

Realcare + Limited

# Realcare+ Limited

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Realcare+ Limited is a home care service providing personal and nursing care to 10 people living in their own homes.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating, as well as nursing care. Where they do we also take into account any wider social care provided.

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

The recording related to medicines management needed to be more robust. Documents used to record people's medicines had not been completed correctly. The registered manager has put in place an action plan to address this since the inspection. We made a recommendation around ensuring the service followed medicines management best practice.

People were protected from the risk of harm and abuse. There were enough suitably skilled and qualified staff to support people and meet their needs.

People were supported by skilled staff with the right knowledge and training.

Staff had developed caring bonds with people and upheld their privacy, dignity and independence.

People's care and support met their needs and reflected their preferences. Staff upheld people's human rights.

There were clear, robust processes for managing quality and safety in the service.

There was strong leadership in the service and a positive, empowering culture. Staff were clear about their roles and responsibilities.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published on 17 October 2016). The rating at this inspection was Good.

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Realcare+ Limited

## 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 houses and flats or specialist housing.

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

We gave the registered manager 4 days notice of the inspection visit to ensure the registered manager and senior staff were available to speak to us. Inspection activity started on 2 July 2019 and ended on 12 July 2019. We visited the office location on 9 July and 12 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the nominated individual, registered manager and a clinical lead. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care plans and associated records for seven people, three staff recruitment files, the provider's business continuity plan, staff rotas, the staff training matrix, staff supervision records, records of staff meetings, quality assurance documents and audits and three people's medicines administration record.

After the inspection we reviewed further information we requested from the registered manager including two people's medicines administration records, risk assessments and end of life care plans for two people. We spoke with two members of care staff and one registered nurse. We contacted a further two members of care staff but received no responses from them. One member of staff was not able to speak to us. We also contacted six health care professionals. We received responses from two health care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is now requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People had their medicines as required however medicines management needed to improve with regards to how this was recorded. Records relating to medicines were not always accurate. We reviewed a sample of medicines records, some of which had missing signatures, insufficient or unclear instructions, and no information to show whether the person who had been supported to take the medicines, had taken them independently or declined and the actions taken following this.
- People's care documents had been audited but these medicines errors had not been identified through the audits. We found no evidence that people had been harmed as a result of this.

We recommend the provider considers current best practice guidance for managing medicines for people receiving care in the community and take action to update their policies and practices accordingly.

- After the inspection the registered manager sent us an action plan detailing planned improvements to their auditing and quality assurance processes. This included a detailed Medicines Administration Record (MAR) audit, meetings and training with staff and a review of medicines management procedures to maintain compliance with best practice and current legislation.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe care was provided by staff.
- Staff understood how to protect people from harm and abuse and there was clear guidance and policies in place for reporting and recording safeguarding concerns.
- The registered manager understood and acted on their duty to report any safeguarding concerns to local authority safeguarding teams and to CQC.

### Assessing risk, safety monitoring and management

- People's care plans contained detailed, individualised risk assessments. These included clear instructions for staff to support people safely and promote their independence.
- The provider's business continuity plan detailed actions for staff to take in emergencies or in cases of adverse weather as well as contact details of relevant professionals. This helped ensure risks were managed and people received safe care.

### Staffing and recruitment

- People told us they received support from consistent staff.

- There were enough staff to support people safely and meet their needs and preferences.
- The registered manager planned rotas well in advance to ensure people received care from consistent staff.
- The registered manager used safe recruitment procedures to employ staff suitable for the role.

#### Preventing and controlling infection

- People were protected from the spread of infection by suitably trained staff
- Staff understood the risks to people from infection and took actions to prevent and control infection.

#### Learning lessons when things go wrong

- When incidents occurred, staff reflected on practice to develop improvements and prevent reoccurrences.
- The registered manager and senior team maintained a record of accidents and incidents to develop the service and monitor safety.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained 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 needs and choices were effectively assessed in line with evidence based practice, standards and the law.
- Care records were highly personalised and contained evidence of people's involvement in planning their care and support. Assessments covered people's physical, psychological and emotional needs.
- Care plans included risk assessments and nursing assessments which were evidence based and in line with current legislation. This helped promote people's health and wellbeing.
- People's interests, likes and dislikes were documented. This meant it was possible to 'see the person' in their care plan.
- People's preferred routines were recorded in detail, helping staff to give individualised support.
- Care records were regularly reviewed and any updates or changes were added promptly.
- Staff recorded daily care notes to document all care and support given.

Staff support: induction, training, skills and experience

- Staff had completed appropriate training to deliver safe, effective care.
- Staff completed a thorough induction which included the provider's mandatory training, as well as courses specific to the needs of people being supported by the service.
- The provider supported staff through a structured programme of supervisions, appraisals and competency assessments.
- When people needed specific equipment to help them move, staff were given training on each piece of equipment in the person's home by the clinical lead.

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

- Staff supported people to maintain a healthy nutritional and fluid intake.
- When people needed assistance to eat healthily staff provided individualised support. This was documented and monitored in their care plans.

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

- People received personalised support to help them access healthcare services.
- With people's consent, staff worked closely with health professionals to ensure updates on people's health were shared appropriately.
- Staff monitored people's health carefully and sought appropriate support for people professionals



including GPs, specialist nurses and district nurses as needed.

- The registered manager allocated a 'core' group of staff to each person. This helped ensure consistency of care and effective information sharing if there were changes in people's health.

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 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 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.

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

- Staff had completed training in the Mental Capacity Act as part of their induction. They gave us examples of how they had applied the principles of the act when providing care and support for people.
- People had signed consent forms which showed they agreed to receive care and support.
- Where people had been assessed as not having the capacity to agree to care and support, their legally appointed representatives had signed on their behalf. This was fully documented in people's care plans.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- Staff treated people with respect and kindness and upheld their human rights.
- The registered manager ensured people's religious beliefs and cultural values were promoted and respected. For example, one person only received support from staff members of the same gender.
- People and their relatives said staff treated them well and were compassionate. One person said, "The carers are utterly amazing, very calm, hands on the job and excellent company." A relative said, "Sometimes my [relative] has off days and they still respect [relative], and give my [relative] space when [relative] needs it. Each day is very different with my [relative]. They wait for my [relative] to calm down before they engage with [relative] again."
- Staff gave examples of how they developed caring relationships with people.

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

- People were fully supported to express their views about their care and support.
- People were able to feed back to the service about their care through regular care plan reviews. Care records showed these were completed with people and with their family members where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain and develop their independence.
- The registered manager and clinical lead told us staff had acted as advocates for a person to enable them to live independently. Staff had worked with health and social care services as well as a charity, to put support and equipment in place to help the person move from sheltered accommodation to their own home. As a result of support from the service the person had also been able to go away on holiday.
- The provider ensured people's confidential information was stored securely. The registered manager told us staff had been trained in and understood the General Data Protection Regulations.
- Staff understood the importance of maintaining people's privacy and dignity when assisting them with personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains 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

- Staff worked in partnership with people to plan individualised care and support.
- People said they felt they received a high standard of care. One person said, "I cannot get better care, I've lived and accessed many places...but I have never experienced care like I have with this agency. They are the best."
- Care plans were highly individualised and showed staff had planned care and activities based on people's needs and preferences.

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.

- The provider complied with the Accessible Information Standard.
- People's care records contained detailed information about their communication needs.
- Staff provided individualised support to help people communicate and maintain their independence. For example, staff worked with a charity to train a person and the staff supporting them to use a mobile phone application to dial numbers and write text messages. This enabled the person to communicate with friends, family and staff members independently.

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

- Staff supported people to access their chosen community activities and locations such as day centre groups, shops and local pubs. This helped people remain connected with their local communities and helped prevent social isolation.
- The registered manager told us staff supported people to maintain relationships that were important to them, for example, by supporting a person to attend a family wedding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place with clear guidance for staff about how to investigate and respond to complaints. Records showed complaints were investigated and resolved promptly.
- The registered manager told us they made 'courtesy calls' to people every one to three months to check they were satisfied with the service.
- People knew how to complain and said they felt comfortable approaching the office team with any

concerns or queries.

#### End of life care and support

- Staff worked in partnership with health and social care professionals to support people to have a comfortable, pain-free and dignified death. Staff liaised with specialist nurses, GPs and occupational therapists to ensure people received the support and treatments they needed.
- End of life care and treatments were delivered by suitably qualified nursing staff. Nurses also supported care staff to provide individualised care and support.
- Staff also provided compassionate, sensitive support to family members. Examples included staying with the family after their relative passed away and attending people's funerals with families' consents. The registered manager told us as staff had not been able to attend one funeral, they gathered as a team to pay their last respects to the person.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to their vision of providing individualised care. They said, "We go the extra mile to see the best possible way we can better [people's] health and their care." This vision was clearly shared by the staff team.
- Staff were skilled at acting as advocates for people and providing high quality care which met people's needs.
- There was a culture of transparency and reflectiveness in the staff team, who described the registered manager and senior staff as supportive and approachable.

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

- The registered manager used audits and quality assurance checks to monitor quality and safety in the service, identify issues and errors and drive improvements. For example, where audits of care plans identified incomplete care notes, this was addressed with staff by the senior team.
- The registered manager was supported by a skilled senior team. Roles and responsibilities were clearly defined and delegated effectively.
- The registered manager understood and met their regulatory requirements.

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 was clear in their duty of candour and knew the actions to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- People were given many opportunities to feedback to staff about the care provided. Staff knew people's needs well and were able to support their different communication methods. Reviews were completed by members of the clinical team and regular checks were completed by the registered manager.
- People were supported to access activities of their choice in the local community.
- Staff were engaged in the service. They were supported to feed back about any concerns and encouraged to make suggestions about improvements or changes needed in people's care and support.

#### Continuous learning and improving care

- There was a positive, reflective culture of learning in the service.
- Regular staff forums were held by senior staff and staff kept reflective journals to help identify practice improvements.
- Clinical leads completed competency observations on staff regularly, to support them to maintain and develop high standards of practice.

#### Working in partnership with others

- Staff worked in partnership with health and social care professionals to meet people's needs and promote their wellbeing.
- People's care records contained evidence of multi-disciplinary meetings where staff had liaised with a number of professionals to ensure people received individualised care which promoted their health and wellbeing.