

Revive Care Service Ltd

Revive Care Service (Milton Keynes)

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

This announced inspection took place on 21 and 24 September 2018 and was announced. The service was registered by the Care Quality Commission (CQC) 29 July 2016 and this was the first time we had inspected this service.

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

Revive Care Service (Milton Keynes) provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge, live in carers and medication support. At the time of our inspection there were 29 people receiving personal care.

The service had a registered manager in post. 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.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the management team. Risk assessments were in place to manage the risks associated with people's care. These included assessments to support people with their mobility, eating and drinking and falls. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care that was person centred and met their needs. They had developed positive relationship with the staff who understood their likes and dislikes. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff felt supported and valued. There were systems in place to monitor the quality of the care and to ensure on-going improvement were made. The management team were aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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 ●

This service was safe.

There were systems in place to protect people from the risk of avoidable harm and staff were knowledgeable about their responsibilities. Staff followed procedures to help prevent and control infections.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good ●

This service was effective.

People's needs were assessed and their needs met by staff that had received appropriate training. People were supported to maintain their health and well-being and were provided with a choice of meals that supported them to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care. People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

Is the service caring?

Good ●

This service was caring.

Staff knew people well and had a good understanding of people's needs and preferences. Staff supported people to express their views and be actively involved in making decisions about their care.

People's privacy, dignity and independence needs were

understood and respected by staff.

Is the service responsive?

Good ●

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People had information on how to make complaints and the provider had procedures they followed to manage and learn from complaints.

Is the service well-led?

Good ●

This service was well-led.

There was clear leadership of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted. There was a range of quality audit systems in place to measure the quality and care delivered.

Revive Care Service (Milton Keynes)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This first comprehensive inspection of Revive Care Service (Milton Keynes) took place on 21 and 24 September 2018. We gave the service 48 hours' notice of the inspection because we needed to ensure there would be someone available to support us with the inspection.

One inspector undertook the inspection.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service; what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

On the first day of our inspection we visited the office to look at records and talk with the management team. On the second day, we undertook telephone calls to six people using the service and two relatives. In addition, we spoke with the registered manager over the phone and the branch manager, the care coordinator and two care and support staff.

We looked at the care records for four people who used the service and two medication records. We also examined other records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook,

quality assurance audits and complaints records.

Is the service safe?

Our findings

People told us they felt safe when staff were in their home. One person said, "The carers are lovely and I do feel safe with them." A second person told us, "They [meaning staff] take care of me, they look out for me and I'm safe at all times." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "I know for sure that [name of relative] is safe. I can relax and stop worrying. I know they are in safe hands."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would be more than happy to raise any worries." Records confirmed that staff had been provided with safeguarding training. There was a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The management team were aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "They let me take small risks so that I can improve and do as much for myself as possible. They let me walk a little bit every day so I get better at walking by myself."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "[Name of person] is at risk of falls. We make sure we follow their falls risk assessment to keep them safe." We saw that staff had received regular training in moving and handling and falls prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "The carers are very reliable. They always turn up when they should and stay as long as I need them. They are always willing to stay a bit longer if they need to." Relatives also confirmed there were sufficient staff and that their family member always received the care they needed. One relative commented, "I don't have to worry that they [meaning staff] won't turn up. They are very reliable and are always there when they say they will be. It gives me great peace of mind that they are so reliable."

Staff confirmed the staffing numbers were adequate; and enabled them to support people safely. One staff member said, "The staffing is very good. We have time to do our jobs and a little extra time to spend time talking with people." Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren't rushed or placed at risk. The care coordinator and the branch manager told us, "If people's needs change we will make sure additional staffing is provided so that they get the care they need." We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those described to us. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait a while before I could start. I was told this was because they had to wait for all my checks to come through." The branch manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. During our visit to the service we found that although most employment checks had been completed some documentation was missing from the staff files. For example, one file did not have a reference from a previous employer and another file needed appropriate proof of identification. Following the inspection, the branch manager sent us this information. We saw that records contained criminal records checks that had been completed with the Disclosure and Barring Service (DBS). This demonstrated that steps had been taken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in files to show that staff were suitable to work with vulnerable people.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "I get my tablets when I need them." Another told us, "I get my tablets at the same time every day." Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I had the medication training which was very good. I feel safe and competent to give people their medicines."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents; however, the registered manager told us there had not been any accidents or incidents so far. They also told us that any issues would be communicated with the staff team to ensure lessons were learnt and improvements made.

Is the service effective?

Our findings

People's care was thoroughly assessed to ensure their needs could be met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals a referral would be made to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are really good and very efficient. They help me a lot and that means I get to stay at home." Another person told us, "My carers know what to do to help me. I do get good care and support from my carers." A relative commented, "I am happy with the care [relative] gets. It's exactly what they need and I don't have any concerns about [relatives] care."

Staff told us they were well supported when they first started working at the service and had completed an induction to the organisation. One staff member said, "I was very well supported right from the start. I had a good induction which gave me a really good start in this job." Training records confirmed staff had received an induction and had on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an appraisal of their performance. One staff member commented, "We get lots of support and there is always someone available to talk to." The branch manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files to confirm this.

People were supported by staff to have sufficient food and drink when they carried out a mealtime call. Staff knew the importance of making sure people were provided with the food and drink they wanted. One person told us, "My carers make me what I like. They always leave plenty of snacks and drinks before they go as well." Another explained, "My carers really try to give me the food I like. They know what I prefer and are always willing to make it."

Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. One staff member told us, "If I was worried that someone was not eating enough I would talk to them and their family and report it to the [name of branch manager or care coordinator]. Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw that people had been referred to the district nurse and their GPs when they needed extra support with their healthcare needs. We also saw the management team

worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered. One person said, "My carers have helped me to get the doctor to come and see me." A relative told us, "I know if [name of relative] is not well the carers will contact me, they always ask if it's okay for them to call the doctor." Staff told us if there was a deterioration to a person's health, they would report it to the management team and if needed, they would contact the GP or health care professional for support or advice. One staff member told us, "I would look out for any changes to people's behaviour and if I was worried I would report my concerns." Records contained information about people's medical history and current health needs and these were frequently monitored and discussed with them.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The branch manager told us they were working towards improving the care plans to include more information about people's capacity to consent. The branch manager had a good understanding of the principles of the MCA and when to make an application. Staff told us they always sought people's consent before providing any care or support and people agreed with what staff told us. One person told us, "They always ask me if it's okay to go ahead before they do anything." A member of staff commented, "I always ask people for their permission before I do anything, it is important to get people's consent."

Is the service caring?

Our findings

People told us they were well supported and well cared for. One person said, "My carers are so good. They do lots of extras for me without me having to ask." Another person told us, "The carers have become like my friends and I really look forward to seeing them." A relative commented, "I am happy and impressed at how good the carers are. I know [relative] is in good hands."

All of the relatives we spoke with told us they trusted the staff to provide their family members with good care. One relative told us, "We are so grateful to have found a good company with excellent care staff. This has meant [relative] has been able to stay at home."

We saw compliments received from people and relatives who had used the service. One read, 'The carers have been really good supporting me in the mornings and I will really like to say a big thank you to all the ladies at Revive Care.' Another read, 'All these nice girls come and look after me very well and I can't get better girls. They all come and cheer me up.'

Staff told us they enjoyed their job and reflected pride in their work. They talked about people in a way that demonstrated how they were committed to supporting people in any way they could. One member of staff said, "I love my job. The best thing about my job is helping people. I see so many lovely people. It's more than a job to me."

Staff understood the importance of promoting equality and diversity. One relative told us, "[Relative] likes things to be done in a certain way. The carers are very respectful of my [relatives] wishes and understand how they like things to be done." Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support. We also saw that one person from a particular culture had a staff member supporting them who was from the same culture. This ensured the persons diverse cultural needs good be fully met.

People were fully involved in making decisions about their own care. Regular reviews and spot checks encouraged people to express their views about their care and be fully involved in how their support was delivered. People said staff supported them to make their own decisions about their daily lives. One person told us, "The staff always ask me if there is anything else they can do for me. The staff respect my choices and it makes me feel that I have some control over my life."

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. There was information about advocacy services in the welcome pack that people received when they first commenced with the agency. The branch manager told us they would support people to access these services if they were required.

Staff understood how to support people with dignity and they respected them. Without exception, people

told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "My carers are very respectful. They always knock on my front door, and no-one ever just walks in." A relative told us they were confident that the staff promoted their relative's dignity and privacy. They said, "I have complete trust in the carers and I know for sure they treat [relative] with respect. They do their utmost to ensure [relative] is treated with dignity."

Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. One member of staff told us, "Respect is part of everything we do. You treat people how you want to be treated." The branch manager confirmed staff's care practices were regularly observed to ensure they were upholding people's privacy and dignity. This was done through task supervision where staff were observed providing care to people. This was only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us the service had a confidentiality policy that was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed." Information was only shared about people on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us they received good quality care that met their needs. One person told us, "I couldn't be without my carers. They are very good at knowing just what I need. They always ask if there is anything else they can do before they leave." A relative commented, "I am very impressed at how smoothly it's all gone. They [meaning staff] have been so good and are so caring I have no need to worry anymore. It's a big relief and much better than we could have hoped for."

There were supportive approaches to enabling and empowering people to meet their needs. Staff told us instead of doing things for people, such as helping them get up and dressed, they supported people to do as much for themselves as possible. One member of staff told us, "I will always get people to do whatever they can for them self. It's important for people to keep their independence as long as possible."

People's needs were assessed prior to them receiving a care package and information from the needs assessment was used to develop a care plan. Care plans took into account people's preferences for how they wished to be supported, which included any cultural or religious requirements. People's preferred form of address was noted. Information was included about how people preferred to communicate and their first language. We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The branch manager told us that when there was a change to a person's needs, the care plan was updated to reflect the change. This helped ensure staff provided appropriate support to people.

Staff told us care plans were valuable guides to the care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "If I have been off for a while I always check the care plan to make sure nothing has changed. We are always informed about changes to people's care. It might be through a text or an email." We saw evidence of further examples where the service had taken appropriate action in response to people's changing needs or other events. Written records showed contact with a range of external agencies and relatives to inform them about changes to people's circumstances. For example, the service contacted people's pharmacies when medicines ran out or there were queries.

The staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in easy read format if it was required and one person had already received information in enlarged print.

People knew how to make a complaint if they needed to and had been provided with information about the complaints process. They said they felt comfortable to make a complaint if they needed to. One person told us, "I was given information about how to make a complaint. I don't have anything to complain about but I know what to do if I need to complain." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively. A relative commented, "I know I

could go to [name of branch manager] if there was something I wasn't happy about." A complaints recording system and complaints policy was in place that recorded information in detail about any complaints received by the service and any actions they needed to take to address the concerns raised. We saw that complaints made had been responded to promptly and in line with the providers complaints process.

Technology was used to ensure people received timely care and support. The computer system was designed for care services and allowed for authorised staff, which included care workers, to receive instant updates about care plans, risk assessments and other important documents.

At the time of our inspection the service was not providing any end of life care to people.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a branch manager and a care coordinator. At the time of our visit the registered manager was not available to assist us with the inspection. We were supported by the branch manager and care coordinator.

People were very positive about the care they received. One said, "It's very good care and we struck lucky. My carers give me the best care." Another person commented, "I would recommend this agency to anybody. You couldn't get better." A relative told us, "I'm very impressed. I was worried about having carers coming into [relatives] home but it's worked really well. They get good care, by some brilliant carers who really care about what they do."

People told us they felt they were included and valued and received the care and support they needed to help them live as independently as possible. One person said, "Since I have had my carers coming in I have improved a lot thanks to all the special care I get." Another person commented, "I think my care is second to none. I have everything I need."

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. One person said, "Before my carers start my care they always ask what I need and what I would like." Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "The carers do a lot of extra little things that make it such a good service. They empty the bins, or put the washing in the tumble drier. They will even stop off at the shops if they know [relative] needs something."

The management team promoted a positive and open culture within the service and clear leadership. They also provided care to people and worked alongside staff which enabled them to closely monitor the quality of care being provided and gather feedback from people. A staff member told us that the management team also carried out unannounced spot checks on staff and shared people's views about staff performance. One staff member said, "They [meaning management team] turn up unexpected. You never know when they will come. It does keep us on our toes." Another told us, "They [meaning management team] work hands on and know what we do and what the challenges can be. We are encouraged to be open and talk about things." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected by the management team. One staff member said, "I feel that I am treated with respect and they listen to what I have to say." Regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new initiatives or changes taking place in the service.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate

how continuous improvements would be made.

People were regularly asked to comment on the quality of their care. This was gained using satisfaction surveys and when staff received spot checks of their work. During spot checks, feedback was gained from both the staff member and the person who received care.

The service worked with other organisations to ensure people received effective and continuous care. For example, there was regular contact with the local authority and other agencies such as pharmacies and occupational therapy.

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way.