Quality Reliable Care Limited

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Inspection report

Valley View Barn
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Horam
Heathfield
East Sussex
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Quality Reliable Care (QRC) provides accommodation for up to 14 people. There were 9 people living at the home at the time of the inspection. People living at the home were living with acquired brain injuries following illness such as stroke, multiple sclerosis or accidents. People required a range of support in relation to their mobility and personal care needs. Some people had a degree of memory loss associated with their age and disability. QRC offered some rehabilitation for people following their injury to help them maintain and develop skills. There was a physiotherapy room at the home and an occupational therapist was employed to work a few hours a week, or more dependent on people's assessed needs. People were able to live at QRC permanently or on a respite basis.

The home is a converted barn overlooking the countryside. Most of the accommodation is on the ground floor with one bedroom on the first floor. There is

Summary of findings

no lift at the home so this room is used for people who are able to mobilise independently. All the bedrooms have an en-suite shower room and a private patio area which people are able to access.

At the time of the inspection there was no registered manager at the home, however there was a manager in post who had applied to the Care Quality Commission to become a 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 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 8 and 11 January 2016.

Staff knew people really well; they had a good understanding of people's individual care and support needs. They supported people to make choices and respected their right to make decisions. People were looked after by staff who were kind and caring. They were treated with dignity and staff demonstrated an interest in their welfare and views. However, people did not always receive care that was responsive to their needs in relation to their rehabilitation. There were no goals set to guide staff to work with people to help them achieve their independence.

There was an audit system in place which had identified the shortfalls we found throughout the inspection in relation to care plans and record keeping. There was an action plan was in place and work had commenced to address this.

There were risk assessments in place and staff had a good understanding of risks associated with supporting people and what steps they should take to mitigate the risks. People were supported to maintain a healthy diet; they chose what they wanted to eat and were involved with the planning of menus. People had access to healthcare professionals which included the GP, district nurse, optician and dentist whenever they required it.

There were enough staff with the appropriate experience, skills and character employed to work at the home and to meet people's individual care needs

There was an open and relaxed atmosphere within the home, where people were encouraged to express their feelings. People told us that when they had a problem or were worried they were happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken to address them.

Summary of findings

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

Quality Reliable Care was safe

People's medicines were stored, administered and disposed of safely managed safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they cared for.

Staff understood the procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Is the service effective?

Good

Quality Reliable Care was effective.

People were supported to maintain a healthy diet and were involved with the planning of menus.

Staff were suitably trained and supported to deliver care effectively.

Staff ensured people had access to external healthcare professionals when they needed it.

Staff had an understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

Quality Reliable Care was caring.

Staff knew people as individuals. This enabled them to provide good, person centred care.

People were treated with kindness, compassion and understanding.

People were supported to make decisions about their daily lives.

Is the service responsive?

Requires improvement

Quality Reliable Care was not always responsive.

People did not always receive care that was responsive to their needs in relation to their rehabilitation. There were no goals set or information in place to guide staff or inform them how they could work with people to help them achieve their independence.

A complaints policy was in place and complaints were handled appropriately.

Summary of findings

Is the service well-led?

Quality Reliable Care was well-led.

There was a system in place to assess the quality of the service provided. Where shortfalls were identified there was an action plan in place to ensure these were addressed. However, we found areas that needed improvement which had not been identified within the service's quality monitoring processes.

There was a positive, open culture at the home and people and staff felt well supported.

Requires improvement

Quality Reliable Care Limited

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 was an unannounced inspection on 8 and 11 January 2016. It was undertaken by an inspector and a specialist advisor. A specialist advisor is a person who has specialist knowledge in relation to the people who uses this type of care service.

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. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included training records, staff files including staff recruitment and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with six people who lived at the home, one visitor, and eight staff members including the manager and Nominated Individual. The Nominated Individual is a senior person, with authority to speak on behalf of the organisation.

The previous inspection of QRC was in December 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at QRC. When we asked what makes them feel safe we were told it was because they were, "Well cared for by staff," "Staff help when I need help" and "Not being worried about anything." People said they were supported with their medicines and told us staff explained to them what their medicines were for. They told us they could ask for pain relieving medicines when they needed them.

Medicines were stored, administered and disposed of safely. People's medicines were stored in a locked trolley and given to people individually. We observed medicines being given at lunchtime; these were given safely and correctly as prescribed. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. Staff knew people well and were able to tell us why people may require their PRN medicines. For example we observed a glass of water had been placed near the medicine trolley. Staff told us this meant one person required their PRN medicine (which needed to be dissolved in water) and they had left the glass there to prompt staff. Prior to administering PRN medicines staff asked people if they required them to ensure medicines were not given unnecessarily. Not everybody who experienced pain was able to express this verbally, and guidance included information about how this may be shown, for example words they may use. There was an on-going auditing system in place and it had been identified that the medicine administration records (MAR) were not always completed properly. We observed reminders and memos had been given to staff and other measures were in place. For example most medicines were in blister packs but for those that were not staff recorded a stock balance each time they gave a medicine. This meant if the MAR had not been completed staff could identify if the medicine had been given or not. All staff received training to ensure they had the appropriate skills to give medicines safely and competently. We were told if a medicine error occurred staff would not administer medicines until they had undergone further training and been assessed as competent.

Risks assessments were in place to help keep people safe. These were regularly reviewed and supported people to take positive risks to remain independent as far as possible. Each care plan had an associated risk assessment. For example a care plan for one person contained information about the support they needed in relation to maintaining their personal hygiene. An associated risk assessment informed staff of the risk of the person possibly declining care or slipping in the shower. There was guidance of what action staff should take to reduce the risks to people. In addition there were other risk assessments which measured people's risk these included mobility and pressure areas known as a Waterlow assessment. A Waterlow assessment helps to identify if people were at risk of developing pressure sores.

Staff told us there was enough staff working at the home. There were four or five care staff working each day in addition to their care work they were responsible for the day to day cleaning of the home and all meal preparation and cooking. Although they were busy most of the time they were able to spend time talking to people and care delivered was not rushed. Staff told us there had been a recent problem because there had not been enough staff employed but this had been resolved through recruitment and the use of agency staff. The manager explained there were currently four specific agency staff working at the home as part of the staff team. This meant people were supported by staff who knew them and understood their needs. People told us there were enough staff to look after them. They said, staff responded quickly if they used their call bells during the day or at night. One person said, "Staff have time to spend with you."

There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. The home was staffed 24 hours a day with an on-call system for management support and guidance.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. This included a full employment history, references and police checks.

Staff received training on safeguarding adults and were able to tell us about different types of abuse and what actions they would take if they thought someone was at risk. They told us in the first instance they would speak to the manager or the provider but only if that was appropriate otherwise they would contact CQC or the local

Good

Is the service safe?

safeguarding team. They were confident that any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. We saw safeguarding information, including local contact numbers, was displayed in the manager's office and available for everybody to read.

Regular health and safety checks were in place and these included water temperature and fire safety checks. We saw staff had received fire safety training. There was regular servicing for gas, electrical installations and hoists. Day to day maintenance was recorded and signed when completed. The manager was pro-active in ensuring maintenance issues were addressed in a timely way. There were cleaning schedules and checks to highlight any areas which required attention, for example carpets that may need cleaning.

Good

Is the service effective?

Our findings

People told us they enjoyed the food, "Especially the puddings." They told us they were involved in planning the menus and were able to choose what they wanted to eat and drink. People told us they received support from staff who had good knowledge and skills. One person said, "Staff are always helpful and good at looking after me." Another person told us, "They use the equipment ok."

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. We were told applications for DoLS had been made when required. Staff asked people's consent prior to delivering any care or support. There was information in people's care plans about making decisions and how they were able to make unwise decisions.

People's daily food and drink intake was recorded. Staff told us this was to ensure they knew what people had eaten and drunk throughout the day. One staff member said, "If someone loses weight we can look back and see what they've been eating, perhaps they'd been off their food." Staff also told us when people moved into the home it helped them identify what people liked to eat and drink. Food was freshly cooked each day following people's meal choices. The staff had a good understanding of people's dietary needs in relation to specialised diets for example diabetic or soft diets. People were involved in the decisions about food and mealtimes. People had decided they would prefer to have a snack at lunchtime and their main cooked meal in the evening. There was a menu displayed on the wall which informed people about the meal that was available, however if people did not like what was on offer alternatives were available. At lunchtime we observed staff preparing a range of sandwiches and snacks to meet people's individual preferences. People were able to eat their meals where they chose in their bedroom, lounge or dining room. Staff provided people with the support they needed which included prompting and encouraging them and supporting with portion sizes. Staff had a good understanding of the specialist diets people required and there was information available for staff throughout the home.

Staff received regular and ongoing training which included essential training such as safeguarding, infection control and moving and handling. They also received training which was specific to the needs of people who lived at the home, this included acquired brain injury and challenging behaviour training. Training was delivered at the home and also involved staff from the domiciliary care agency which was run by the provider. This meant staff shared the learning experiences of colleagues who did not work at the home. One staff member said, "It's good to meet and train with other staff, you learn much more that way." Records showed that training was ongoing and further training in relation to safeguarding and nutrition and hydration was booked for staff during January 2016. The training manager explained there was a monthly training report which identified where staff required training updates and these were scheduled accordingly. Training packs were available for staff prior to receiving formal training if required.

There was an induction programme in place when staff started work at the home. In addition to information about the day to day running of the home staff received training based on the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to complete the certificate and competencies were assured through observation and assessment. This meant staff had the appropriate knowledge and skills to support people who lived at QRC. Staff were encouraged and supported to undertake further training for example care diplomas. If staff identified any training that would help them to provide better care and support to people this was arranged.

There was a supervision programme in place and we saw staff received regular supervision where they were able to discuss any concerns or identify training needs. However, staff told us they were able to discuss issues with the management team at any time.

Good

Is the service effective?

People were supported to have access to healthcare services and maintain good health. People told us they were able to see their doctor whenever they needed to. They told us staff helped arrange appointments, giving options to enable individual choice where possible. People were supported by staff to attend hospital and medical appointments however if people were too unwell doctor visits would take place at the home. There was information for people within their care plans about well-woman and well-man checks which included breast and testicular awareness and self-examination. When required people received treatment from a range of healthcare professionals, this included the speech and language therapist and district nurse. We saw from people's care plans they had regular access to the dentist, optician and chiropodist. Healthcare professionals we spoke with told us staff contacted them and followed advice appropriately to ensure people received the care and treatment they needed.

Good

Is the service caring?

Our findings

People consistently told us about positive aspects of their care. They told us they were well cared for by the staff. Their comments included, "I couldn't ask for more, home, staff, building they're all fantastic I'm really happy," "Staff are good, they're helpful and friendly, have a sense of humour and are not strict and business-like" and "They (staff) are very respectful, they respond to how you're feeling and your needs."

Staff knew people well and had a good knowledge and understanding of the care and support people needed. They were able to tell us about people's choices, personal histories and interests. There was a calm, relaxed, homely atmosphere at QRC. We observed staff chatting with people whilst going about their daily work. There was friendly 'banter' between people and staff. Staff spoke with people with kindness and respect. There was information in people's care plans about how they liked or were able to communicate and we observed staff speaking with people in a way they could understand. They gave people eye contact when talking with them and allowed time for people to answer. One person told us, "You're given time to express how you feel and are spoken to like a friend, they listen to you." Another person said, "Staff are very respectful, they respond to how you're feeling and your needs."

People were able to choose how to spend their day. Some people spent most of their day in the lounge area chatting with staff and other people, others preferred to spend time in their bedrooms. We saw a number of people in the dining room at breakfast time, talking to other people before returning to their rooms to attend to their personal hygiene needs or 'potter' around their rooms. We saw people doing what they chose throughout the day. Staff engaged people in board games and a musical activity whilst others were content watching the television and reading newspapers. Staff had a good understanding of the needs of people who were less able to express themselves verbally due to their disability. They used this knowledge to help people make choices, anticipate their needs and support them appropriately. People were relaxed in the company of staff and responded positively when staff engaged with them.

Staff respected people's needs for privacy and upheld their dignity. All of the bedrooms were single occupancy and where people chose to they had been personalised with their own belongings such as photographs and ornaments. People were able to spend time in private in their rooms as they chose. Bedroom doors were kept closed when people received support from staff and we observed staff knocked at doors and awaited a response before they entered. One person said, "They (staff) "always knock on the door." Another person told us, "It's usually the same staff that provide my personal care; they respect my privacy and dignity."

We observed staff supported people as individuals and responded to their individual wishes and choices. For example staff explained to one person that they needed to eat their meal to prevent them becoming unwell. The staff member told the person they were important and it mattered to others if they became unwell. One person told us, "I like the way staff look after me, they think about the person they're looking after." Another person told us the staff cared for them in the way they wished. The person said, "They're not always looking for easy way to spend the day."

People were able to maintain contact with family and friends and people that were important to them. They told us how they were supported by staff to maintain friendships with people through various methods such as mobile phones and social media. A visitor to the home told us they were always made to feel welcome. One person said, "My visitors and friends are made to feel welcome." We saw people were supported to maintain their spiritual and faith beliefs.

People told us about friendships they had developed with other service users. One person who lived at the home was in hospital at the time of the inspection and staff maintained contact with them. On the day of inspection two people were supported by staff to go and visit this person in hospital. Staff had recognised people would be missed by their friends in the home and supported them time to spend together. This demonstrated that people received care from staff who knew them well and responded to their individual needs in a caring and compassionate way.

Requires improvement

Is the service responsive?

Our findings

People told us their care was personalised to their wishes and preferences and everyone was treated as an individual. One person told us, "I'm listened to; my views are respected and acted upon, if I've got something to say, I will say so."

Although we observed and people told us they were happy with the care they received we found aspects of QRC were not responsive in relation to the ongoing rehabilitation of people. There was information in people's care plans about what they would like for the future. We saw some people had stated they would like to be more independent, their plan informed staff to support people and encourage and prompt them. However, there were no goals set and there was no information in place to guide staff or inform them how they could work with people to help them achieve their independence. We were given examples of support people were given to become independent for example helping with cooking. On the second day of the inspection we observed the occupational therapist supporting one person to make the pudding for that day. However, throughout the inspection we observed care staff preparing meals, making hot and cold drinks and completing cleaning tasks but people were not involved or encouraged to take part. We were told people used the physiotherapy room, for example using equipment to strengthen their legs and improve their ability to stand. However, there was no guidance in people's care plans to enable staff to support them and no schedule for staff to follow. There was information in the care plans about people's interests and hobbies but there was no guidance or plan about how people could be supported to maintain these. This is an area that needs to improve to support people who chose to be more independent, encourage opportunities to maintain and develop skills and interests and improve their mobility.

Before moving into the home or undergoing a period of respite care people were assessed to ensure they would fit in well with people who already lived at the home. They also ensured the facilities at the home were suitable and staff were able to meet people's needs. Care plans were developed and reviewed with people. Although they did not contain all the information needed to look after people the care plans were written in a person-centred way and reflected the individual. Staff knew people well and had a good understanding of people's needs and choices which meant they received care that was personalised to them. People got up and went to bed when they chose and this information was included in their care plans. One person told us, "Staff understand my needs, like why I sometimes get upset being in a wheelchair." People told us and care records showed they were involved in developing and reviewing their own care plans. One person said, "I'm looked after in a way that suits me and I contribute to how I am looked after." Another person told us they were involved in discussions and decisions about their care. They said, "I'm allowed to input, agree, disagree, talk about it, debate and talk it through." During the inspection we observed staff responding appropriately to people's needs for example when they required support or were in pain. Where people were less able or chose to, their relatives or representatives were involved in their care plans and reviews. People were able to have a copy of their care plan if they wished and this was available in a CD format for people to view on their own computers.

There was evidence of some activities taking place during the day and people were supported to take part as they chose. We were told about activities that had taken place previously for example trips out to the beach, a Christmas party for family and friends and gardening activities. The Nominated Individual and manager had identified there needed to be more activities taking place at the home and were working with people and staff to address this. People had identified they enjoyed visiting dogs which the manager was trying to arrange.

There was a complaints policy at the home and people had a copy in their care files. People told us they did not have any complaints however said they would speak to staff or their visitors if they had any concerns. People told us they were listened to and any worries were addressed. We saw complaints were taken seriously and addressed appropriately.

Requires improvement

Is the service well-led?

Our findings

Everybody spoke positively about the manager and the staff. They talked about them in an open and confident manner. They said they felt able to speak out if they had any concerns or worries.

There was currently no registered manager at the home. The previous registered manager left the home and de-registered with CQC in August 2015. There was a manager who had been in post since October 2015 and was in the process of registering with CQC 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. The Nominated Individual was also based at the home and was available to support the manager and staff.

Although there were systems in place for monitoring the management and quality of the home we found there were areas which had not been identified or had been identified and no action had been taken. The Nominated Individual and manager had identified through the audit system, the PIR and their knowledge of people and the home areas where improvements were required. However, during the inspection the Nominated Individual and manager were not able to locate the DoLS applications. They had not identified the lack of information to show how decisions were made when, for example, people required lap belts in their wheelchairs. In addition there was no evidence of action being taken to ensure people's day to day support promoted their independence. This is an area that needs to be improved.

Through the audit system the Nominated Individual and manager had identified improvements were needed to the care plans and records to ensure they were fully and consistently completed and contained all the information staff required to look after people. There was an action plan in place and we saw improvements were ongoing. We found shortfalls in the care plans for example in relation to the management of one person's pressure areas. Although there was information within the care plans and risk assessments about preventative measures staff should take these were not always easy to find and did not link directly to the risk assessments. PRN guidance that was in place to inform staff about people's medicines had not been updated to give clear guidance for staff. People were weighed regularly however their weights were not always recorded in a consistent manner. People were sometimes weighed in kilograms and other times in stones and pounds. One person had been weighed in kilograms and their weight gain recorded in pounds. Where people has lost or gained weight there was no analysis to identify if their weight was within normal limits for their height. We observed the records for medicines which were not stored in the medicine trolley and saw there were a number of medicines recorded that were no longer at the home. Staff told us these had been for people who had stayed at the home for a period of respite care but had since gone home and taken their medicines with them. However, this was not reflected in the records. At the time of our inspection the lack of information did not have a negative impact on people's care because staff had a good understanding of their care and support needs. They were able to tell us about people's choices and the care they received. They told us, and we observed, they were updated about changes to people's care and support needs at handover and throughout the day. We saw memos for staff which reminded them of their responsibility in relation to maintaining accurate records. These had been signed by staff to show they had read them. However, this is an area that needs to be improved.

The manager explained since they had started work at the home they had identified areas that needed to be improved. This included an inadequate number of staff employed to work at the home. Whilst recruitment had been successful it meant most staff were new to the home and had spent time getting to know people. Now staff had been employed they would be supported and empowered to complete and maintain accurate care plans that reflected people's assessed needs.

There was an open inclusive culture at the home. The manager and Nominated Individual worked at the home most days and were readily available for people and staff. There were regular resident meetings where people were kept up to date about changes taking place at the home. There were discussions about menu choices and people were able to contribute and know they would be listened to. A recent feedback survey showed that most people

Requires improvement

Is the service well-led?

were happy with the care they received at the home. Feedback from people during the inspection demonstrated that very little of the staff changes had impacted on their care and support.

Staff meetings also took place regularly, staff were reminded about completing people's records and discussions took place about activities for people. Staff told us the culture had improved at the home since the manager had taken up the post. One staff member said, "Things are much better here now, (manager) and (Nominated Individual) are really approachable." Staff said they were able to discuss concerns with them and were confident they would be addressed.