

P.G.S Healthcare Limited

Ruby-Rose Supported Living Services

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

Ruby-Rose Supported Living Services is a domiciliary care agency (DCA) which provides twenty-four hour care and support for people with a learning disability. At the time of our inspection, one person was being supported by the service. The inspection took place on 25 May 2017 and was announced.

The service was run by the provider who was also the 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 and associated Regulations about how the service is run.

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs.

The registered manager and staff understood their responsibilities in terms of safeguarding people from abuse and managing risk. People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely.

Staff understood the principles of the Mental Capacity Act 2005 and people were supported to make their own decisions wherever possible. Staff asked for people's consent before supporting them in ways they were comfortable with.

Staff were supported to carry out their role effectively. There was a regular programme of training with opportunities for specialist training relevant to meeting the needs of the people using the service.

People were supported to have enough to eat and drink to maintain their health whilst respecting their preferences. They had access to health professionals when needed and were supported to attend health appointments.

Care was personalised and met people's individual needs and preferences. Staff treated people with dignity and respect, promoted their independence and positive relationships with people who used the service had been formed and maintained.

Relatives told us they felt able to raise any concerns with the registered manager. Staff told us that the registered manager was approachable and accessible.

There were systems in place to monitor the quality of the service and the registered manager was committed to improving the service and comments and concerns were used constructively to drive improvements.

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.

People's needs had been assessed and risks to their safety were identified and managed well.

There were sufficient staff who were recruited appropriately to keep people safe.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision so that they were competent to meet people's needs effectively.

People's rights were protected and they were supported to make their own decisions wherever possible.

People were supported with nutrition and access to health care services to help them to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were friendly, caring and respectful.

Staff were attentive to people's individual needs and had a good knowledge and understanding of their likes, dislikes and preferences.

Support provided to people was individual and enabled them to

lead an independent life with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the assessment and review of their care and support arrangements.

People participated in volunteering and leisure interests that were important to them.

People knew how to make a complaint and were confident they would be listened to and any concerns would be acted upon.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was visible and open and people and staff were able to approach them and felt listened to when they did.

Staff were supported and valued which had a positive impact on the people who used the service.

Quality monitoring systems were in place to identify any areas needing improvement with a willingness to learn and develop.

Ruby-Rose Supported Living Services

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.

The inspection took place on 25 May 2017 and was announced. The provider was given 48 hours' notice as we needed to be sure that someone would be at the location. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with one person who used the service, one relative, two members of staff and the registered manager.

We reviewed one person's care plan, to see how their care and support was planned and delivered and looked at other records related to people's care. This included medicine records, the provider's quality assurance audits, and records of complaints, accidents and incidents. We also looked at four staff records and associated documents relating to staffing.

Is the service safe?

Our findings

Systems were in place to protect people from the risk of harm. Staff had received training in how to safeguard adults from abuse. They knew the signs to look for which might tell them that someone was being hurt, discriminated against or abused and were aware of the reporting process. They told us that if they had any concerns they would report this to the registered manager or social services. The registered manager knew how to raise and deal with safeguarding alerts and concerns and work together with the local authority to protect people in their care.

Risks to people's safety had been assessed and staff knew how to provide support to minimise the risk of harm. We saw that assessing risk was a continuous process which was informed by everyone who knew the person well and was involved in their care and support including staff and family members. These risks included undertaking every day domestic and personal care tasks, risks to their safety at home and in the community and their physical and mental health. Accidents and incidents were recorded which showed that the service had dealt with any events appropriately. A family member told us, "[Name] is very well looked after and able to live a full life with good support."

In order to provide more opportunities for wider social interaction, a person who used the service was spending time with staff outside of their usual duties. We discussed with the registered manager about professional boundaries in relation to people spending time with staff outside of their usual duties. The registered manager had put risk assessments in place to ensure the safety and wellbeing of people who used the service and the accountability and responsibility of staff in protecting them from harm. This was completed with full agreement of all concerned.

Staff rotas showed that there were enough staff employed to meet people's needs and keep them safe. When cover was needed, for staff annual leave for example, this was provided by the use of an agency where regular staff knew people who used the service which gave continuity and familiarity.

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for four members of staff showed that they had completed an application form, detailing their employment history, photographic proof of identity and satisfactory references. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people who use health and social care services.

Medicine administration records (MAR) showed that people received their medicines as prescribed and in line with the provider's policy and procedure and current professional guidance. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people received their medicines safely. A pain assessment tool was available in picture format so that people could indicate the level of pain they were in if unable to tell staff verbally.

We saw that body maps were completed and signed by staff when they had administered creams. Information about different types of drugs people were taking was available for reference. Medicines given

to people as and when needed, for example, for pain relief were documented correctly.

Is the service effective?

Our findings

We found that people received care and support from staff who knew them well and had the skills and knowledge to meet their individual needs. We were told by one person who used the service that, "I like all the staff, they are nice and we get on."

The service provided all new staff members with an induction and a comprehensive pack of information about the service. One staff member told us, "I had a good induction, it was not rushed and I spent time with [Name] to get to know them and how I could support them. I read all the procedures which were clear and have them to refer to if I need them."

We saw that staff had a recognised qualification in health and social care and one staff was completing a qualification and credit framework (QCF) level three in health and social care. This staff member had recently completed the Care Certificate also. The Care Certificate is a set of minimum standards that health and social care workers should adhere to in their daily working life.

The service had an organised programme of training for 2017 which included health and fire safety, learning disability and behaviour which challenges, food hygiene, infection control, equality and diversity and being a lone worker. Training already completed had included mental capacity, safeguarding people from abuse, medicine administration, moving and handling, first aid and epilepsy. This training was face to face with an external trainer and staff told us it provided them with a good knowledge of working with people in the community. One staff member said, "The training is great, enjoyable and I learn more than if I had to do it by myself on my own."

Staff said they felt supported by the registered manager who was accessible, approachable and supportive. Staff received regular supervision and an annual appraisal which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs. Staff were involved in discussions about improvements to the service.

The service linked with other organisations to ensure that people who used the service had access to the community, day services, activities, and clubs and to follow their areas of interest.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that it was.

The registered manager had consulted with people who used the service and their families and, where relevant, the local authority and professionals in relation to people's capacity to make decisions about their lives. We saw that people's mental capacity had been assessed which reflected their ability to make specific

decisions for themselves and where decisions were being made in people's best interests, these were correctly documented.

The service had helped a person apply to vote and we saw they had received their voting card. The registered manager told us that the staff were discussing the process and reasons for voting with the person to help them understand what they needed to do on voting day to exercise their democratic right. People who used the service were supported to live their life in a way they chose, maintain their independence, and make choices and decisions for themselves where possible.

Staff had received training in the MCA and they were able to demonstrate that they understood their responsibilities with regard to seeking consent and supporting people to make their own decisions. Staff were very positive about making sure they gave people information and choices in a way that helped them to understand what they were being asked so that they could make an informed choice and decision.

People were supported to have sufficient food that met their dietary needs and preferences. They were able to choose the food and drink they liked and had support to go shopping, prepare and cook their meals and snacks. One staff member said, "[Name] is very partial to a shandy so that's on the shopping list."

Staff understood people's health care needs and supported them to maintain good health. The records we reviewed showed that people were supported to access health care services such as the GP, hospital appointments and using the nail cutting service. Health action plans (information about people's health needs) had been completed with relevant information which advised professionals about their needs in the event that the person had to go into hospital.

Is the service caring?

Our findings

One person who used the service told us they were very well supported and that staff were caring, kind and helped them to be independent. "They are lovely to me, we do things together."

Staff had an in depth knowledge of the people they were supporting and could describe in detail things that were important to them. They knew how best to provide appropriate care and support to them to ensure they maintained their independence at all times. One staff said, "It is great being involved in helping people live their life and do all what they want to do."

We saw that positive and trusting relationships had formed with people. We were told that a person who used the service had been invited and attended a staff member's special birthday party recently and had a really good time.

Staff were aware of people's emotional and psychological needs and what made them happy, contented, upset or angry and knew how to help and support them with any difficulties they may experience. Where people were at risk of isolation and loneliness, this had been recorded and staff knew how to look out for the signs and provide appropriate support.

We saw that staff talked appropriately and sensitively to people and reacted to them in a caring and open way. We saw that people felt that they mattered and staff were there for them. One staff member told us, "I love my job, it is not a job really but is about being with someone who you really care about and you want them to have the best." The way staff wrote about people, for example in their care plan and daily diary, was respectful and courteous. We saw that information about them was kept confidential and private.

Relatives also told us that their family member was treated with dignity and respect by staff and the registered manager. They said, "All the staff are great with [Name] and know them well."

A relative told us that the registered manager listened to their concerns and would act on any concerns very quickly. They felt involved in discussions around the care and support their family member received. The service actively promoted the use of advocacy services to enable people to have independent support and advice to help them make decisions about their lives.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. People were able to live independent lives with appropriate support. One person said, "I can do what I want, they help me."

People and their families were fully involved in developing an appropriate support plan which met their needs. They were able to say what they wanted to do with their time, how they wanted to live, their routines and the way they wanted their support provided.

People's preferences, wishes and aspirations were listened to and recorded so that staff knew how to respond to them appropriately, this included gender specific care. We saw that one person was supported to follow their leisure and volunteering interests and access the full use of the community.

Care plans were written sensitively and were individual which showed that the person was at the centre of the care and support being provided and their rights respected. The care plan we looked at included 'My life history' as told by the person themselves, which was colourful and personal, details of their health and medicines, personal care, social and leisure interests, risk assessments and responsibility for managing finances.

Care plans were reviewed and signed to ensure people agreed with the service to be provided. People who used the service were involved in the recruitment of staff and interviewing them so that they had a choice about who supported them. Their opinions and views were sought as to the suitability of candidates in working at the service which had ensured they were trusted and people felt safe with them. Care and support was provided when it was needed and directed by people themselves.

The service had a complaints process in place. Along with the statement of purpose for the service (the providers document which sets out how they will run the service for people and what they will provide), there was an accessible picture version of the service's complaints policy. The person we spoke with and their relative told us they knew who to speak to if they were not happy with the service and they were actively encouraged to share their views and experiences.

The registered manager told us that they tried to deal with complaints or comments from people, their families and professionals on an on-going basis and learn from them. No complaints were outstanding at the time of the inspection.

Is the service well-led?

Our findings

The service was provided and managed by the registered manager with a small supportive staff team. They were aware of their responsibilities and accountability for the safety and care of people and staff in the service. They had a clear vision and positive person centred values about how they wanted people to live their lives and how staff should be supported. They fully involved people, their families, staff and professionals in developing the service.

Staff told us that the registered manager was visible in the service. They were always available to provide advice and support and showed respect for them and their work. Staff were motivated and enthusiastic about the support they provided and wanted to enable people to do as much as possible.

A relative told us they knew who the registered manager was and was positive about their approach and the care they were providing. "Anything I suggest is responded to by [registered manager] and the staff."

The culture of the service was person-centred and empowering with a focus on promoting people's independence. The registered manager was keen to learn and develop and they worked proactively in partnership with health and social care professionals to seek advice and support for the benefit of the people they supported. Views about the service from people and their families were recorded on an on-going basis and responded to accordingly.

There was a quality assurance process in place. Monitoring checks were in place to ensure medicines were administered safely and reviews of people's care were undertaken. People were actively involved in volunteering and were encouraged to pursue leisure interests and be part of the community in which they lived to increase their participation and inclusion. Good communication existed in the service, through regular supervision and team meetings, where staff were involved in the future development of the service.

The registered manager worked within current guidelines to ensure their policy and procedures, records and management systems were in place. All information was analysed to check the safety and effectiveness of the service and to learn from any mistakes to help the service to continue to develop.