

Revive Care Service Ltd

# Revive Care Service (Head Office)

## Inspection report

Unit 1  
180-182, George Lane  
London  
E18 1AY

Tel: 02071838229

Date of inspection visit:  
23 November 2020  
24 November 2020

Date of publication:  
16 December 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Revive Care Service (Head Office) is a domiciliary care agency registered to provide personal care. At the time of the inspection 108 people were receiving care.

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

Care plans and risk assessments were completed and reviewed for people. Staff took appropriate action to ensure people had the right support when their needs changed.

There was an effective infection prevention and control process in place. The service received support from local authorities and made sure that there was enough supply of personal protective equipment (PPE) available for staff. Staff had training in infection prevention and control.

Appropriate procedures were in place for managing people's medicines. Staff knew how to support people with their medicines.

There were enough staff at the service. However, staff sometimes arrived late at people's homes and the registered manager was working hard to ensure that staff were always on time when supporting people. Staff recruitment processes were robust, which meant that people were supported by staff who were appropriately checked, trained and supported.

The manager worked in partnership with health and social care professionals. They attended various meetings, carried out audits and had undertaken spot checks to insure there was improvement at the service. The registered manager was developing a survey questionnaire to obtain feedback from people, relatives and professionals.

People, relatives and social care professionals were positive about staff and management.

### Rating at last inspection

This service was registered with us on 23 November 2018 and this was the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and lack of PPE. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we identified systems were either not in place or robust enough to demonstrate safety was effectively managed. We made a recommendation about staff punctuality.

Please see the Safe and Well-led sections of this full report.

### 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?**

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Revive Care Service (Head Office)

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience [ExE] is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE made telephone calls to people and their relatives the day after our inspection.

#### Service and service type:

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

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 service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, information we received from people and any notifications of significant incidents the provider had sent us. We sought feedback from the local authority and professionals who work with the service. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with five members of staff including two care workers, the human resource manager, the training officer and the registered manager. We reviewed a range of records. This included five people's care files and five staff recruitment files. We reviewed staff training records and the provider's quality assurance processes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found such as training records, audits and policies and procedures. We spoke by telephone with 10 people, six relatives and two care staff.

# 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 inspection for this newly registered service. This key question has not been rated.

### Preventing and controlling infection

- Before the inspection, we had received information stating that the provider did not have enough personal protective equipment (PPE) for staff. The registered manager told us, "We have always sufficient PPE, we get from the local authority and buy from suppliers." Staff told us they had no problems getting PPE from the office. We saw PPE such as hand sanitisers, gloves, face masks and aprons in the office.
- Most people and relatives made positive comments about infection prevention and control. One person using the service said, "[Staff] wear gloves and masks and they wear aprons and shoe covers too. They are very good." A relative told us, "[Staff] are excellent. We had a virus problem and they couldn't come for three days, but then the NHS said they could and they have been really good and wear all the right protection to keep everyone safe."
- However, a person using the service and a relative of another person were not fully satisfied. For example, one person told us, "[Staff] always wear gloves and masks and occasionally I tell them they need to wash their hands." A relative said, "Sometimes our carers forget their masks, at least four times, and some wear the mask down below their noses." We brought this to the registered manager's attention who assured us that they would ensure staff adhere to the providers' infection prevention and control procedures. They said they would do this by writing to all staff and through enhanced spot checks.
- The service had procedures to prevent and control infections, including Covid-19. Staff had training on infection prevention and control.
- Staff told us and records showed staff had training on infection prevention and control. One member of staff said, "Yes, I had infection control training."

### Using medicines safely

- Medicines were managed safely. One person said, "[Staff] do all my tablets and the pharmacy sends them. I never have had a problem." Another person told us, "I do my own medication except for eye drops and they do that and they are good, never had a problem."
- The service used an electronic system to record medicines administration. The system was monitored from the office as it would send an alert against medicines not being administered on time for individual people. We did not find gaps in the records we reviewed. The manager told us they were reviewing the system with a view to improve areas such as how completed and outstanding tasks were reported.
- Staff confirmed that they had training in medicine administration.
- Audits of medicines were undertaken by the registered manager and senior staff through spot check visits.

### Staffing and recruitment

- People and relatives' comments about staffing were mixed. For example, one relative said, "[Staff] are very nice people and they try to help whenever they can, I just wish I knew them better." A person using the

service said, "I have too many people coming in. I really want people that I know."

- People told us staff were not always on time. One person said, "[Staff] are sometimes late. I wish they come on time." Another person told us, "I have had a missed call. They phoned me and let me know and so my [relative] came."
- Staff told us they were sometimes late because of traffic or due to the need to provide additional support for people they were visiting before moving on to another call. We discussed this with the manager who were already aware of this and were looking into how to improve it. There was an electronic system for staff to sign in and out when arriving at and leaving from people's homes, but this was not effective in improving punctuality. We recommend that the provider adopts a best practice system to ensure staff are always punctual.
- There were robust staff recruitment processes in place. Staff completed job application forms and attended interviews as part of the process. They then submitted two written references, proof of identity, evidence of right to work in the UK and police checks. This ensured that staff were appropriately checked and were safe to work with people.
- The registered manager told us they continually recruited staff to ensure there were always enough staff to provide care. They said they would accept new care packages if they were confident they had enough staff to meet people's needs.

#### Safeguarding from abuse

- People told us they felt safe. One person said, "I am being looked after and I am safer than I would be without them." Another person told us, "The carers make me feel safe. I know I am safe every day because they are coming in and they check on me and I really look forward to them coming too."
- The service had a safeguarding policy. Staff followed the procedure to report incidents of abuse to the local authority.
- Staff were aware of their responsibilities to keep people safe. One member of staff said, "I have received safeguarding training. I would report any incident of abuse to my manager. I have also read whistle blow policy."

#### Assessing risk, safety monitoring and management

- The service had systems in place to minimise risks to people. Assessments of risks were undertaken, including environmental and personal risks to people and staff. This ensured that risks to people and staff were identified and guidance provided to minimise risks.
- Risk assessments were reviewed regularly or as people's needs changed. The manager explained that they worked with the placing authorities to review risks to people and make adjustments to ensure people were safe.

#### Learning lessons when things go wrong

- The service recorded and reported incidents and accidents. However, the records were not systematised, which meant they were not easily accessible as each report was kept in individual person's files. We discussed this with the manager and were assured that this would be systematised so the number and types of incidents and accidents were easily accessible and reviewed.
- The service drew lessons from incidents and accidents. The manager explained staff reviewed incidents and accidents and put action plan in place to ensure the incidents and accidents were minimised.



# Is the service well-led?

## Our findings

Well-Led – this means 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 inspection for this newly registered service. This key question has not been rated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles, and understood quality performance, risks and regulatory requirements. Staff were appropriately recruited and supported, audits of various aspects such as care plans, medicines, training and policies and procedures of the service were carried out.
- The management structure was clear with the registered manager being supported by a human resources officer, a trainer, assessors, field supervisors and an administrator.
- Risk assessments and care plans were completed and reviewed. Where changes were needed, the registered manager liaised with placing authorities to ensure that adjustments were made to people's care to meet their needs.
- People felt they were able to contact the manager if they had concerns. One person said, "I know the manager, I have the numbers and I would phone if there were any problems."

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

- Staff were regularly updated through an electronic system about policies, care plans, risks to people and attended meetings with managers.
- Feedback from people was obtained through telephone calls and spot check visits by the registered manager or the field supervisor. The service had yet to implement a quality monitoring system. The registered manager explained that they were developing a survey questionnaire to seek people and other stakeholders' views about the quality of the service.

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 and staff were clear about being open and transparent when things wrong. Incidents and accidents were recorded, and safeguarding concerns were reported. A social care professional wrote, "Overall we have found the management to be fully engaged with the local authority and generally they respond to any concerns raised in good time. There is in general good communication from the management and office team."

Working in partnership with others

- The provider worked with other social and healthcare partners. These included GPs, occupational therapists, pharmacists, hospitals and social workers. A comment from a social work professional stated, "The provider has engaged fully with regular contract monitoring meetings over the past eight months, they

have also attended provider forums."