

RV Extra Care Limited

RV Care Cornwall

Inspection report

23 Fore Street
Tregony
Truro
Cornwall
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Tel: 01872530222

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01 March 2019

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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

About the service:

RV Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 17 people in the Tregony and surrounding areas in Cornwall.

People's experience of using the service:

- People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were responded to and used as an opportunity to improve the service.
- People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.
- People told us they felt well cared for by staff who encouraged them to maintain relationships and keep their independence for as long as possible.
- The provider ensured people had consistent staff visiting them.
- People were supported by staff who had the skills and knowledge to meet their needs.
- Staff understood and felt confident in their role.
- Staff liaised with other health care professionals to ensure people's safety and meet their health needs.
- Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.
- Staff spoke positively about working for the provider. They felt supported and could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt happy in their work.
- Audits had been completed to check the quality and safety of the service. However, these had decreased over recent months due to the absence of the registered manager. The provider was aware of this and supporting the acting manager to address.
- The senior staff, who were covering for the registered manager, worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection: The service does not have a current rating.

Why we inspected: This is the first scheduled inspection of this service since it was registered under the new providers, HC One, in August 2018.

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 safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

RV Care Cornwall

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector 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:

RV Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. The service is based on the Roseland Park site which includes privately owned homes, a residential care unit, a dementia unit and a nursing care unit. There is a restaurant, swimming pool, hairdresser, library and GP based on the same site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been away from work for a few months prior to this inspection and was not expected back in the near future. The provider was supporting an acting manager to provide management tasks at the time of this inspection.

Notice of inspection:

This inspection was announced. We gave the service 36 hours' notice of the inspection visit because the location was a small agency and staff were often out of the office during the day. We needed to be sure that they would be in at the time of our visit.

What we did:

Before the inspection, the provider completed 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 improvements

they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies.

Prior to the office visit, we spoke with eight people and six relatives over the telephone. We visited the service on the 1 March 2019 and looked at records, spoke with people and staff.

During the inspection, we spoke with two staff, the acting manager, and a representative of the provider. We visited two people in their own homes to seek their views of the service provided by RV Care. We received feedback from a team of health care professional who worked with the care staff. Following the inspection, we spoke with two more care staff.

We looked at the care and medication records of three people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People and their relatives explained to us how the staff maintained their safety. One person said, "I'm in 100% safe hands" and "It's comforting just to know they're checking on me and my son feels reassured too."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and managed. Each person's care plan included relevant risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The acting manager checked all accident and incident records to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had consistent staff who were familiar to them. There were 'bank' staff who could be called upon to cover staff absence for sickness or leave.
- People and their relatives told us they received care in a timely way. People commented, "They're here pretty much on time and they let me know if they are going to be late" and "They're 99% on time and if they're late they call me."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People and relatives told us they were happy with the support they received to take their medicines. Comments included, "They always remind me to take my pills and make sure I take them." A relative told us, "They used to just leave Dad's medication. Now they witness him taking it and note it down."
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular

competency checks were carried to ensure safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Everyone told us staff practiced good infection control measures. One person told us "They always wear protection and use gloves and aprons and their waste is disposed of properly."

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the acting manager to identify any trends. The acting manager discussed any accidents/incidents with staff as a learning opportunity at staff meetings and supervision.

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

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 needs were assessed before the service began to provide support and people and their relatives confirmed this.
 - Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff skills, knowledge and experience
 - People received effective care from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a system to monitor all staff had regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
 - Staff felt well supported and had supervision with the acting manager in the absence of the registered manager. Not all the supervisions provided were clearly recorded in staff files. We were assured this would be addressed. Annual appraisals were planned to take place in the coming months.
 - New staff had completed an induction and worked alongside experienced staff until they felt confident to work alone and unsupervised. People told us, "They know the job and new people get shadowed after being introduced" and "They introduce new people and I see the training of new staff."
- Supporting people to eat and drink enough to maintain a balanced diet
 - People were supported by staff to maintain good nutrition and hydration. One person told us, "They help with my food which is mainly microwaved."
 - Staff supported people with their shopping needs. There were systems in place to ensure people's money was managed safely. "They sometimes help with the shopping and they give me receipts for the payments."
 - Staff assisted some people to eat in the site's restaurant. This helped meals to be a social event as friends sat together and chatted while they ate.
- Staff providing consistent, effective, timely care within and across organisations
 - People received care in a timely manner. No one reported staff rushing them in any way.
 - One person told us, "They always stay the whole time" and "They do anything I ask them to do."
- Adapting service, design, decoration to meet people's needs
 - The service operated from a ground floor office on the Roseland Park site. This allowed people to access the office easily if needed.
 - The service enabled people to remain as independent as possible by ensuring they had the equipment

they needed. Staff were able to assess if people required additional aids or adaptations to keep them safe as their needs changed, and these were provided.

- Supporting people to live healthier lives, access healthcare services and support

- People were able to see a GP on the Roseland Park site if they wished. Some people visited their local surgery to see their GP. District nurses visited some people in their own homes. Staff supported people to attend other health appointments as needed.

- People were supported to improve their health. Staff advised people on healthy eating options and assisted them with their medication and long term conditions if needed.

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.

Ensuring consent to care and treatment in line with law and guidance.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Staff knew what they needed to do to make sure decisions were made in people's best interests. The service held records of any appointed Lasting Powers of Attorney who had been appointed to act on people's behalf when needed.

- Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

- Some consent to care forms had been signed by a relative who did not have the legal power to do this. This was discussed at the time of the inspection visit and addressed.

- People were asked for their consent before they received any care and treatment. For example, before assisting a people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

- People's care plans clearly described what decisions people could make for themselves and where they needed support.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good - 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
 - People received care from staff who developed positive, caring and compassionate relationships with them.
 - People told us staff knew their preferences and cared for them in the way they liked. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them.
 - Staff were kind and affectionate towards people and knew what mattered to them. People's comments included, "If there's anything amiss they tell me and alert me," "They're brilliant, they're invaluable. I can't fault any of them," "All the girls are super duper" and "They are angels from heaven!"
 - People were treated with kindness and were positive about the staff's caring attitude. However, one person told us they felt one carer spoke with them in an inappropriate manner. This was discussed with the acting manager. They were aware of this concern and had supported the carer to recognise how their manner was perceived.
 - A relative told us, "My Dad has a good laugh with the carers. Each one really understands him and they are genuinely interested in him. They seem to look at his situation holistically."
- Supporting people to express their views and be involved in making decisions about their care.
 - People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
 - Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.
- Respecting and promoting people's privacy, dignity and independence
 - Staff showed genuine concern for people and ensured people's rights were upheld. Relatives told us, "They (carers) always show great respect for mum's dignity" and "My Dad's privacy is respected and it's all written down. Privacy is noted frequently." One person told us, "They (carers) do respect my privacy when they put creams on me."
 - The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
 - Staff were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed.
 - People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

Good - People's needs were met through good organisation and delivery.

- Personalised care; accessible information; choices, preferences and relationships.
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including being involved in their own care plan reviews.
- Staff responded to people's changing needs. For example, staff noticed that one person, they supported, was using an inappropriate piece of furniture to sit on whilst dressing. This was discussed with the person and their family and a more appropriate item was obtained to support the person more safely.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. These records were checked by senior staff to ensure people received appropriate and timely care.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, if there were any visual problems or hearing loss and guidance for staff about how to help people communicate effectively.
- Improving care quality in response to complaints or concerns.
- People knew how to provide feedback about their experiences of care. People told us, "It's very easy to get hold of the manager or the office" and "All communication is good with me. I can even text the care workers."
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. Details of the complaints procedure were contained in their care plan files.
- End of life care and support.
- The acting manager informed us no one was receiving end of life care at the time of our inspection. The team would at times support people with end of life care and the service would work closely with other professionals to ensure people had a dignified and pain free death.

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.

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility
 - People, relatives and staff expressed confidence in the management team. People told us, "This a very good team who get on well together" and "I hope they get a good report. They all work together and go over and above the call of duty. Even the receptionist is in the care team I am absolutely delighted with the service." One relative told us, "RV Care gives me the time to do the nice stuff with Dad."
 - The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The acting manager worked alongside staff and led by example.
 - The acting manager spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
 - Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. Comments included, "(name of the acting manager) have worked really hard recently to get everything up to scratch," "It is really well run now" and "They (name of the acting manager) are doing a really good job, they are always there for us."

- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
 - The acting manager positively encouraged feedback and was keen on ensuring people received good care.
 - People spoke highly of the service and could not identify any areas for improvement.
 - Staff also strived to ensure care was delivered in the way people needed and wanted it.
 - There was a good communication maintained between the care staff team.
 - Staff felt respected, valued and supported and that they were fairly treated

- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
 - A survey was planned to go out to people and their families in the coming weeks. The acting manager told us, "We see people most days and get direct feedback from them by talking to them and checking all is well with them."
 - There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to encourage good communication between the staff team.

- Staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "I am happy here, it is a good service" and "We have regular supervision and training and great support."
- People and staff were encouraged to air their views and concerns. The acting manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
- The service worked in partnership and collaboration with other key organisations to support good care provision.

- Continuous learning and improving care
 - The provider had carried out audits of care plans and other records to monitor the quality of the service provided by RV care.
 - The registered manager had been absent for some months and the acting manager, supported by the provider, were planning to review all auditing processes to continue to monitor the service effectively.

- Working in partnership with others
 - The staff worked closely with the district nurses and GP's in the local area.
 - Care plans contained records of meetings and assessments from external healthcare professionals and social care providers.