

Somerset Care Limited

Realise South West

Inspection report

Bath Bridge House
Bath Road Business Park, Bath Road
Bridgwater
TA6 4SZ

Tel: 01278426903

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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

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

About the service

Realise South West is a domiciliary care service which provides support to people in their own homes. The service operates within Somerset, Devon and Dorset.

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

At the time of our inspection, the service was providing personal care to 43 people with learning disabilities, autism and assessed mental health needs.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Consent to care was sought in line with legislation. People were supported to have choice and control of their lives. People were involved in decisions about their care and support and their communication needs were met.

Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes.

People were supported by staff who received an induction and ongoing training. People were supported with their healthcare needs. People were happy with the support they received. People's care plans were detailed, and person centred.

Right Care

People felt safe. Risks to people were assessed and mitigated. Systems, processes and practices safeguarded people from abuse and avoidable harm.

People were protected by the prevention and control of infection measures in place. Lessons were learned and improvements were made, when things went wrong. Staff were recruited in a safe way.

People were treated with kindness and respect. People's privacy and dignity was respected. Staff were kind and caring.

Right culture

We received mixed feedback from relatives and staff regarding the leadership of the service and communication. The registered manager and provider had taken action to address this.

The registered manager listened to concerns and promoted a positive culture that was person-centred, open and inclusive. There was honesty and openness when things went wrong. Concerns and complaints were listened and responded to.

Staff support, teamwork and staff morale was generally good. Staff were Staff were positive about their work and clear about the aims of the service. There were effective quality monitoring systems in place.

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

Rating at last inspection

This service changed it's location address with us on 17 July 2019 and this is the first comprehensive inspection since the change.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was exceptionally well-led

Details are in our well-Led findings below.

Realise South West

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short notice period of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 08 April 2022 and ended on 27 April 2022. We visited the location's office on 12 April 2022.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We also completed observations of people interacting with staff at the office during an Easter event that had been planned by the provider. We spoke with eight members of staff including the registered manager, care managers, team leaders and trainers.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We received feedback from 13 people's relatives, nine staff members and four professionals who were involved in people's care.

Is the service safe?

Our findings

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

This is the first comprehensive inspection since the service changed its location address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received some mixed feedback relating to the staffing at the service. Staff told us although shifts were covered, they needed more staff. One staff member said, "We do need more staff, it's across the sector. Shifts do get covered; we use agency the same ones where we can. Any new faces work with experienced staff." Other comments included; "Staffing is manageable", and "We have used high agency staff, the same agency is used, a permanent member of staff always on and they have received our training."
- Comments from people on staffing included; "Most of the time I know the staff, I have a good team of core staff", "Staffing changes sometimes with them being off sick", "So many, lots of different ones all the time. They do let me know who is working with me", and "I have different staff, some are the same."
- Staff worked in core teams to aid consistency. One relative told us; "There is a specified team [working with name of person]."
- The registered manager acknowledged it had been a challenging time in maintaining staffing levels. The registered manager had measures in place to mitigate risks of low staffing.
- We reviewed the staffing rotas and saw shifts were planned; agency staff were used where required.
- Staff were safely recruited, and appropriate checks were carried out including those with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups of people would be identified. Full employment histories were recorded.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us; "Any safeguarding would be reported to [Name of registered manager] and they would raise it with safeguarding. There is transparency within the organisation. I am aware of the whistleblowing policy and would absolutely use it. I know I can report anything to safeguarding, higher in the organisation and the police."
 - All of the people we spoke with told us they felt safe. One person said; "I feel safe with carers." Another person commented, "Yes I do feel safe."
 - The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required. Staff told us learning from safeguarding was shared within the team and through the wider organisation.
 - There was a business continuity plan in place. This ensured continued service in the event of an unpredictable occurrence such as adverse weather. There was an on-call system for out of hours support.
- ### Assessing risk, safety monitoring and management
- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, COVID-19, activities and the environment.

There was clear guidance for staff on managing these risks.

- Staff were aware of the risk assessments in place. One staff member told us, "[Name of person] is safe because of the protocols in place and staff are trained and know [name of person] well. The robust risk assessment mean that we can keep them safe."
- Some people being supported could become anxious, leading to incidents where they harmed themselves or others. There were detailed plans in place about how staff should support people at these times. Staff knew people well and described how they supported people if they became anxious. No one required physical restraint. Staff received training in de-escalating incidents and confirmed they would only ever use physical restraint in an emergency, as a last resort and always use the least restrictive option.
- Emergency plans were in place to ensure people were supported in the event of an emergency or a hospital admission.

Using medicines safely

- Medicines were managed and administered safely. Staff received training and assessments of competency were conducted annually.
- People were happy with how staff supported them with their medicines. One person said, "Yes they do help me, [staff name] did this morning."
- People had individualised protocols for their 'as required' medicines. These gave specific details about when people may need additional medicines and how staff should respond to the person.
- The registered manager gave examples of where staff had supported the reduction of people's medicines alongside health professional in line with national projects to reduce over medicating people.
- Medicine administration records (MAR) were completed electronically, this system highlighted to staff when medicines were required.
- A range of audits were carried out on medicines; including weekly and monthly checks. Staff knew the system for reporting medicine errors.

Preventing and controlling infection

- There were systems to help prevent and control infection. People's care plans included risk assessments that identified the measures in place to reduce the spread of infection.
- Staff received training in IPC. We were assured that the provider was using personal protective equipment (PPE) effectively and safely. One person said, "Yes, staff wear masks." Staff confirmed they had access to enough PPE.
- We were assured that the provider's infection prevention and control policy was up to date. Staff with were clear on the procedures to follow.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded on the providers systems. Incidents were reviewed monthly to observe any patterns or trends and to ensure actions taken had been effective.
- Staff told us learning from incidents was shared with the team. One staff member said, "We discuss any lessons learned, how do we think things went, what we could do differently. We learn from incidents and empower each other to look at different points of view."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first comprehensive inspection since the service changed its location address. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. The care plans were detailed and identified people's individual needs and preferences.
- Staff followed guidance in relation to people's identified needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service. The induction included two weeks training face to face and online. Staff also undertook shadow shifts as part of their induction until they felt confident.
- Staff were provided with ongoing training and support to ensure they could support people with the care they required. Additional training had been provided to meet people's specific needs including, British Sign Language, supporting people when they became anxious and specific health needs. One staff member told us; "The trainers are brilliant and knowledgeable, we have received specific training which they have built around our needs, the training is great. There are constantly new courses and updates."
- We received some mixed feedback regarding how well relatives thought staff members were skilled and trained. This related to the consistency of staff.
- People told us staff had the skills to support them. One person said; "Yes they've got skills." Another person said; "Yes of course", when they were asked if staff had the right skills.
- Staff told us they received one to one supervision with their line manager and an annual appraisal. This was an opportunity to receive feedback and discuss their role.
- We received some mixed feedback relating to how well staff felt supported by the supervision process. Comments from staff included; "I find supervision very supportive", "It's been a while since I have had supervision, support is available", and "Supervision is basic and often hurried."
- There were some gaps in staff supervision and the registered manager put a plan in place to address this.

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

- Where required people were supported to plan and cook their own meals. People ate meals of their choice and were encouraged to eat a healthy diet.
- One person said; "They help me plan meals each week, yes I choose." Another person commented, "Yes, they [staff] do help me, I like chicken and pork and spaghetti bolognese, [Staff name] is going to make that tonight, I help with cooking. Yes, they help me to eat healthy, I have lost a lot of weight." One relative said; "Very good support in this area, [Name of person] is on a special diet and the staff are good at supporting

them to prepare meal plans, shopping and making healthy choices. [Name of persons] overall health has improved since being with the service."

- Care plans set out each person's likes, dislikes and dietary needs.
- Staff were aware of people's guidelines where they required a specific consistency of food and drink to prevent the likelihood of choking or aspirating.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs as described in their care plan. One person said; "Yes [Staff name] does it all, they make appointments with the GP."
- Records demonstrated people were supported to see a range of professionals as required including; psychiatrists, podiatrists, GP, learning disability nurse, speech and language therapist, dentists and social workers.
- The service worked together with other organisations when supporting people to transition into the service. The registered manager gave examples of how they had worked with previous care providers to ensure a smooth transition for the person.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time.
- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests. This process included professionals and people of importance to the person such as their relatives.
- One person had agreed to restrictions being in place and they had the capacity to agree to them. The care plan did not clearly demonstrate that restrictions were regularly reviewed and the person continued to agree with them. We discussed this with the registered manager who told us they would ensure this was clearly recorded in the persons care plan.
- People told us staff asked their permission before they supported them.
- A health professional told us, "Staff keep me up to date with any significant changes, particularly where more restrictive practice may be necessary in the best interests of the service user. I have found Realise to be strong advocates for the people that they work with and I am confident that they strive to work in the person's best interest at all times."
- Staff had a good understanding of the principles of the MCA.

Is the service caring?

Our findings

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

This is the first comprehensive inspection since the service changed its location address. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and caring. One person said; "Very kind." Another person commented; "Yes, they are kind and caring."
- Relatives also commented positively about staff. One relative told us, "Staff get on very well with [Name of person] and they get on well with the staff." Another relative said; "All staff have been really fantastic with [Name of person] and they are very happy."
- People's protected characteristics under the Equalities Act were supported by the staff team. Staff gave examples of how they had supported people with relationships. One staff member told us, "We supported [Name of person] to feel comfortable about making choices."
- We observed staff interacting with people during an Easter event at the service office. People were relaxed in the company of staff and there were many positive interactions and friendly banter.
- Staff positively communicated about the people they supported and recognised the importance of developing good relationships. One staff member said; "I pride myself on building good relationships and rapport with the service users that I help care for."
- People's plans showed detail about people's needs, their social histories and what was important to them. This helped staff to ensure people's individuality was considered when delivering care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decisions about their care and support. One person told us, "Yes I make decisions and tell them [Staff] they act on it." People told us they could live their lives as they chose. One person said; "Yes I do, I go to Morrisons café and shopping, I do my house shop on Friday. Café first for coffee and a hot cross bun." Another person said, "They [Staff] explain things."
- Staff described how they supported people to make day to day decisions about their care and support. People were supported to have access to advocacy services where required.
- People had a communication profile, which described how each person communicated their needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity and privacy. All of the people we spoke with told us staff respected their privacy and dignity.
- Staff described how they supported people in a respectful way. One staff member said; "I explain what I am going to assist them with and check they are ok with it, I give them options, I ensure if providing personal care that doors and curtains are closed. I ask them before I assist them with anything to ensure they agree to it."

- People were supported to maintain and develop their independence. Staff understood the importance of this. One relative told us, "[Name] is encouraged and supported to do as much as possible for themselves around the house."
- People were supported to maintain and develop relationships with those close to them. One person told us, "Yes, [Staff name] supports contact with my family. I ring them and get in contact with [Staff name] when I need to go home."

Is the service responsive?

Our findings

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

This is the first comprehensive inspection since the service changed its location address. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- We received some mixed feedback regarding people's care packages and the service's ability to deliver on these, this was mainly due to recruitment of staff. The service had recognised this and was taking action to address it.
- People told us they were happy with the support they received and they made choices about their day to day activities. One person said; "Yes I do choose, I go shopping, walking, seeing animals." A relative told us, "Activities are discussed and chosen to suit [name of persons] likes and interests." Staff supported one person to access the community at specific times of the day, as they [the person] found this easier.
- The registered manager provided evidence of success stories where they had supported people to achieve positive outcomes. These included; support with transitioning between services, reduction in staffing hours due to people being more settled, decrease in incidents and anxiety, developing life skills, accessing community activities, medicines reduction and managing finances.
- One professional said; "They provide person centred care for people with complex needs."
- People had individual person-centred care plans detailing their needs and the outcomes they wished to achieve. Staff told us care plans weren't always reviewed and updated. The registered manager had identified this and there was an action plan in place to address shortfalls. The care plans we reviewed contained up to date and relevant information.
- Care plans described people's likes, interests and hobbies. For example, one care plan detailed how a person liked 80's and 90's music, singing, dancing, going out for coffee and going to the pub. People's dislikes were also recorded.
- Information about people's history and important relationships to them were also recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed, met and recorded in line with the AIS. Staff knew people well and responded to their individual communication needs.
- People had tools in place to aid their communication, these included the use of pictures, objects of reference, signs and individual plans.
- The service had a range of easy to read documentation including; safeguarding information, consent agreements, medicines and support agreements.

Improving care quality in response to complaints or concerns

- A record of complaints received was completed when a complaint was raised. These were recorded on the providers electronic system.
- There had been four complaints received in the past year. These had been investigated and issues addressed in line with the organisation's policy and procedure.
- People felt able to raise concerns. One person told us, 'Yes, I would go see the manager [Managers name], I trust them and have known them for years.' Other comments from people included, "I would tell staff", "I talk to [Manager's name], or staff", and "I talk to staff here about any problems. They listen and sort things out."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first comprehensive inspection since the service changed its location address. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received some mixed feedback relating to the leadership, support and communication in the service. Some staff commented they did not always feel listened to or valued.
- The registered manager had recently carried out a staff survey to capture the views of the staff team, the feedback mirrored some of the concerns. The registered manager had devised an action plan in response to the comments received. Actions included; holding bi monthly team leader meetings, using their internal system to communicate to all staff, reintroduced meetings for people, introducing a pay increase, thank you gifts given to staff and all levels of staff including managers undertaking shifts supporting people.
- We received a range of positive comments from staff. These included; "Communication is really good, they are always on the emails and phones, everything communicated well", "I feel very valued," "[Name of registered manager] has been amazing and is always there for support and if things are difficult, we are in Devon which can be isolating sometimes, [Name of registered manager] does everything to bridge that gap, it is good and I feel massively supported."
- People told us they felt listened to and they were kept up to date. One person told us, "It's pretty good, I am listened to, and kept up to date."
- Feedback was received from people's relatives and friends via a survey. An action plan had been developed as a result of the feedback. This included producing a quarterly newsletter providing them with updates to aid communication.
- Staff meetings were arranged for staff to attend. One staff member told us, "Staff meetings are held regularly by the team leader, they are well organised and are a place where I feel confident in raising issues and discussing them."

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

- There was a positive culture within the service. People knew who the managers were and they felt able to approach managers or staff with any concerns.
- Whilst we received some mixed feedback regarding the management and communication, most of the comments we received from staff about the management were positive. One staff member told us, "[Name of registered manager] is great and really approachable, you can discuss things, their door is always open." Another commented, "The managers work alongside us, if we need support they are there to help keep us safe. [Name of registered manager] will step in if needed."
- Staff were positive about working for Realise South West and clear about the aims of the service. One staff

member said; "I feel very proud to work for Realise. Our main aim is to support individuals to live as independently as possible in the safest way. enable them to learn new skills and build on existing skills. To live a fulfilled life."

- A health professional said; "They are very willing to work alongside us and try new things, finding solutions and taking positive risks. I have seen progress with people, they [Staff] really work with the plan and are achieving positive outcomes for people."

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

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. The registered manager told us that they were in the process of changing the management structure to meet the needs of the service. This included having two registered managers covering half of the services each. Each of the registered managers would have a team of staff working with them including care managers, team leaders and support staff. The registered manager told us they believed this would benefit the service.
- Systems were in place to monitor, review and improve the quality of the service. This included a range of weekly, monthly and quarterly audits. The service had a quality compliance team that oversaw specific areas of compliance. There were monthly governance meetings held to discuss compliance and any action plans in place. Areas covered included; care plans, incidents, accidents medicines and complaints.
- There were also a range of spot checks carried out on services and staff.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to promote learning. Regular managers meetings were held and any lessons learnt were shared. Staff told us learning from incidents was encouraged and shared with the wider team.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals.