

RV Care Limited

RV Care Limited - Sussex

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 14 August 2017 and was announced. RV Care Limited provides a domiciliary care service to older people living in their own homes, most of whom lived within the grounds of a retirement village. At the time of the inspection there were seven service users receiving a service.

The manager had applied to become a registered manager. 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. This was the first inspection since the provider registered with CQC on 14 September 2015.

The provider did not always ensure that risks to people were managed effectively. Staff did not always have appropriate guidance in how to support people safely. This was identified as an area of practice that required improvement.

Management systems were in place to monitor the quality of the service but these were not always effective in identifying shortfalls and omissions. This was identified as an area of practice that needed to improve.

People told us that having the service helped them to feel safe in their home. One person said, "I know when they are coming and if I have had a bad night it makes me feel safer knowing they are coming in the morning." There were enough staff to cover all calls and people said that their calls were never missed.

Staff had a clear understanding of their responsibilities with regard to keeping people safe. People received the medicines they needed safely.

Staff received the training and support they needed. There were robust communication systems in place. People were supported to have enough to eat and drink and to access health care services when they needed to.

People said that they received a consistent service from regular staff members who knew them well. One person said, "We are very happy with the care, it has been wonderful." People were involved in developing their care plans. Staff offered people choices and supported them to retain their independence. Staff had a

firm understanding about how to promote dignity and people described a caring approach that helped them to feel comfortable when being supported.

Staff were responsive to changes in people's needs and provided a flexible service. People were receiving personalised care and staff respected their choices. Care plans contained relevant details that supported staff to provide a personalised service.

There was clear leadership and people and staff spoke highly of the manager describing them as approachable and friendly. One person said, "I think it (the service) is very well managed indeed."

We found one breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people were not always managed effectively because staff did not have the guidance they needed.

Staff understood their responsibilities with regard to safeguarding people from abuse.

There were enough staff to care for people safely. People were receiving their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were able to access the training and support they needed to be effective in their role.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People received support to have enough to eat and drink and to access the health care services they needed.

Is the service caring?

Good ●

The staff were caring.

People were supported by staff who knew them well and provided good continuity of care.

People were included in planning their care and support. They received their calls at times that were suitable and convenient for them.

Staff understood the importance of maintaining confidentiality and protecting people's dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care in a person centred way and their wishes and preferences were respected. Staff were flexible and supported people in the way that they preferred.

Staff stayed for the allocated time of the visit and were able to stay longer if people's needs changed.

People felt comfortable to complain and their concerns were addressed.

Is the service well-led?

The service was not consistently well-led.

Systems and processes for monitoring the quality of the service were not always effective in identifying shortfalls and inconsistencies.

There was clear leadership and staff knew what was expected of them.

There was good communication and an open culture where staff felt comfortable to raise any issues or suggestions.

Requires Improvement 

RV Care Limited - Sussex

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 14 August 2017. The provider was given short notice of the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector and an assistant inspector.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

During and after the inspection we spoke with two people by telephone. We interviewed two members of staff and spoke with the manager and the regional manager. We looked at a range of documents including policies and procedures, care records for six people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed four staff files including information about recruitment, supervision and training. We reviewed team meeting minutes and looked at the provider's systems for allocating care visits and other information systems.

This was the first inspection of this service since it was registered on 14 September 2015.



Our findings

People told us that receiving a service from RV Care helped them to feel safe living at home. One person said, "The staff are very good and we feel much safer with them coming in to help." Another person said, "I know when they are coming and if I have had a bad night it makes me feel safer knowing they are coming in the morning." However, despite these positive comments we found some areas of practice that required improvement.

Risks to people had been identified but there were not always risk assessments and plans in place to guide staff in how to support people and manage these risks. For example, one person had diabetes and this was noted within their care record. However no risk assessment had been completed to determine if there were any risks associated with the illness that staff should be aware of. There was no guidance for staff in how to recognise signs or symptoms that something was wrong and no information for staff in what to do in these circumstances. This meant that although a risk had been identified there was no clear assessment or guidance for staff in how to support the person in managing this risk.

Another person had been identified as having swallowing difficulties and was at risk of choking. They had been referred to a Speech and Language Therapist (SALT) who prescribed that food should be provided in a thick puree texture. The SALT had provided specific information about what this meant. The care record for the person did not provide specific guidance for staff in line with the SALT recommendations. Records showed that on some occasions the person had eaten food that was not suitable as determined by the SALT assessment. This meant that the SALT prescription for a thick puree textured diet was not always being followed and this increased the risks to the person of choking or aspiration of food into the lungs. We asked the registered manager about this, they explained that they believed the person had capacity to make their own decisions about their food. However this contradicted information in the care file which stated that the person did not have capacity to make an informed decision about what to eat. This meant that staff did not have clear guidance to follow when supporting the person to eat and that the person had received care that wasn't always safe. Failing to assess and manage risks to people's health and safety is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a clear understanding of safeguarding and were able to describe signs that might indicate abuse. One care worker said, "If I felt something was not right I would report it to the office straight away." Records showed that appropriate actions had been taken when a safeguarding concern was raised. Staff told us they were aware of the provider's whistleblowing policy and understood their responsibilities to report any concerns that they had.

Staff described how they would administer medicines and were clear about the process. Records showed that staff were completing Medication Administration Record (MAR) charts when they had administered medicines to people. Previous records had some gaps but the registered manager told us that where gaps were identified staff had received more training and support to ensure that they understood the process and this had resulted in more consistent recording. More recent MAR charts were being completed consistently.

The provider followed safe recruitment practices. Staff files included application forms, previous work history, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with people. Records seen confirmed that staff members were entitled to work in the UK. There were enough staff to cover all the visits. Staff said that they would cover calls between them if staff were off at short notice for example, due to sickness. The manager said that they could also cover calls if needed or they could bring staff from other areas to assist if needed. People told us that they usually received their calls when they were expecting them and they felt there were enough staff. The manager said that calls were never missed or cancelled unless the person requested it. People confirmed that this was the case.



Our findings

People told us that they had confidence in the skills and knowledge of the staff. One person said, "I don't have to tell them what to do they are very well trained." Another person said, "The staff all know what they are doing." Staff told us that they had received the training that they needed. One staff member said, "The induction was good, it was not rushed and I was able to shadow staff to get to know the routine."

Records confirmed that staff received training that was relevant to the needs of the people they were supporting. The manager told us that new staff were supported to undertake the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A training plan was in place and updated to identify when staff training was due.

Staff told us that they felt supported and received regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff were having supervision meetings and a plan was in place to ensure these happened regularly.

People told us that communication with staff was good. One person said, "They are good at contacting me and letting me know of any changes, for example if the carer is going to be later than expected." Staff told us that they received messages via their telephones and this helped to keep them up to date with information. One staff member said, "There are good communication systems, we can read the daily notes and we get messages directly to our phones to alert us of anything important that we need to know." Staff meetings were held regularly and staff told us they felt able to raise any issues or concerns.

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

Staff demonstrated an understanding of the principles of the MCA. One staff member told us, "We can't

assume that someone does not have capacity to make their own decisions. If we suspect that they lack capacity an assessment would have to be done." Another staff member said, "The MCA is there to protect people and ensure they can make their own choices. Even if they lack capacity for some things, people can still make other decisions." Staff were able to describe how they sought consent before providing care or support to people and understood the importance of ensuring that only people with a legal right to do so made decisions on behalf of a person who lacked capacity. We checked with people if staff were asking their permission before providing care. One person said, "Yes, they always ask me first and if I say no to something then they never argue." Another person said, "If I don't want to do something then they don't push me, they do respect my decisions." Records showed that where a relative had made decisions on behalf of someone who lacked capacity they had the legal right to do so.

People were being supported to have enough to eat and drink. One relative told us, "The staff know that it takes a long time for (person's name) to eat but they always stay until they have finished and never rush off." Staff described how they helped people to choose what they wanted to eat by reminding them what they had available. One staff member said, "I ask them what they fancy and if they haven't got it I offer to bring it in next time I come." People told us that staff were flexible enough to support them with cooking a meal or going to the shop if they needed supplies. Records showed that staff were consistent in recording what people had to eat and drink at the time of their visits.

People told us that they were supported to access the health care services they needed and said that staff would make appointments and could accompany them if they needed support. One person said, "The manager visited me when I was in hospital." Staff were proactive in contacting health professionals when people's needs changed. One person told us, "I was unwell and they wanted to call an ambulance but I refused, they called the doctor instead." A relative said, "The staff are very observant and definitely notice if something's wrong." Records confirmed that staff had contacted health care professionals when needed and asked to do so. A staff member told us that they were able to be flexible with the length of the visit if someone was unwell. They explained, "If a person is unwell we can stay as long as they need us. If a doctor needs to visit we make sure that a staff member can be with them."



Our findings

People said that the staff were caring and kind. They described positive relationships with staff and said that staff knew them well and understood their needs. One person said, "They are very good, excellent in fact." Another person said, "We are very happy with the care, it has been wonderful." A relative said, "They know (person's name) very well and I have never had any problems, they are always obliging and helpful."

People's visits were arranged so that they received care from regular staff members and this meant that continuity of care was well managed. One staff member said, "Planning is very good and because it's a small service we get to know all the people. It's helpful when we have to cover calls and it makes it nicer for the clients if they know the staff coming in."

Staff were knowledgeable about the people they were caring for and spoke about them with affection and respect. One staff member described how they had supported someone with advanced dementia to remain at home saying, "We did everything we could to keep them orientated so they could remain in their flat, they were wonderful really." Staff members were able to describe people's characters and their backgrounds and demonstrated that they knew them well.

People told us that they had been included in developing their care plans. One person said, "They asked a lot of questions so they could get a clear idea of how we wanted things done." People who were able to, had signed their care plans to show that they had agreed with the identified tasks. Staff described how they routinely offered people choices to ensure that they were able to make decisions about their care. One staff member said, "I always give people choices, it's important to help them maintain their independence." Staff described helping people to remain as independent as possible by supporting them to continue to do as much as they could for themselves. One staff member described helping someone with their personal care saying, "I offer to do what they can't manage but I encourage them to keep doing as much as they can for themselves. Sometimes it's about giving them the confidence." A person told us, "I can do most things but I have lost my confidence and the carers have really helped with that." Care records guided staff to support people's independence, for example, one care plan stated 'I can wash and dress but I like my carer to be there. I need to build my confidence.'

People said they felt confident that staff protected their privacy and maintained their confidentiality. One person told us, "Staff never talk to me about anyone else so I am sure they don't talk about me either." Staff told us that they were careful to maintain confidentiality. One staff member said, "Sometimes people ask about other people, but I just say I can't comment on other people." Records containing people's

confidential information were kept securely in the main office and staff said they were careful to put files away where people wanted them in their homes.

People told us that they felt staff treated them with respect and maintained their dignity. One person said, "They used to call me "Mrs" but now we know each other well I am happy to be called by my first name." Another person said, "They know us so well, but they are still very respectful." Staff described how they maintained people's dignity when supporting them with personal care. One staff member said, "I make sure everything is ready and to hand first, and that the blinds are down and door is closed before we start." Another staff member said, "I always ring the bell and introduce myself when I come in and check what they want me to do. I would never rush anyone and I like to help people feel in control."



Our findings

People were receiving care that was personalised and responsive to their needs. One person said, "They know me very well and adapt to my way of doing things." People told us that their visits were arranged for times that were convenient to them and that staff were punctual. They said that visits lasted for the duration they expected but that staff would stay longer if they needed to.

People's needs had been assessed and they had comprehensive care plans in place to guide staff in how to provide care in a person-centred way. Details in care plans provided staff with the information they needed to deliver personalised care. For example, one care plan described the number of towels that a person preferred when having a shower, another provided clear details about the order in which they preferred to wash and the type of shower gel that they preferred. Staff told us that they care plans were useful but they always checked with people to ensure they were providing care in the way they preferred. Where people's needs changed their care plan and the schedule for their visits had been amended. The manager told us that care plans were in the process of being reviewed and updated and a new format was to be introduced, called a customer service plan, incorporating detailed risk assessments.

Staff supported people to maintain relationships that were important to them. For example, by contacting family members at people's request and keeping them updated if they became unwell. People's interests were included in their care plans and staff said this was helpful when getting to know people. One staff member said, "We have time to spend with people and that means we can look at photos with them, have a cup of tea and a chat. Knowing about their interests is important." Another staff member described how they used information about a person's past to help them to connect with them. They explained, "I know that they like music and enjoy singing so when they are about to have a shower we put their music on and it helps to keep them relaxed." This showed that staff were responsive to people's needs.

People described staff as being flexible and responsive to changes. For example, one person told us how staff had stayed longer than usual when they were unwell. Staff said that they were able to be flexible if people needed additional tasks or extra time.

The provider had a complaints process and recorded any concerns or complaints that they investigated. People told us that they knew how to make a complaint and would feel comfortable to do so. One person said, "I would speak to the office staff, they are always helpful." Another person said, "I could tell any of the carers or I can phone the office, they are all wonderful."



Our findings

People and staff spoke highly of the management of the service. One person said, "I think it is very well managed indeed." Another person said, "It's well organised and I have no complaints." Despite these positive comments we found that some areas of practice needed to improve.

There were a number of systems and processes in place to monitor the quality of the service but these were not consistently effective in identifying shortfalls. For example, internal audits had not identified that risk assessments were not always in place. Care plans had been reviewed but this process had failed to identify omissions and contradictory information in some. This showed that not all management systems were effective and meant that records were not always accurate. This is an area of practice that needs to improve.

There was a clear management structure and staff understood their responsibilities and knew what was expected of them. Staff spoke highly of the management of the service describing a positive culture with happy staff. One staff member said, "The manager is always available and they know people well, so that helps if we need support with any calls." Another staff member said, "This is the best company I have worked for, it is very well- led. The manager is approachable and listens to us, any problems are sorted out straight away." Other comments included, "It's a friendly atmosphere, no gossiping," and, "We all get on very well." Staff described morale as being high and talked about how they supported each other. There were systems in place to plan staff support. This included up to date plans for supervision, training and the induction of new staff. This enabled the manager to plan resources effectively when staff were released for training.

Incidents and accidents were recorded and monitored. The manager said they looked for possible patterns and used this information to ensure that risks were managed effectively. One example showed how someone had fallen during the night and additional lighting was introduced to help prevent a re-occurrence.

Regular spot checks were carried out to monitor the quality of service. This included checking that staff arrived on time and that they were wearing their uniform and id badges as well as checking documentation kept in people's homes such as their MAR charts. During these visits people were also asked for their views on the service, including the response from office based staff. People told us that they were happy with the service they received and this was confirmed in records of the spot checks. In addition to this quality assurance questionnaires were also sent to people and their families to obtain feedback about the service. The manager said that any issues highlighted would be addressed straightaway and would be used to inform developments.

People and staff said they had confidence that the manager would listen to their concerns and that they would be received openly and dealt with appropriately. The previous registered manager had left in March 2017 and a new manager had been appointed in April 2017. They were in the process of becoming registered at the time of this inspection. They understood their responsibilities with regard to the Provider's registration with CQC, including the Duty of Candour. This is where providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people), when things go wrong with care and treatment.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always managed and mitigated effectively.