on their own. Two people told us staff recognised they could do many things independently, for example, organise their own finances or to spend time away from the home safely. People told us staff respected this.

Staff gave us examples of how they supported people to be as independent as possible. This included supporting people to do their own laundry and to contribute to making their own meals. One staff member advised us the gender of staff member to care for people was taken into account when staff rotas were arranged, so people's dignity and care preferences would be met.

We saw staff were respectful towards people when supporting them, and people acknowledged and thanked staff for the support they received.

Is the service responsive?

Our findings

When we inspected the service in September 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People continued to be involved in planning their care so they received this in the best way for them. People told us staff offered them choices about what they what care they might like to receive and what they wanted to do. One person told us because of the way their care was planned and given, their independence has increased. The person told us, "It has helped me living here."

Another person explained they had been involved in planning their care. The person told us as a result of this they were now able to spend time safely with people who were important to them. Two people told us they had been involved in decisions about what volunteering or paid employment they would like to undertake. Both people told us they were being supported to achieve their goals in relation to this. A further person told us they had planned with staff they would always be supported when attending health appointments. The person told us staff had listened to their request and did this, so they were less anxious.

Staff gave us examples of suggestions they made so people would be offered the care they wanted. One staff member told us how staff encouraged people to try new things. The staff member told us, "[People's names] loved this." Another staff member explained that plans had been agreed with one person so they would receive the support they needed maintain their lifestyle choices, as safely as possible. The person told us this was very important to them.

The views of other health and social care professional were considered when people's care was planned and reviewed. This included input from people's appointees, who were responsible for making some decisions on behalf of some people. Staff gave us examples of how they worked with people so they would be able to set realistic goals. For example, so people would still be able to enjoy a holiday of their choice, within their income.

We found people's care was provided in ways which reflected with the principles and values of Registering the Right Support Guidance. These included providing care in a small and homely setting, where people's independence was promoted. People and staff gave us examples which showed people had easy access to local services and communities.

We saw staff knew people well and carefully re-checked people were making their own decisions about the care they wanted. Staff had supported people to make their own decisions by providing information and guidance in pictorial versions, where this was appropriate. People's care plans reflected how they wished to live their lives, their preferences and the support they required to further enhance their relationships with family and friends who were important to them.

None of the people we spoke with had wanted to make a complaint about the support provided, as they were happy with the care given. Staff knew what action to take to support people, if they wanted to raise any

complaints or concerns about their care. The provider's representative confirmed no complaints had been received in the previous twelve months. We saw there were systems in place to manage and monitor complaints if these were made. The provider's representative told us about plans they were making to further develop and promote the use of complaints, so they would be further assured people benefited from good care.

Is the service well-led?

Our findings

When we inspected the service in September 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There was no registered manager in post when we inspected, however, the provider's representative had taken reasonable steps to address this. A new manager was due to commence employment the week after our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's representative advised us the new manager would be applying to become registered manager for the home.

People told us they saw the provider's representative and senior staff often and said they thought the home was managed well. One person told because of this they liked to show visitors round the home, as they were proud of where they lived, and what they had achieved. All the staff we spoke with were positive the provider's representative and senior staff would address any concerns they may have for people living at Constable House.

We saw people chose to include the provider's representative and senior staff in their day to day lives. The provider's representative spent time chatting to people about what was important to them. By doing this, the provider's representative could be sure people were getting the care they wanted, in the ways they preferred.

Staff knew how they were expected to care for people through one to one meetings with their line managers and regular discussion with senior staff. One staff member told us, "[Provider representative's name] wants quality of life for people, for them to be treated well and for them to have the guidance they need to stay safe."

People told us the way the home was run meant they were encouraged to give their views on the care provided and make suggestions for developing the home further. Two people told us they met regularly with staff as a group. They explained this gave them opportunities to give their views on the day to day life at the home and to make suggestions about day to day life at the home. This included what enjoyable things they would like to do, what meals they would like and to gain their views on the quality of the care provided. One staff member explained some people preferred to make any suggestions for developing their own care or the home further during their individual care plan reviews.

Staff told us they were encouraged to make suggestions to develop the home and people's care further. One staff member said, "You can go to the senior or [provider's representative's name] and make suggestions, and they will listen." We saw people were encouraged to let staff know their views on the care provided in other ways. For example, through surveys.

The provider's representative checked the quality of the care provided. One staff member explained the provider's representative often came in to do unannounced spot checks, so they could be assured people were getting the care they wanted, and their preferences were met. Records we saw showed us there were systems in place to check the quality of the care provided. This included reviews of accidents and incidents, so any lessons would be learnt. Checks were also undertaken on the safety of the building, medication, staff training and support. Where any actions were required these were undertaken, so people would benefit from living in a home where care was developed further.

The provider's representative told us about changes they planned to make, including further development of the checks on the quality of care provided. These included further surveys to check people had the support they needed to live fulfilled lives and to promote complaints processes, so people were signposted to external organisations, where appropriate.

Staff members and the provider's representative gave examples of the way they worked with other organisations so people would get the care they needed to move on to live more independently. This included working with local health and social care professionals and contributing to service commissioner's meetings. By doing this, people benefited from receiving a service which aimed to further develop their independence and well-being.