

Revolution Home Care Limited

Revolution Home Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Revolution Home Care Limited is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, including those with dementia, people with a physical disability or sensory impairment, younger adults and people with a mental health diagnosis. At the time of our inspection there were 71 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe using the service. Risks to people were identified and assessed and staff followed clear guidance which was in place to keep people safe. People received their care calls on time, and staff had time to build relationships with people. There were systems in place to monitor calls and provide out of hours support. Medicines were managed safely and administered by competent staff. People were protected from the risk of infection. Lessons were learned when things went wrong because staff understood their responsibilities to report accidents and incidents. Systems were in place to review and oversee accidents and incidents and action was swiftly taken to mitigate risks to people.

Holistic assessments of people's needs and choices were carried out. Staff received suitable training to carry out their roles safely and received support to develop. The induction process was comprehensive and equipped staff with the necessary skills. People's needs in relation to nutrition and hydration were met. Technology was well utilised for staff to share information and work collaboratively with other organisations. People were supported to achieve good outcomes in relation to their health and well-being, staff referred to relevant healthcare professionals as appropriate.

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

Staff were kind and caring. People's diverse needs were considered, and people were protected from discrimination. People were supported to have choice wherever possible in their care and support.

People received personalised care and staff knew people well. The provider had a clear complaints process, which was shared with people and relatives.

The service was well-led. Governance systems were now wholly effective and embedded. The registered manager and staff demonstrated a commitment to continuous learning and improvement. People, relatives and staff were engaged with the running of the service and listened to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Revolution Home Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the provider would be available in the office to support the inspection.

Inspection activity started on 15 August 2023 and ended on 21 August 2023. We visited the location's office on 15 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 6 relatives of people who used the service. We sought feedback from professionals that work with the service. We spoke with 10 staff members, including the registered manager, co-coordinators, training and compliance staff and care workers. We reviewed a range of records, including 9 people's care records and medicine administration records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe with the staff that supported them and had no concerns about their care.
- Staff were trained and competent in recognising and reporting signs of potential abuse.
- The service worked in collaboration with partner agencies by reporting and investigating allegations of abuse. Action was taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Risk assessments provided clear actions for staff to follow to keep themselves and people safe. For example, it had been identified moving and handling caused one person some distress, so an additional staff member was added to care calls to provide emotional support.
- Staff monitored risks to people to ensure care and support remained safe and met their needs. Any changes were communicated to co-ordinators who could adapt people's care packages as necessary.
- Property risk assessments were carried out in people's homes. This reviewed any hazards within the environment that may have restricted access or posed a risk. This ensured people and staff were safe.

Staffing and recruitment

- There were enough staff at the service. Effective systems to monitor care calls and contingencies were in place in the event of late calls or staff absence. One person told us, "I have a group of carers that I know well. They let me know if there is going to be a change in the rota and the same if they are going to be late."
- Geographical area was considered when scheduling care calls. Staff did not feel rushed, and people confirmed this. One person said, "The carers never rush" and "They always stay the full time." Staff told us they felt there were enough staff and worked well as a team to cover sickness or holidays.
- An out of hours service was in place for people and staff that required support outside of office hours.
- Staff were recruited safely. The provider ensured robust checks were carried out before staff started working at the service. This included obtaining references and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely. People received their medicines as prescribed. One person told us, "They do my medication and there's never been a problem."
- Robust checks of medicines were regularly carried out. Medicine errors were closely monitored, and

effective action taken when identified. For example, re-issuing of policies and medicine training.

- Staff had received training in administering medicines and their competencies were routinely assessed. Medicine administration records were completed in line with best practice guidance.
- Lessons were learned when things went wrong. For example, following a concern raised about missing medicine, the registered manager introduced routine medicine counts.
- Staff understood their responsibility to report accidents and incidents. These were individually reviewed to ensure appropriate action had been taken to keep people safe.
- The registered manager was able to pull off data in relation to accidents and incidents which allowed them to identify any themes or trends.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received up to date infection prevention and control (IPC) training and their IPC practice was routinely checked.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had adequate supplies of personal protective equipment (PPE). People and staff confirmed they wore appropriate PPE when supporting people with care tasks.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service worked with other professionals to assess and document information regarding mental capacity. However, the registered manager explained there were sometimes challenges in obtaining this information. Following our inspection, they immediately reviewed their mental capacity policy and took action to ensure where up to date assessments were needed, that these were completed.
- People confirmed consent to care was obtained prior to staff carrying out care tasks. One relative explained, "[Person] finds it very difficult to cope with physical contact. I explained this to the care coordinator, and they have made sure that [relative] has every single thing explained to them and the carers always follow this through by asking for permission at the point of contact."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of people's needs and choices were completed. This included consideration of people's diverse needs in relation to the protected characteristics under the Equality Act. One person told us, "We had a meeting after the first week of care and it was a very detailed assessment".
- Information about people's needs and choices was regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were suitably trained. Training data showed staff were up to date on mandatory training. Staff fed back the training provided them with the necessary skills and knowledge to carry out their roles safely.
- At the time of inspection, the provider was in the process of rolling out a new service specific training

programme. A dedicated member of staff was responsible for creating and implementing this training. The training programme was based on the Care Certificate, with additional modules tailored to the services' needs. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff underwent a comprehensive induction. This included shadowing experienced staff before working independently. Staff received ongoing support in the way of competency checks, supervisions, and appraisals.
- Staff were encouraged and supported to develop professionally. Some staff were being supported to complete national vocational qualifications. The registered manager told us they had implemented individual support plans to help staff continue to improve.

Supporting people to eat and drink enough to maintain a balanced diet

- Where this was an identified need, people were supported to eat and drink enough.
- People and relatives' feedback confirmed this. One person told us, "I have ready meals. I like them and I choose them, and the carers heat them for me. It's all my choice though." A relative also said, "[Staff] push fluids all the time, just like I would. They stay with [person] whilst they are eating their meal and a pudding."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Effective communication systems were in place for staff to share information and escalate concerns. Technology was well utilised, which included an instant messaging service, and online application which allowed staff to raise alerts. These were monitored by co-ordinators who could take any necessary action quickly.
- The service worked collaboratively with external professionals and agencies to ensure people's needs were met.
- The service shared information with relevant agencies effectively to provide joined up care for people. For example, through multi-disciplinary team meetings. The registered manager told us of plans to introduce a quick response (QR) code to allow emergency services to quickly access their online system to review key information about people's medical needs.
- People were supported to access healthcare services where needed. People and relatives said staff were alert to any changes in people that might require medical attention. One person said, "My carers know me well enough to pick up any problems and I am confident they would act." A relative told us, "The agency and carers manage everything, they have even referred to OT and to chiropody directly when they knew [person] needed it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- Staff were kind, caring and treated people with respect. This was reflected in the consistent positive feedback from people about the care they received. Comments included, "[Staff] are so friendly and chat to me as well which is lovely" and "Our carers are all very good and very nice."
- Staff had time to get to know people and their diverse needs. People had positive relationships with staff. A relative said, "They will always sit and chat and if [person] is very anxious they will reassure them." Another told us, "[Staff] chat to [person] and they are jolly and friendly and seem to understand their dementia."
- Systems were in place to protect people from discrimination and ensure human rights were upheld. For example, equality, diversity, and human rights were considered when care planning and through routine surveys the provider checked staff understanding of their duties under the human rights act.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and relatives where appropriate, were involved in making decisions about their care. Regular reviews of care were held, or as people's needs changed to ensure the support provided was still right. A person confirmed, "I had a care plan review about 3 months ago, normally they do a full review each year."
- People were treated with dignity and respect. One person told us, "The carers are very mindful of dignity when delivering personal care, all of them, and they are very respectful of any of my property in my home. They also clean up after themselves very well each time."
- Staff encouraged people to maintain their independence wherever possible. Care records described the different support people may need on a good day. People told us staff helped them to be independent, one person said "[Staff] do encourage me to walk – I like them to do that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was personalised to meet people's needs and preferences. Support was monitored and adapted as people's needs changed. For example, one person said, "I was having them 3 days for showers and they could see how much I was struggling so now I have showers on 2 days and on the other day they help me with the vacuuming and clean up – it's made such a difference to my life and they organised it for me."
- Staff empowered people to make their own choices wherever possible. People's feedback confirmed this, one person told us, "I always have choices, the carers support me to do what I want to do." Another said, "Sometimes I say not now to a shower and it's always my choice, all the choices are mine like food or when I go to bed, always."
- People and relatives were able to access the technology used by the service. One relative told us, "The company use an App, it's easy for carers and also for families to use, it's very comprehensive in the information that is recorded, a very good system."
- People were supported to maintain hobbies and interests. The service provided social calls which included support with shopping, cleaning or accessing the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was complying with the Accessible Information Standard. People's communication needs were assessed. Staff knew the people they supported well, including their preferred methods of communicating.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure which was shared with people using the service in their service user handbook.
- People confirmed they knew how to make a complaint if needed. Those who had complained were satisfied with the outcomes of any historic complaints. One person told us, "They will always listen and find a solution."
- All complaints were handled promptly, with formal records kept of any issues raised. People received

responses and explanations of any outcomes to their complaints by the registered manager.

End of life care and support

- At the time of the inspection, no one using the service was in receipt of end-of-life care. However, the provider had an end-of-life policy in place and people's end of life wishes were assessed and documented.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led. We received consistent positive feedback regarding the registered manager and the positive culture instilled at the service. Examples included, "The whole set up is phenomenal", "I particularly like that I can talk to anyone in the company including the directors", "This agency is five stars across the board" and "We are happy with this service. They are very professional."
- People achieved good outcomes because of the support from the service. One person said, "My quality of life is so much better since they have been helping me." A relative told us, "I have some of my life back because I trust them."
- The provider had clear visions and values for the service which were followed by staff. Staff were proud to work for Revolution Home Care Ltd and were motivated by providing high quality and person-centred care. One member of staff said, "What we do well is the care we give is great, if there are ever issues, we will work towards improving."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour. People told us the registered manager was open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, the registered manager had developed and embedded an effective governance system which provided clear oversight of key risk areas within the service. Technology was well utilised to ensure compliance.
- Comprehensive audits were completed monthly. These audits reviewed each person using the service and all aspects of their care. For example, visit times, care tasks and any observations or concerns. Each audit had clear identified actions and were routinely reviewed by the registered manager.
- The registered manager was committed to delivering a high-quality service. They had introduced key performance indicators (KPIs) for care coordinators which helped to ensure key tasks were completed each week, this included supervisions, obtaining feedback, and ensuring assessments were completed. Staff told us they found KPIs helpful and motivated them to do their role.
- Quality meetings were held regularly. The purpose of these meetings was to review key service information and any areas for improvement. Action plans were generated, assigned to specific staff and

signed off when completed.

- Staff shared this commitment to continuous learning and improving care. One staff told us, "I think we can always improve, there's always improvements to be made." Another said, "[Registered manager] has made a lot of changes, much of it paperwork but I can see why, it's crucial."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had various opportunities to feedback into the running of the service through regular quality surveys, or reviews of care. This feedback was analysed and used to make changes within the service. For example, one person had felt additional tasks were needed to be carried out by the care staff and this was actioned straight away.
- People confirmed they felt listened to. One person said, "They are very good and always listen to us and act on our requests." And another said, "There really aren't any improvements needed but I know the management and I know if I raise any issue, it can be dealt with and improve the service for me and for everyone else."
- Feedback from staff was obtained through surveys, team meetings and supervisions.
- Staff felt supported in their roles and listened to by management. One staff told us, "[Registered manager] is a very supportive manager, if I have an issue there and then I would tell them and they would listen. I don't need to wait for a supervision." Another said, "The best I could describe [registered manager] is firm but fair, straight to the point but understanding and supportive."

Working in partnership with others

- The service had positive working relationships with a range of external stakeholders. Staff worked collaboratively and transparently. One professional told us, "[Registered manager] is in regular contact with any problems and raises concerns to us for advice."