

Rialto Care Services Limited

Rialto Care Services Head Office

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



Overall summary

We undertook an announced inspection of Rialto Care Services Limited Domiciliary Care Agency (DCA) on 12 November 2015. The provider was given 48 hours' notice in order to ensure people we needed to speak with were available.

Rialto Care Services Limited is a small domiciliary care agency which provides support to adults in their own

homes who have mental health issues, complex learning and/or physical difficulties, personality disorders and acquired brain injuries (ABI). At the time of our inspection Rialto Care was delivering services to eight people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Most people who use the service told us they felt safe when the staff were in their homes. Family members we spoke with also told us they had no concerns and felt that their relative was well looked after. However, one person gave us feedback which suggested staffing levels in their relative's home were not always safe.

Most people we spoke with and family members had good relationships with their staff teams and felt supported well by consistent staff that knew them well and understood their routines.

Staff were receiving regular supervision and appraisal, and training was provided so staff were supported and equipped with the skills needed to do their jobs. New staff were provided with a detailed induction programme, which included training in essential subjects and subjects which were specific to the person they were supporting.

The agency had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. No staff commenced duties until all satisfactory checks, including Disclosure and Barring Service (DBS) check had been received. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people.

People received their medications safely and on time.

People were initially assessed by the operations manager before being offered a support package and we could see this had taken place.

Other assessments identified people's specific health and care needs, their mental health, medicines management, and any equipment needed. A care plan was drawn up and agreed between the agency and the individual people concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

Staff we spoke with told us their rotas were fair and they were happy with them.

People's capacity to consent had been assessed and they had consented to their care and support. The provider had acted in accordance with their legal responsibilities under the Mental Capacity Act 2005.

Complaints had been logged and we could see that they had been investigated. People we spoke with told us they had never raised a complaint, and we could see that none had been raised in the last twelve months.

There were systems and processes in place to access the quality of service in the form of questionnaires sent out to people who use the service. The completed questionnaires had been analysed and the manager responded to these accordingly. We could also see other audits taking place on all records and documentation.

Summary of findings

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.

People told us they felt safe when the staff were in their homes.

Some people told us they were concerned due to the lack of staff in other areas, and staff were working long hours.

There were procedures for safeguarding people and these were followed.

Staff were recruited appropriately at the service and had an induction and continuous training programme. The provider carried out appropriate checks on staff suitability to work.

People received their medicines in a safe and appropriate way

Requires improvement



Is the service effective?

The service was effective.

The provider was adhering to the principles of the Mental Capacity Act 2005 and staff demonstrated a good understanding of the act.

Records and conversations with staff showed that they had the right skills and had undertaken the correct training for the role.

People were referred to other health professionals when needed.

Good



Is the service caring?

The service was caring.

People who use the service and their family members told us the staff were caring and supported them well.

People told us they were involved in their care planning and reviews.

People told us the staff respected their dignity and privacy and the staff were able to demonstrate how they did this.

Good



Is the service responsive?

The service was responsive.

Care plans and risk assessments were personalised and had taken people's individuality into account.

People had full activities scheduled into their daily routines at their request.

People we spoke with and family members knew how to make a complaint and we could see evidence that the complaints procedure had been discussed with them.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People spoke highly about the manager and the operations manager.

Staff confirmed they were given regular supervision and appraisal

Quality assurance systems were place which checked care plans, risk assessments and other records.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on 12 November 2015 and was announced. We gave the provider 48 hours' notice that we could be coming, as the provider provides a domiciliary care service and we wanted to ensure there would be people available for us to talk too.

One adult social care inspector undertook this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager

about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We were unable to observe care and support as people chose not to allow us to visit their homes. However we spoke to some people by telephone. We also spent time looking at records, including three care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted a social care professional who had involvement with the service to ask for their views.

On the day of our inspection we spoke with one member of staff. We also spoke to three relatives on the telephone. We spoke with the registered manager, the operations manager, and six other staff by telephone, and two people who use the service. Our opportunities to speak to people living in the home and staff were limited because the majority of them were engaged in activities or chose not to speak with us. We also spoke to a healthcare professional.

Is the service safe?

Our findings

Most of the people we spoke with told us they felt safe. One person said “They [the staff] are brilliant. They have helped me so much.” A family member of one of the people who use the service told us “They are really good, they have helped [relatives name] so much.”

Staff we spoke with were able to explain to us what course of action they would take if they felt someone who used the service was being abused. There was a safeguarding policy in place, which incorporated the local authority’s own safeguarding procedure as well as the procedure for Rialto.

We looked at the personnel records for four members of staff. We checked that all of the required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out, identification was obtained and we saw a record of the interview was kept on file.

The registered manager had an incident and accident chronology in place and we saw how this information was used by the registered manager to investigate incidents and accidents when they had taken place in the home. There was a whistleblowing policy in place and staff were confident when explaining the whistleblowing process. Staff said they would not hesitate to raise any concerns if they felt people were at risk.

We spent time looking at the medication policy and procedure that had been updated by the provider in September 2015. We looked at completed Medication Administration Records (MAR) charts for three people. There was detailed information on what the medicines were and the frequency of when staff were to support a person and how this was to be provided. Staff explained the correct procedure for administering medication. People’s care files contained detailed information with regards to their medication, what it was used for, and any side effects the staff needed to be aware of. People we spoke with confirmed they were supported to take their medicines safely.

Most of the people we spoke with felt there was enough staff to be able to support them effectively. However, we also received feedback that one of the properties was

extremely understaffed and staff were working there for very long hours due to staffing shortages. We checked this information against staff rotas and could confirm that only two staff regularly appeared and both of these staff were working long hours. The registered manager informed us that some of the staff who worked in this property had left Rialto at short notice. The registered manager also informed us they were finding it difficult to recruit staff with the level of experience required for the role. When we spoke with the local authority they also had raised concerns which they are investigating separately to this inspection, these were raised after this inspection took place. We had feedback raised that people who lived in the property were not getting any one to one time with staff due to staff shortages at this property. We could see from looking at the rotas that a member of the management team was doing some of the shifts at the property to enable the people living there to engage in one to one activity. **We recommend that the agency reviews its recruitment procedure to ensure there are enough staff readily available to cover any contracted hours in an emergency.**

We looked at a list of monthly housekeeping checks which were completed by staff in order to ensure the properties people were living in were in good order and well maintained. Most of the people living in the properties would be unable to report repairs themselves to their landlords, so these checks were devised to ensure staff could do this on their behalf if they noticed that anything needed reporting.

We could see from looking at people’s files that each person had been assessed prior to being offered care from the agency. The assessment process was thorough and we could see that information which was initially gathered about a person was used as the basis for their risk assessments. For example, one person with a medical condition behaves in a particular way when out in public, and we could see this behaviour had been assessed and the staff were provided with a plan of how to manage that behaviour in order to keep that person safe. When we spoke to the staff who supported that person, they were able to explain the plan to us in detail. This shows the staff were familiar with the protocol for that person.

Is the service safe?

Incidents were recorded and we could see they had been analysed by the operations manager. One incident in particular which we looked at gave very detailed advice for the staff to follow if the incident was to occur again.

Is the service effective?

Our findings

Everyone we spoke with told us that the staff have the right skills to be able to do their jobs. Staff we spoke with were able to talk us through their induction and training programmes and all of the staff felt the training was supportive. One staff member said “It was really good, I enjoyed it.”

We could see from looking at the training matrix, that in addition to all mandatory training, the staff were required to undertake role specific training to enable them to work with certain people depending upon their diagnosis. The registered manager explained that the organisation has links with some of these training providers, so it a simple task for them to book whatever training is needed.

The staff received refresher training in all areas. The agency monitored this to make sure all staff received regular training updates. The staff told us they were given regular training opportunities. Some staff were being supported by the organisation to undertake work based qualification, such as qualification and certificate framework (QCF's)

Staff we spoke with and records confirmed that staff had regular supervision's and yearly appraisals.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The 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. The manager told us all staff had been trained in this. The staff were able to explain about consent and gave us some examples of when people had refused care. One staff member said, “I would always ask first.” We could see capacity assessments being completed when required; these were decision specific and had been clearly documented.

We could see there were consent documents in people's care files for different aspects of their care to be carried out. We could see a written record that this had been explained to the person and their relative and was signed by them.

People's nutritional needs were assessed and if they needed support with food this was recorded in their care plan. We saw that staff would document in the daily records what the person had to eat and drink to help monitor their health.

People's health care needs were recorded in their care plans. We could see documentation which had been completed by staff every time a person had visited a healthcare professional and if there were any recommendations or follow up appointments, these were recorded by the staff and communicated during handover.

Staff confirmed they had received regular supervision's and felt well supported by the registered manager, senior members of staff and operations manager. The operations manager would conduct spot checks of care staff in people's properties. A spot check is an observation of staff performance carried out at random. We were able to see examples of spot checks which had been carried out.

Is the service caring?

Our findings

People were complimentary when we asked them if they felt the staff were caring towards them. One person told us “They are 10/10. Absolutely brilliant.” Other comments included. “I have no qualms.” And “They are all very good.”

We asked one person if the staff treated them with kindness, they said “Oh yes, they really look out for me, spot on”

The staff spoke very positively about their roles. One staff member said “I love my job.” Other comments included “It’s nice to know you have made a difference to someone.” Someone else said “It’s the best job I have ever had.”

Some of the staff told us about specific things they do with people, such as swimming or cooking. One of the staff members told us “It’s about them getting to do all of the normal things that we do. I love leaving a shift knowing that they have had a good day.”

Staff were able to give us good examples of how they protect people’s dignity and modesty when providing personal care and when supporting people in their homes. These examples included covering people up with towels, making sure windows and blinds were closed, knocking on

people’s doors and always asking permission before coming into their homes. One staff member explained, “It is their home, so I would have the same respect for them as I would expect people to have for me in my home.”

All of people we spoke with told us they received a service from familiar and consistent staff.

We spoke to one health and social care professional who commented on the caring nature of the staff and they said “I would recommend this service to my colleagues, no problem at all.”

We could hear conversations taking place during our inspection between the office staff and people who use the service. We could hear people were being spoken to with kindness, and staff demonstrated a good personal knowledge of the people who use the service.

All of the people we spoke with knew they had a care plan, and people who had received care from Rialto for over a year all told us that when their care plan was reviewed they found this very helpful to discuss any changes needed.

People’s records were stored securely in head office. This ensured that people’s confidentiality was protected. Records in people’s home were stored securely in their bedrooms or a designated room of their choice.

Is the service responsive?

Our findings

People we spoke with told us they felt the agency responded to any issues raised. At the time of our inspection there were no formal complaints raised. People told us they knew how to complain and they had received a copy of the agency's complaints policy.

We spoke to a health and social care professional who said "Rialto does exactly what they say they are going to do." This was in relation to how well they respond to people's changing needs. We could see evidence that reviews had been arranged and held for people in response to changes in their behaviour and the agency had linked in with other healthcare professionals.

People's care plans were of high quality and contained person centred information, such as their background, likes and dislikes and what they enjoy doing on a daily basis. Each person had an in depth explanation of their medical condition and how that impacts them on a day to day basis. An example we looked at was how noise can alter someone's mood, and what that means for them if they are engaging in an activity which they enjoy.

Everyone had weekly planners in place which showed a full and varied programme of activities. We checked to ensure that people had been involved in the development of these planners, and then we looked at their likes and dislikes to ensure they were being offered activities which were centred around what they had told Rialto they liked to do. We could see the staff had spent time devising these planners and the person was in control of how they liked to spend their week. This showed that people were regularly contributing to how their care should be delivered.

Most of the people who Rialto supported lived alone in their own properties, so we were concerned they would be socially isolated if they chose not to engage. We were shown detailed daily notes the care staff completed which took into account the person's mood. The registered manager told us they would step in and engage the help of other services if they felt someone was becoming withdrawn.

We could see people were given a choice of whether they were supported by male or female care staff. One person told us "I would like more girls supporting me."

Is the service well-led?

Our findings

There was a registered manager in post who had been there since the service had opened.

Most people we spoke to were exceptionally complimentary about the registered manager and the operations manager. Comments from staff included “They [registered manager] are a great guy.” Other comments included “They [management] are really supportive, I feel like they listen.” And “You can bring anything up and you know that you will be listened to.” Staff said they were confident to raise concerns they had and praised the registered manager for their openness. Staff we spoke with were motivated and fully understood what was required of them.

Staff told us the nature of the culture of the agency was open and transparent.

We spoke to a healthcare professional who told us “It’s very well-led. The management are professional.”

People who use the service and their family members told us “He [registered manager] is a nice man.” Other comments included “Yes it is well led.” And “They have done a lot for [relative’s name].”

We were able to see that team meetings were taking place; the most recent one was October 2015.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and ‘best practice’.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Action plans were formulated and followed to make sure that actions were completed. We also looked at records which confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication and peoples’ risk assessments.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.