

Quality Reliable Care Limited

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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

Quality Reliable Care (QRC) provides care and 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. There was a physiotherapy room at the home and a private physiotherapist was available to people who wished to use their services. 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 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.

There is a registered manager at the home. 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 6 and 7 February 2017.

People were supported by staff who were kind and caring. They knew people well and had a good understanding of people's individual needs and choices. This enabled staff to provide good person-centred care. They were committed to ensuring people were happy and enjoyed their life.

People's care plans were personalised and reflected people's individual needs and choices. People were regularly asked for their feedback about the service. There was a friendly atmosphere at the home where people were supported by staff and each other.

There were systems in place to monitor the management and quality of care provided in the home. Staff understood the risks associated with supporting people and knew what they should do to help people remain staff without limiting their independence. People were supported by staff who had been appropriately recruited and pre-employment checks had been completed.

People were protected against the risk of abuse and there were procedures in place to safeguard people. There were enough staff who worked at the home. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received care from staff who had received the appropriate training to provide the care and support people needed. There was an ongoing program of supervision and staff told us they were well supported.

Nutritional assessments were in place and people were involved in planning the menus. They were

supported to maintain a healthy diet of their choice. Staff ensured people had access to a range of external healthcare professionals when they needed it.

The registered manager had created an open culture where he knew people and staff well. There was clear leadership and staff were aware of their roles and responsibilities. Staff were aware of their individual roles and responsibilities and knew who they could contact if there were any concerns.

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 received their medicines as prescribed and medicines were stored, administered and disposed of safely.

Staff understood the risks associated with the people they supported and risk assessments were in place.

There were procedures in place to safeguard people from abuse.

Recruitment systems were in place to ensure there were enough staff who were suitable worked at the home.

Is the service effective?

Good ●

Quality Reliable Care was effective.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received the training and support they needed to look after people effectively.

Nutritional assessments were in place and people were supported to maintain a healthy diet of their choice.

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

Is the service caring?

Good ●

Quality Reliable Care was caring.

People were supported by kind and caring staff that knew them well and had good relationships with them.

Staff communicated clearly with people in a caring and supportive manner.

People were encouraged to make their own choices and had

their privacy and dignity respected.

Is the service responsive?

Good ●

Quality Reliable Care was responsive.

People's care was personalised to reflect their needs and choices.

People had the opportunity for social interaction with staff throughout each day.

There was feedback from people about the service.

Is the service well-led?

Good ●

Quality Reliable Care was not consistently well-led.

There was a quality assurance and monitoring system in place to identify areas where improvements were needed and actions to be taken.

The registered manager provided clear leadership and guidance.

There was an open culture at the home where people and staff felt well supported.

Quality Reliable Care Limited

Detailed findings

Background to this inspection

Quality Reliable Care (QRC) provides care and 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. There was a physiotherapy room at the home and a private physiotherapist was available to people who wished to use their services. 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 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.

There is a registered manager at the home. 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 6 and 7 February 2017.

People were supported by staff who were kind and caring. They knew people well and had a good understanding of people's individual needs and choices. This enabled staff to provide good person-centred care. They were committed to ensuring people were happy and enjoyed their life.

People's care plans were personalised and reflected people's individual needs and choices. People were regularly asked for their feedback about the service. There was a friendly atmosphere at the home where people were supported by staff and each other.

There were systems in place to monitor the management and quality of care provided in the home. However, the provider had not completed any quality checks for five months before this inspection. We made a recommendation about this.

Staff understood the risks associated with supporting people and knew what they should do to help people remain staff without limiting their independence. People were supported by staff who had been appropriately recruited and pre-employment checks had been completed.

People were protected against the risk of abuse and there were procedures in place to safeguard people. There were enough staff who worked at the home. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received care from staff who had received the appropriate training to provide the care and support people needed. There was an ongoing program of supervision and staff told us they were well supported.

Nutritional assessments were in place and people were involved in planning the menus. They were supported to maintain a healthy diet of their choice. Staff ensured people had access to a range of external healthcare professionals when they needed it.

The registered manager had created an open culture where he knew people and staff well. There was clear leadership and staff were aware of their roles and responsibilities. Staff were aware of their individual roles and responsibilities and knew who they could contact if there were any concerns.

Is the service safe?

Our findings

People told us they felt safe living at QRC. One person said, ""I feel really safe everyone is Trustworthy." People told us there was enough staff to support them. One person said, "There are always staff around." Another said, "They come very quickly when you press the bell at night."

People were protected against the risk of abuse because staff had a good understanding of what actions to take if they believed people were at risk. They told us they would speak to the registered manager if that was appropriate, otherwise they would contact CQC or the local safeguarding team. They told us any abuse or poor care would be identified and addressed immediately. We saw safeguarding information, including local contact numbers was available for everybody to read.

People received their medicines safely and as prescribed. Medicines were stored in a locked trolley and given to people individually. Where people had been 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. Prior to administering PRN medicines staff asked people if they required them to ensure medicines were not given unnecessarily. There was clear guidance in place for staff to follow to ensure people received their PRN medicines safely and consistently. 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. Stock balances were signed by a second member of staff at the end of each medicine administration to ensure the balance was correct. All staff received training and competency assessments to ensure they had the appropriate skills to give medicines safely and competently.

People were supported to stay safe and remain independent. Staff knew people well and understood the risks associated with supporting people. Risks assessments were in place and these reflected people's identified risks. They were regularly reviewed and supported people to take positive risks to remain as independent as possible. Risk assessments contained information about people's mobility, continence, pressure areas and behaviours that may challenge themselves and others. Risk assessments included guidance about the action staff should take to reduce the risks to people. This included regular position changes to maintain people's skin integrity and how to support them to mobilise. Where people were at risk of displaying behaviour that may challenge there was guidance about how to support the person to de-escalate any incident and this included distraction techniques.

There were four staff working each morning and three in the afternoon. There were two staff at night. There was a driver who was responsible for taking people to appointments and out for excursions. In addition to their care work, staff were responsible for the day to day cleaning of the home meal preparation and cooking. People told us there was enough staff working at the home to support their needs. Staff said they had enough time to support people, but there was not enough flexibility in the staffing levels to respond to people's fluctuating needs. For example, one person required end of life care. Staff told us although this person received the care they needed on occasions it meant other people did not receive the attention they wished for.

People were protected as far as possible by a safe recruitment process. This ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Records included application forms, interview records, identification, references and a full employment history. Each member of staff had a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. .

The home was clean and tidy throughout. Regular health and safety checks included water temperature and fire safety checks. Staff received fire safety training and periodic fire drills were undertaken. There was regular servicing for gas and electrical installations. Day to day maintenance was recorded and signed when completed. The registered manager and nominated individual met with the provider regularly and ensured maintenance issues were addressed in a timely way. There were cleaning schedules in place to ensure all areas of the home were cleaned regularly and to an appropriate standard. Any areas that required attention were highlighted for staff to take action.

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 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.

Is the service effective?

Our findings

People told us they enjoyed the food and were able to make their own choices. People 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 that had good knowledge and skills. One person told us, "Staff are really good, it's like they want to make sure you are getting all you want."

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the registered manager had a clear understanding. 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. Where appropriate applications for DoLS had been made and for some people DoLS authorisations were in place. DoLS applications were detailed and contained clear reasons why people may be deprived of their liberty for example the use of lap belts whilst people were in their wheelchairs. There was information in people's care plans about making decisions and unwise decisions. Staff were reminded people had the right to make unwise decisions but could offer people alternative suggestions.

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, challenging behaviour training, pressure area management and continence care. Some staff had also completed end of life care training. There were systems in place for the training manager to assess staff learning following training. During the inspection some staff received acquired brain injury training. The training manager explained staff completed a questionnaire both before and after the training which enabled them to measure their learning. Some training was provided online however this was completed with the training manager present. This helped ensure staff were able to discuss training and learning needs throughout.

When staff commenced work at the home they completed an induction which introduced them to the service, the policies, people and their care plans. They also 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 assessed through observation and assessment. Staff were encouraged and supported to undertake further training for example care diplomas.

Staff received regular supervision, there was discussions about their role and areas they needed to develop staff were able to discuss any concerns or identify training needs they may have.

People had a choice of what to eat and drink each day. People were supported to make their own breakfast

at a time that suited them. 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. There was a four weekly menu which had been developed with people. They were told what was on offer each day and if they wished they could have an alternative of their choice. One person liked to buy their own meals and would have these when they wished. The main meal was at lunchtimes and this had recently been changed following consultation with people. Minutes from a resident meeting showed people were happy with this change. Some people chose not to eat their main meal at lunch time and others did not eat at the same time. This was respected and they were supported to eat when they wished.

People's daily food and drink intake was recorded to ensure staff knew what people had eaten and drunk throughout the day. Where required more detailed fluid charts were in place to ensure people were drinking adequate amounts. Nutritional assessments identified if people were at risk from malnutrition or dehydration. Where appropriate people were referred to the GP for assessment by the dietician or speech and language therapist (SaLT). Where SaLT guidance was in place staff followed this and had a good understanding of people's dietary needs and choices.

People were supported to maintain good health and have access to healthcare when they needed it. They were able to see their doctor whenever they needed to and 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 appropriate visits would take place at the home. When required people received treatment from a range of healthcare professionals, this included the speech and language therapist, district nurse, dentist, optician and chiropodist. Healthcare professionals told us staff contacted them and followed advice appropriately to ensure people received the care and treatment they needed.

Is the service caring?

Our findings

People told us they were happy with their care and living at the home. One person said, "Staff are lovely". Another person told us, "It's a brilliant place, staff always have you in mind and things get done." Another person said, "I really love it here." This person also added that their relative had recently told them they had never seen them looking so happy.

People were supported by staff who knew them well. Staff had a good understanding of people as individuals. They were able to tell us about people's individual choices, likes and dislikes. They knew about people's personal histories, hobbies and interests. There was a calm and relaxed atmosphere at the home where people were able to choose how to spend their day. People were relaxed in the company of staff and responded positively when staff engaged with them. One person told us, "It's a very friendly home." Throughout the inspection we saw staff talking with people in a caring and professional manner. We heard staff chatting to people about their day this included non-task related conversations about everyday life. This created laughter and engagement between staff and people as they went about their duties.

People were involved in the development and review of their care plans and what they had done each day. Staff supported people with patience and kindness and spoke with people in a way they could understand. This included giving people eye contact when talking and allowing time for people to answer. There was information in people's care plans about how people were able to communicate and staff were guided by this.

People were supported by staff that were attentive and observant and recognised when people may require support. One person told us how staff were attentive to their personal care needs. This person told us if they had not been to the toilet for a while, the staff would notice I had not been there and remind me. Another said "I ring the bell for water and they know what I want without me asking and come quickly."

People's needs for privacy were respected. They were able to spend time in private in their rooms as they wished and people said staff would always support them to get to their rooms when they wanted. Bedroom doors were closed when people received support from staff and we observed staff knocked at doors and awaited a response before they entered. Some people who chose to had a key to their bedroom so they could keep it locked. People's bedrooms had been personalised with their own possessions such as books, photographs and other memorabilia. Staff supported people to keep their rooms clean and tidy.

People had developed friendships at the home and lived their lives as a large family. They were also supported to maintain contact with family and friends and people that were important to them. Throughout the inspection we observed people supporting and encouraging each other. During an activity session one person was less able to understand what they needed to do to join in the activity. Staff provided them with simple guidance so they could join in, and other people praised the person when they succeeded. We observed similar at lunchtime where people were encouraging each other to eat.

One person was unwell and receiving end of life care. People asked about the person and they were referred

to by staff and people throughout the day. Staff were attentive to this person to ensure all of their needs were met. We observed staff sitting with the person completing their paperwork. One staff member said, "We do 15 minute checks but we like to spend as much time as we can with them." Staff went on to say they spent time reading to this person and playing music they knew the person enjoyed. They said, "We don't want them to be alone and needing something." Staff had also ensured this person's spiritual and faith beliefs were met when providing care and support.

People maintained contact with family and friends and people that were important to them. They told us how they were supported by staff to maintain contact through regular visits and telephone calls.

Is the service responsive?

Our findings

People received care that was personalised to meet their individual needs and choices. Their preferences were recognised and everyone was treated as an individual. One person said, "I feel listened to," another person told us, "You can get up when you like and go to bed when you like."

Prior to using the service people were assessed to ensure their needs could be met before they moved into the home. The assessment also ensured people would get on well with those who already lived there. Care plans were then developed with people and regularly reviewed to ensure they continued to reflect people's needs and choices.

People received care and support that was person-centred and reflected them as individuals. Care plans were personalised and reflected the individual. Staff knew people well and had a good understanding of their needs and choices which supported them to receive care that was personalised to them. They told us how they supported people and helped them to meet their individual needs taking into account their choices and preferences.

Care plans included information about people's mobility, personal care, skin integrity and nutrition. Mobility care plans included information about how people were able to mobilise and support they needed. This included information about the moving and handling equipment required and how to position the person for their safety and comfort. There was information about how to support people to maintain their own personal hygiene and described what people could do for themselves, where they required support and how they liked this delivered. One person told us about their specific continence needs and how they liked to be supported to meet these. This was recorded in the person's care plan and observed staff supported the person in the way they chose.

Each person had an overview of their support needs, likes and dislikes. There were communication profiles in place these informed staff how they preferred to communicate and identified any barriers that may prevent effective communication for example hearing loss or taking time to respond. Some people displayed behaviour that may challenge themselves or others. Care plans contained information about what may trigger behaviour, how to support people and how to de-escalate a situation.

Each person had a weekly schedule and a daily routine in place to provide guidance for staff. Although these were in place people were supported flexibly each day. These contained information about how people liked to spend each day, what time they liked to get up and activities they enjoyed. People read the newspaper, spent time using computers, listened to music and watched television. They also spent time engaging with each other and staff whilst in the lounge area. During the inspection we observed people participating and enjoying an activity provided by a visiting entertainer.

There were two vehicles available to take people out and this depended on the availability of drivers. The registered manager told us where people had health related appointments this would take priority however everybody who wished to went out at least once a week. Some people went out more frequently and this

was part of their planned support to meet their individual needs. One person's care plan stated they may display behaviour that challenged if they were bored, therefore this person went out each day. Some people wished to go out more often and this had been discussed in residents meetings. Staff were currently working with people to develop ways of supporting them to continue with their interests and hobbies. There was evidence of this in some of the care plans we reviewed, it had been discussed at staff meetings and was reviewed within staff supervision.

People were regularly asked for their feedback. This was done informally on a daily basis when they were being supported by staff. Within the care plan there was a profile checklist which reflected whether they would be involved in feeding back about the service. This included whether they would like to be involved in resident meetings, if they would like to speak with an inspector at any inspection and whether they would like their survey responses to be anonymous. There were regular resident meetings and we saw discussions took place about menus' activities and any concerns. It was also an opportunity to feedback any information they felt relevant. One person had asked if there was a time they should get up, they were reminded this was their choice. Another person said going for walks reminded them of their past life and they thanked staff for this. There was a complaints policy in place 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 the registered manager 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.

Is the service well-led?

Our findings

People spoke positively about the registered manager and staff. They told us they could talk with them about any concerns or worries. Staff told us QRC was a good place to work. Staff enjoyed working at the home. One staff member said, "Staff who are here make it a good place to work." Another staff member told us, "We're well supported, we can always go to the registered manager."

There were systems in place for monitoring the management and quality of the home. The nominated individual had previously undertaken monthly audits of the service but none had been completed between June and October 2017. A quality assurance manager had been employed and the audits recommenced in November 2017. These had identified a number of areas in relation to people's care plans and records that needed to be improved. There was evidence that work had taken place to address these issues. For example the audit had identified fluid charts had not always been totalled to demonstrate how much people had drunk throughout the day. We saw this had been addressed at the inspection. One person's pressure area risk assessment identified they were at risk of developing pressure sores. Although staff were clear about how to support this person there was no guidance in place. Bedrails were considered in DoLS applications there was no information in care plans to demonstrate if this was people's choice. Incidents were recorded but evidence of actions taken to prevent a reoccurrence was not clearly demonstrated and there was no overall analysis to identify themes and trends across the service. The registered manager was able to tell us what actions had been taken and gave an example of where he had identified a trend in relation to one person who displayed behaviour that may challenge themselves or others. He told us action was being taken to update people's records. Minutes from staff meetings sent to us following the inspection demonstrated the registered manager was aware of these shortfalls and action was being taken to ensure these areas were addressed.

There was a positive culture at the home and staff were focussed on improving day to day life and experiences for people. The registered manager had developed an open and inclusive service. He worked at the home most days, people knew him well and approached him freely throughout the inspection. He had a good understanding of people, their life histories and care and support needs. He was aware of how the service needed to improve and develop with the emphasis on supporting people to live happy and fulfilled lives and maintain and regain their independence.

Staff were aware of their individual roles and responsibilities and knew who they could contact if there were any concerns. There were clear lines of accountability and staff were aware of their own and their colleague's role on each shift. They were updated about people's care and support needs at the start of each shift and throughout the day. There were regular staff meetings to provide the opportunity for staff to feedback about the day to day running of the home. Staff were also updated about issues at the home and reminded about their individual responsibilities. Staff told us they were supported by the registered manager. One staff member said, "It's a good place to work, a good team and good support."