

Realistic Resolutions LTD

Realistic Resolutions LTD T/A Support Solutions

Inspection report

Suite 7, Commer House
Station Road
Tadcaster
North Yorkshire
LS24 9JF

Date of inspection visit:
26 January 2016

Date of publication:
11 March 2016

Tel: 01937222130

Website: www.realisticresolutions.co.uk

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

This inspection took place on 26 and 29 January 2016. This was the first inspection of the service which registered in May 2015.

Support Solutions provides care and support to people who live in their own homes in York and surrounding areas. The office is situated in Tadcaster. The service is registered to provide the regulated activity personal care. The service supports younger people with complex health and social care needs, people with learning disabilities and older people, including people with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection the service supported 21 people living in their own homes and provided a total of 335 hours of care per week.

People were provided with safe care. There were sufficient staff available to meet people's needs and we were told people were provided with a consistent team of staff who they knew and trusted. Each week people were sent a copy of their rota in advance so they knew which staff would be supporting them. Staff were introduced to people before they provided support. The registered manager was committed to recruiting a high calibre of staff.

The service had an up to date safeguarding policy and staff understood how to identify types of abuse and who they should report their concerns to. The registered manager demonstrated a sound understanding of their role in relation to safeguarding adults.

Medicines were administered safely. Staff had received appropriate training and the service had an up to date medicines policy based on good practice guidance.

Risk assessments and risk management plans provided staff with detailed guidance about how to prevent avoidable harm whilst recognising people's rights and freedom.

The service worked within the principles of the Mental Capacity Act and sought consent from people before they provided support. People had been assessed, where appropriate, as being unable to make their own decision in relation to a specific issue. When this was the case best interest decisions were recorded. These involved the person, their representative and appropriate health and social care professionals.

Staff were well supported and morale was high. Staff had access to regular training, supervision and told us they were confident in approaching the registered manager at any time.

The service had developed effective relationships with health and social care professionals and understood the importance of seeking their support to ensure people received safe and effective care.

People and their relatives described a good standard of care. We saw evidence people were involved in the assessment, care planning and reviews of their care. Care reviews provided people with an opportunity to discuss the experience of receiving care as well as an update of their physical care needs.

The service had a complaints policy which people had access to and people told us the registered manager was approachable. They said they would be happy to discuss any concerns they had and felt confident the registered manager would take these seriously and resolve them.

There were effective audits and quality assurance systems in place to monitor the service and direct observations of staff took place to ensure they were delivering good care and to identify any development needs.

The registered manager was committed to ongoing service development and improvement. They recognised the strengths of the service and knew what they wanted to do to further improve the service.

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.

People told us they felt safe. Staff were recruited safely and there were sufficient staff to meet people's needs. Staff understood how to protect people from harm and knew what to do if they suspected or witnessed abuse.

Medicines were managed safely. The service had developed detailed risk assessments and risk management plans to support people from harm whilst respecting their rights and wishes.

Is the service effective?

Good ●

The service was effective.

Staff received the training, support and supervision they needed to deliver effective care. Staff were keen to develop their knowledge and skills and were supported by the registered manager to do so.

The service was working in line with the principles of the Mental Capacity Act (2005). Staff understood the legislation and sought consent from people appropriately. Where people were unable to make their own decisions we could see detailed assessments in relation to this and best interest decisions were recorded.

The service had strong links with community health care professionals and sought their advice appropriately.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared for. All of the feedback we received about people's experience of care was positive.

People's privacy and dignity were respected and staff worked hard to develop trusting relationships with the people they supported. Staff were committed to providing a high standard of care and were enthusiastic about their roles.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered with the person at the centre. Where required health and social care professionals were involved in the development of care plans.

Reviews of care were meaningful and people's views on their experience of the service were sought.

The service had a complaints policy which was accessible to people and their relatives.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and professionals had confidence in the registered manager. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the registered manager.

The service had systems in place to monitor the quality of the care provided.

The registered manager was committed to ongoing service development to ensure people received a high standard of care.

Realistic Resolutions LTD T/A Support Solutions

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.

This inspection took place on 26 January 2016 and announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

The inspection was varied out by one inspector. Before our inspection we reviewed all the information we held about the service. We reviewed all of the notifications and safeguarding alerts we had received. A statutory notification is information about important events which the service is required to send to the Commission by law.

We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any feedback. We spoke with the local authority commissioning and contracts officer from City of York Council who provided positive feedback about the service.

After the office visit we spoke, on the telephone, with one person who used the service and three relatives. We tried to speak with a further three people but they were unavailable.

On our visit to the office we spoke with the registered manager and administrator. Following the office visit we spoke with four members of staff, a specialist community nurse and a support worker from a local charity.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at four care plan records and three staff files.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care staff. One person said, "I get the same two or three carers, they're nice girls [care staff]. I trust them and things have been much better since they started supporting me." We asked relatives if they felt their family member received safe care. One relative said, "Oh yes, [name] is very safe with the carers, no problems with that. I say to them, 'Don't knock just come straight in' that's how much I trust them."

People told us care was delivered reliably and punctually, from a consistent team of care staff who they knew and trusted. A health professional supporting one person with complex needs said, "This service provides regular carers. It's very important for [name] because of the difficulty they have in communicating their needs." They went on to tell us they met with the person they supported when care staff were not present and were confident that the person was happy with their support. They said, "[Name] gets on well with the carers and trusts them. She doesn't want to lose this care package."

People were protected from avoidable harm. Staff and the registered manager demonstrated a good understanding of how to safeguard people who used the service. They were aware of the types of abuse and how to report concerns. The service had an up to date and comprehensive safeguarding policy, which offered guidance to staff. We saw safeguarding practice was embedded within the service.

All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Staff training included the changes brought in following the introduction of the Care Act (2014). This showed the service supported staff with up to date with key legislation and to understand how to apply this in practice. Staff records we saw confirmed this.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. All of the staff we spoke to told us they felt any concerns they raised would be listened to and acted on appropriately by the registered manager.

The service had general risk assessments to ensure people and staff were kept safe. We saw each person who used the service had a risk assessment in place for external events such as adverse weather conditions. This meant that during the recent flooding the service was able to provide the local authority with information about whether the support was essential. The local authority commissioning officer gave us positive feedback about these assessments.

Risk assessments and risk management plans were comprehensive and provided staff with detailed guidance to reduce the risk of harm.

Risk assessments were reviewed and updated. We spoke with a support worker from a local charity who told us the person they supported had initially required two members of staff to support them to remain safe. They told us the risk assessment and risk management plan had been developed by the registered manager who had consulted the person and other relevant health and social care professionals. This was then

reviewed, at the instigation of the registered manager, and the support was reduced. They said the registered manager was proactive and worked to ensure the person's rights were respected. We reviewed the risk assessment and risk management plan which was in place for this person. It contained very detailed guidance for staff about how to maintain clear boundaries with the person and what to do in the event of any concerns. This meant the person and staff supporting them were protected from harm, but this was done in a way which protected the person's freedom and rights.

The service had sufficient staff to meet people's needs. The registered manager was supported by a care co-ordinator and ten support staff. The registered manager explained the rota system to us and we could see travelling time was incorporated into the rota. Staff were employed to deliver a number of contracted hours per week. This meant they were paid for their travelling time. Staff told us they did not need to rush between people they supported and therefore support staff were able to provide calm support for the allocated period of time. People who used the service were sent a copy of the rota so they knew who would be visiting them to provide support. People told us staff had time to spend with them and never felt rushed. The registered manager told us the minimum call time was thirty minutes, they felt this was essential in order to meet people's needs in a person centred way.

There were effective recruitment and selection processes in place, to make sure staff employed were suitable to work with people in their own homes. The registered manager told us during the interview process support staff were asked questions about their personal values and motivation for the role of support worker. This demonstrated the registered manager recognised the importance of recruiting staff with the right values. We saw evidence of this in the staff files we reviewed. The registered manager explained they were keen to recruit staff of a high calibre.

We saw evidence that appropriate checks had been undertaken before staff began work. Each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Staff we spoke with confirmed all of these checks took place before they started work.

Medicines were managed safely. A nurse we spoke with said, "Care staff are very careful with medicines. I have observed them administer medicine via the PEG [percutaneous endoscopic gastrostomy]. This is a medical procedure in which a tube is passed into a person's stomach through their abdominal wall and is most commonly used to when people are unable to swallow food or medicines]. There were no problems."

The service had a clear medication policy which staff followed. Staff told us they underwent comprehensive training before they were able to administer medication. Once this had been completed they were observed by their manager to ensure they were competent to safely administer medication. Records we reviewed and staff we spoke with confirmed this was the case.

Accidents and incidents were recorded and reviewed to establish whether there were any patterns or trends identified. This showed the service was keen to improve, to ensure people were supported as safely as possible.

Is the service effective?

Our findings

People received effective support based on their individual needs. One person said, "They [support staff] understand me and the support I need. They check with me that they are doing what I want them to. I would recommend them to anyone."

The registered manager explained that all new staff had a thorough induction when they joined the organisation. This involved a visit to the office to meet with the registered manager who spent time explaining the values of the organisation and the expectations, both in terms of what they expected from support staff and what support staff could expect from the registered manager. New staff completed a variety of basic training which included medicines, safeguarding, mental capacity act, health and safety and moving and handling training.

Following this new staff completed 16 hours of shadowing. Shadowing involved the new member of staff working alongside more experienced staff or the registered manager. This allowed new care staff to see what was expected of them and to get to know the people they would support. The registered manager told us this could be extended if necessary to ensure the member of staff felt confident and competent to carry out their role.

The registered manager told us all of the support staff were in the process of completing the Care Certificate. The aim was that all staff would complete this within 12 weeks of working for the organisation. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. This meant people could be assured the staff who supported them were well trained and understood the importance of compassionate and effective care.

Staff completed a six month probationary period which enabled the registered manager to be assured that staff had the required skills, knowledge and approach before they were offered a permanent contract. At the time of our inspection the registered manager had only signed off one member of staff because they had only been registered since May 2015. We could see the registered manager had met with the member of staff on a regular basis throughout this period and there were detailed records of their progress. Areas for ongoing development were highlighted. This demonstrated the registered manager took the time to get to know the needs of their staff and supported them to develop their skills.

The registered manager explained the majority of internal training was on line and then staff completed an exam which the registered manager marked. The exam was attached to each certificate as a record of completion. Moving and handling training was provided by the registered manager who had completed the necessary training required to safely deliver this. We saw evidence of healthcare professionals providing additional training for people whose moving and handling needs were more complex. This meant the service recognised the need for additional support for staff to ensure they delivered effective care.

Staff were also supported to undertake external training. One member of staff had recently completed a two

week training course about Drugs and Alcohol which had been run by a voluntary organisation and a nearby local authority. This demonstrated the service was committed to developing the skills and knowledge of staff to ensure people were provided with effective support.

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice.

Staff told us they could ring the registered manager for support at any time and had access to on-call support, which was available out of office hours if they needed advice or support in an emergency. Comments from staff included, "It's amazing. The support from my manager is excellent. I have been well supported from day one. It's a lovely team and we all support each other." Another member of staff said, "I have been supported with my training, the registered manager explained things to me and helped me understand. I feel really well supported and I enjoy supervision. We talk about my practice and how we can develop. I'm looking at completing my NVQ [National Vocational Qualification] level three." Another member of staff said, "The registered manager is helping me to apply to finish my nurse training."

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. Where people were able to we saw they had signed to consent to their support plan. For people who were unable to give consent to the support being provided a mental capacity assessment was completed and a best interest decision was recorded. The service was operating in line with the principles of the Act and the registered manager and support staff demonstrated a good understanding of the legislation and how this was applied to the people they supported.

We saw evidence that the service liaised with relevant health professionals based on people's needs. Records of discussions were clear and we could see health and social care professionals had been consulted appropriately. For example one person had a detailed support plan in relation to their PEG, a health care professional had developed this with the registered manager and trained staff to ensure they were competent to provide this support. We saw another person had a detailed risk assessment in relation to moving and handling. These had been completed in conjunction with the registered manager and support workers, an occupational therapist and a physiotherapist. People and relevant healthcare professionals had been consulted to ensure the risk management plans were safe and people were protected from avoidable harm.

Is the service caring?

Our findings

All of the feedback from people, relatives and other professionals about the service was positive. A relative said, "They [support staff] are very obliging. I'm very happy with them, when they are here it means I can sleep and get a good rest. It keeps me going. I have a good rapport with them and that helps me." One person we spoke with had previously had a negative experience with a care provider and they said how much better they had found the service from Support Solutions. They told us, "They are very caring and have been a great help. Things are so much better for me since I started with them. I would recommend them to anyone."

Support staff were introduced to people before they started supporting them, and the registered manager told us they tried their best to match people and staff based on their personalities and shared interests. People and relatives we spoke with confirmed this was the case. They told us this was helpful to them and meant they felt valued and respected by the service. Support staff told us they had visited one person who was due to be discharged from a rehabilitation unit. This demonstrated the service was willing to work creatively and were committed to meeting people before their support started.

People told us support staff treated people with dignity and respect. A relative told us, "Some of the staff have perfect empathy and they just get her." They explained they had spoken to the registered manager about their relative's personality and preferences in relation to support staff and they had tried to accommodate this.

We spoke with a support worker from a charity who had supported one person for a long time. They were complimentary about the staff from Support Solutions. They said, "I am absolutely amazed how well the support has gone for [my client]. Care staff have been able to build a level of trust quickly and they have a positive relationship with [my client]." They told us the support staff had built a reciprocal relationship with the person. They said, "I am surprised and delighted at how well they have been able to support [my client], I really didn't think it would be achievable." They went on to explain the support package is now so settled that they had reduced their visits to once a week. They told us this support was keeping the person well which was a major achievement for the person and they felt the caring approach by the registered manager and support staff had contributed to this.

All of the support staff we spoke with were enthusiastic about their roles. One member of staff said, "I always treat people how I would want to be treated and I put myself in their shoes." There was a commitment from staff to provide person centred support, which was based on the needs of each individual. All of the support staff we spoke to said they would be happy for their relative to be supported by this service, if they needed this type of care. One member of staff said to us, "It's a family feel. I really love working here and I feel like I have the time to really get to know the people I am supporting."

Is the service responsive?

Our findings

People received support that was personalised and responsive to their needs. The registered manager had completed an assessment with people, and relevant others, prior to starting to provide support. This meant people could be assured the service understood their needs before they started to support them. This information was reflected in the care plans we reviewed.

Care planning documentation had recently been updated based on the person centred approach by Helen Sanderson. A person centred approach means focusing on elements of care and support that matter most to the person. People were involved in the development of their care plans. One person said, "We put the care plan together. They talked to me and asked me what was important to me."

Each care plan we reviewed contained a one page profile which provided staff with essential information important to the person they supported. These included: 'Things you need to know' and 'A little about me that you may find interesting to talk to me about.' This demonstrated the service recognised the importance of supporting the whole person, and the focus was on people's wellbeing emotionally as well as their physical care needs.

People and/or their representatives were fully involved in the review of their support. The registered manager or the care coordinator carried out a face to face review. The first review took place approximately six weeks after the support started, then at the six month stage or if the person's needs changed. The review template which the service used was person centred and ensured people were able to give feedback about their support. Questions included; 'Do staff refer to you by your preferred name? Do staff preserve your privacy and dignity and treat you with respect?' This demonstrated the service recognised the importance of recording people's changing care needs, but also ensured people were consulted about the experience of their care.

A specialist nurse supporting one person with a progressive neurological condition told us the registered manager and the support staff were proactive and responsive to the person's changing needs. They said, "The registered manager contacted me to start planning for [name's] changing needs. They asked me about training requirements for staff in relation to this and they have contacted another nurse for more specialist advice and training in this area." This demonstrated the service recognised people's needs would change and took proactive steps to ensure they could continue to meet the person's needs and enable them to remain in their own home.

People were provided with a copy of the organisations complaints policy which was included in their information pack, which people were given when the service started. The service had received one formal complaint since it had registered and this had been investigated and responded to in line with the organisation's policy. The complaints policy made reference to the duty of candour and stated, 'If the complaint is upheld you will receive a written apology and appropriate action will be taken, which you will be informed about.'

People told us the registered manager was keen to hear feedback about the service and they felt listened to and involved in their care. One relative said, "[Registered manager's name] is very positive and always keen to hear feedback. Any concerns I have raised have always been responded to well."

Is the service well-led?

Our findings

The service had a registered manager who was also the owner of the company. Staff, people who used the service and their relatives spoke positively about the registered manager and her commitment to delivering high quality support. One relative said, "[Registered manager's name] is excellent. She was here the other week to check how things are going. I wouldn't hesitate to talk to her if I needed something." A professional we spoke with said, "The service has a strong manager who has a very good understanding of the complexity of people's needs and supports the staff team to be able to meet these."

A member of staff said, "[Registered manager] is very committed and organised." Staff understood their roles and responsibilities and described being confident to discuss anything they needed to with the registered manager. All of the staff we spoke with described a culture of support and ongoing improvement within the service, which was led by the registered manager. A member of staff said, "I think you are born with the values and personality to do this job." The registered manager told us they were confident all of their staff team had strong values and worked hard to ensure people received a high standard of support. People who used the service, relatives and the professionals we contacted told us they would recommend it to others.

We reviewed the meeting minutes from a recent staff meeting. These included information from the registered manager about what the service had achieved over the past six months and the plans for the coming six months. Staff told us they felt involved in the development of the service. We could see the registered manager had discussed with the staff team the idea of applying for 'Investors in People' and had sought their feedback on this idea. 'Investors in People' is a standard for people management and defines what it takes to lead, support and manage people well for sustainable results.

The service had effective and robust systems in place to audit the quality of the care they provided to people. These included audits of the times of care calls and whether there had been any missed or late calls and medicines audits. The registered manager and care co-ordinator also carried out direct observations of staff. This provided an opportunity to assess the staff member's approach to delivering care, along with practical issues such as whether they had their identification badge and were wearing the appropriate uniform. This showed the service was committed to ensuring all staff were delivering a good standard of care.

Policies, audits and staff files were easy to follow and well organised. The organisations policies linked to the CQC key lines of enquiry and showed the service supported staff to understand the role of the regulator in striving for good care. All of the staff we spoke with were open and enthusiastic about sharing their experiences with us.

The service had registered in May 2015 and since then the registered manager told us their focus had been, "On developing a foundation of staff with a breadth of knowledge to support people to achieve good outcomes." Going forward they were looking at a variety of developments and it was clear to us they were striving for continuous improvement and wanted to provide outstanding care.

The registered manager talked to us about the strengths of the service. They said they had built strong working relationships based on trust and mutual respect with health and social care professionals. They recognised this was important to ensure people received effective care. They were proud of the support they had delivered and the outcomes for individuals. The registered manager explained to us they would be completing a satisfaction survey with people who used the service, relatives and relevant stakeholders. This was planned for April as the service would be approaching their first anniversary.

They were also in the process of installing an electronic care monitoring system. They told us they had been confident with the level of management oversight they have had with the service but now it was growing they wanted a system which would ensure the consistent care they had delivered to date was maintained. This demonstrated a commitment to ensuring people received safe and effective care and to ongoing development of the service.

The registered manager had supported a person who used the service with a complex safeguarding issue. They were able to provide us with a detailed account of the action they had taken and they had attended meetings and put plans in place to manage the associated risks to the person and their staff team. Although we saw a detailed record of the risk management plan, the records of how this had been developed were not available. In addition to this the registered manager had not notified the CQC of this incident. As this was a one off failure to notify we spoke with the registered manager about this and explained the legislation. We were confident these notifications would be made appropriately going forward.

The service provided overnight care for some people and we spoke with the registered manager about the records associated with this. They agreed these could be improved to include more detailed accounts of the support provided to people. This meant the records would allow for easier review of people's needs and information could be used for any clinical assessments which may be required.