

Recovery Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It is a specialist mental health service which provides personal care and support to adults living in their own homes. The aim of the service is to promote recovery and well-being. At the time of this inspection there were 30 people using the service.

People's experience of using this service

Staff protected people from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. Staff assessed people's needs before starting with the service. People had been involved in the care planning process, and in identifying their support needs in partnership with staff. The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There were enough staff to keep people safe.

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

Staff assessed any risks to people's health and wellbeing and mitigated these risks. Staff managed people's medicines safely and followed correct procedures to prevent the spread of infections. Staff had formed genuine relationships with people and knew them well and were caring and respectful towards people and their wishes. Staff were dedicated to their roles and in supporting people to achieve their goals and aspirations.

Staff supported people to access healthcare professionals and receive ongoing healthcare support. Staff supported people to share their views and shape the future of the care they received. Care plans provided staff with the information they needed to meet people's needs. Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

The provider and manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection:

The last rating for this service was good (published 22 September 2017).

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Recovery Support 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

Recovery Support Limited is a domiciliary care agency. It is a specialist mental health service which provides personal care and support to adults living in their own homes. The aim of the service is to promote recovery and well-being.

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 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 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, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. 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 people who used the service about their experience of the care provided. We spoke with the registered manager, the training coordinator, a quality assurance officer, four members of care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at four people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff managed people's medicines safely. At our last inspection the documents used to record staff spot checks when giving medicines lacked detail. The provider responded immediately during the last inspection to rectify this issues, and at this inspection all required documentation was in place and completed correctly. Records showed the service had liaised with relevant healthcare professionals as necessary regarding people's medicines.
- The medication policy was up to date. Staff used body maps to identify where to apply creams and training records confirmed staff received training to administer medicines safely including regular observations to ensure their competence. Managers audited medicines records regularly.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely. No one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly. One person told us, "I receive my medication safely; the carers put it out for me to take, with a glass of water." A second person said, "Even though I do my own medication the carers check the medicine and let me know if there's any damage to the blister pack that might affect the contents."

Systems and processes to safeguard people from the risk of abuse

- Staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe.
- Staff promptly reported any concerns to the local authority and other key agencies and action taken to ensure people's safety. The service had a safeguarding policy, easily accessible to staff. The registered manager took appropriate action to keep people safe and kept a record of any safeguarding incidents.
- People told us they felt safe when receiving a service. One person said, "I always feel safe when the carers come. They are polite and nice people. My property is completely safe too; everything is always in place." A second person told us, "I feel safe here, in this house, when the carers come. "

Assessing risk, safety monitoring and management

- Staff identified risks to people's safety and managed them well. Individual risks assessments guided staff on people's individual needs to help keep them safe from avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and appropriate risk assessments outlined measures to help reduce the likelihood of harm. Risk assessments explored the internal and external environment of people's homes, including fire safety.
- Staff undertook regular checks on people's care and the provider audit process identified any safety issues. The use of key safes helped to keep people's property safe; key safe numbers were confidential so only those with authorised entry to people's property had access to them.

- Any equipment used in people's homes was safely maintained. Staff understood where people required support to reduce the risk of avoidable harm. The registered manager checked the servicing of equipment.

Staffing and recruitment

- Safe staff recruitment processes were in place. At our last inspection recruitment records did not give the applicant's full employment history. The provider responded immediately during the last inspection to rectify these issues, and at this inspection all required documentation was in place and completed correctly. The provider now had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- Staffing levels were determined by the number of people using the service and their needs and adjusted accordingly. The provider had an electronic system in use that identified staff availability across the borough; this meant the service could check there were enough staff available to meet the needs of any new referrals, before accepting them.
- There were enough staff available to ensure people received timely care. One person told us, "The carers come on time or sometimes five minutes or so early, never late. The times they come suits me" A second person said, "I've never had a missed visit, in the eight months I've been with Recovery Support, and they always stay the full time. If there is likely to be some problem, they always ring me."

Preventing and controlling infection

- Staff followed good infection control practice and were aware of how to prevent and control infections. People we spoke with told us staff wore gloves and aprons when supporting them and used these as required; a stock of these was available in the office premises. One person told us, "The carers always observe the correct hygiene procedures, washing hands, wearing gloves and aprons as appropriate."
- The service considered whether staff followed good practice in relation to infection control procedures during their observations, spot checks and meetings with staff.
- Staff received training in the management of infection control and food hygiene. The registered manager carried out regular infection control audits to ensure compliance.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents.
- The provider had a system in place to analyse any incidents and accidents and the registered manager told us they would use this to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.
- A log of any incidents was in place including the action taken to reduce the potential for a re-occurrence.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff were working within the principles of the MCA. No person using the service was subject to any authorisations to deprive them of their liberty.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- Staff considered people's capacity as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required. One person said, "I certainly do spend time discussing with the carers how best they can help me." A second person told us, "We, [staff and person], always have a talk and a laugh. I'd have no hesitation in telling the carer if I thought [they] didn't understand what care I needed."
- People had signed their consent to receive care and support from the provider in their care records.

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

- Comprehensive assessments of people's needs were in place and regularly reviewed as and when required if a change occurred. Daily record logs, completed by care staff and office staff, contained a good level of detail and corresponded with people's assessed needs.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's care plans documented their preferences likes and dislikes, past life histories and background information.
- People commented positively about the service provided. One person said, "The care I receive is excellent, brilliant in fact and you can't say that of many places." A second person told us, "The care I have is excellent. The carers are very good, nice people, good friends."
- People told us care staff sought their permission and explained their tasks or the assistance they intended to provide before undertaking their care duties. One person said, "The carers always ask for my consent before doing anything for me." A second person told us, "Our routine is so familiar to both my carers and me,

that we don't need explanations, and I'm very happy with that."

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

- Staff supported some people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals. Staff kept detailed records of the support provided to people each day in relation to eating and drinking and the food preferences of each person. One person told us, "The carers make all my meals. We shop at [store name] and usually buy a mix of ready meals and fresh vegetables; they [staff] know what I like. They always leave something to eat and drink within reach, and make sure I'm comfortable."
- People's care plans included information about their nutritional needs and preferences. One person said, "We go shopping once or twice a week. I talk the carers through whatever we have to do." A second person told us, "My carer goes with me to shop. He pays, and at the end of the month the office sends me an invoice, that way there's never any trouble with receipts or change."

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs. Staff told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting including additional training in mental health awareness.
- Staff training was comprehensive and all non-experienced care staff completed the Care Certificate; these are a set of standards that staff new to social care must achieve. Staff confirmed they could do additional training to meet the needs of people.
- Staff supervisions took place regularly, and annual appraisals done. Staff confirmed these were both taking place, and that spot checks and competency checks took place. Supervision documentation was thorough and had space for comment from the staff member and areas of improvement.
- People thought staff were competent, one person told us, "The carers are well-trained, and they understand what I need as an individual person. The same carers come every time too. Sometimes staff come from the office to introduce new carers or to discuss ways of providing care."

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. Staff assessed people's oral healthcare and records showed staff encouraged good oral healthcare.
- The registered manager worked with the local authority, where applicable, to ensure they could meet people's needs before providing a care and support package.
- Advice provided by healthcare professionals was recorded in people's care plans, so staff were providing care which met people's health needs. Care plans contained professional's contact details, such as mental health practitioners and consultants.
- People we spoke with confirmed they received a good standard of care. One person said, "The carers noticed immediately when my legs swelled up; they called for an ambulance to take me into hospital."

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 has remained the same. 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 delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality.
- Regular staff members supported people, which provided continuity and familiarity. The provider put a lot of effort into matching the interests and skills of people with the staff supporting them. The service worked hard to build up trust between staff and people over time and recognised people had the right to request a change of staff if they had not been able to develop a good relationship. One person said, "The care I get is excellent. What's more, the carer who comes is brilliant. The same one comes every day, always rings the bell." A second person told us, "My carers are definitely kind and considerate, as well as respectful. I prefer to be called by a short form of my first name, so they do. It's so much more friendly."

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

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these. One person said, "I don't like walking around with someone wearing a badge round their neck, so I asked the carers to put it away, say if we go to the shops. They did that for me, and it makes me feel much better."
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- Staff identified people's communication needs in their care planning information. Staff used different approaches to ensure people were involved in care planning, for example interpreters, where this was the best way to help the person to communicate their wishes and be involved in planning their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this when supporting people with personal care.
- Staff understood the importance of maintaining people's independence and promoted this where possible. Staff encouraged people to carry out tasks they could to maintain their independence and people confirmed staff promoted their independence. One person told us, "They [staff] always let me do what I can, and they never rush me. At first they [staff] asked me what I needed but now they don't have to."
- Systems were in place to maintain confidentiality and staff understood the importance of this; the service stored people's records securely in the office premises.

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 has remained the same. 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

- People's care plans were person-centred and contained specific individual details about people and how they wanted their support to be. Care plans detailed people's likes, dislikes and preferences and detailed their strengths and areas of independence.
- The service regularly reviewed care plans to ensure all information was accurate and up to date, identifying any changing needs so that the care provided to the person was meeting their assessed needs.
- People were involved in developing their care plans before the service started supporting them. One person told us, "I helped to write my care plan and I signed it. I'm involved in its review; I think that happens twice a year." A second person said, "I can remember helping to write my care plan, but not whether I signed it or have reviewed it. I do read it sometimes, and I know I can ask to make changes."

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 service met the requirements of the AIS. Staff identified any particular communication needs as part of the process of initial assessment.
- Staff recorded people's communication needs and highlighted these in their care plans; this helped ensure staff understood how best to communicate with each person. Communication plans identified the preferred way a person communicated information, if they had a hearing or speech impairment and if any assistive technology was in place.
- The registered manager was aware of the AIS and provided adapted information for people; for example, information about the service was available in an easy to read format and in pictorial format.

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

- The service supported people to follow their interests and access community activities. Staff helped people to access services and facilities within the community using their own transport.
- Staff supported people to attend hospital, GP and other relevant appointments. One person told us, "I found that if I asked the carer nicely, he would sometimes take me to a health appointment. I'm sure the carers would notice if I urgently needed a doctor, but fortunately I've never been there."
- Depending on the urgency of people's circumstances, staff either rang the person's doctor themselves or

rang the office for support and guidance. People told us they were sure staff would notice if they needed medical attention.

Improving care quality in response to complaints or concerns

- People told us they had confidence to raise a concern if they had any problems. One person told us, "Recovery Support gave me three different numbers that I could ring if I had any concerns. I've never needed to try any of them." A second person said, "I haven't had any cause to complain so far; if I had I'd ring one of the staff at the office that I'd met. They're all kind and trustworthy."
- There was a complaints policy and procedure in place, given to people when they started using the service. Managers documented any learning from any complaints and shared these with staff.
- There were no recent complaints received by the service. Lots of historical compliments had been received; these referred to staff meeting people's needs, staff's caring attitude and staff treating people with dignity and respect.

End of life care and support

- The service did not routinely provide end of life care but would liaise with relevant professionals and support them, to ensure people got the care they needed.

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of regulatory requirements and their responsibility to notify the Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- Quality assurance systems were in place to ensure the identification of any shortfalls and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; plans were in place to address any issues identified during monitoring or issues raised at staff meetings.
- There was a clear line of staff responsibility within the service, with a team structure identified and available to all staff, who understood their roles and who they were responsible to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's ethos, vision and values were very person-centred, and the service aimed to support people to continue living independently in their own homes.
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes. One person told us, "I learned how best to use all of the equipment I have and talked the carers through how to use it safely, properly, and to suit me best. I've only rarely had to ask them to do anything differently. I have a 'helping hand' to retrieve things I've dropped, manual and electric wheel chairs, a stand-aid and sling for getting up and down, a hospital bed and a bed lever to operate it, and an air-wave mattress to make sure I don't get bedsores."
- There was an open, honest, caring and positive culture across the service, led from the top down. People told us the management team were supportive and approachable. One person said, "The service is most definitely well-managed and organised. Probably the best thing it does is to provide such good person-centred care." A second person told us, "I think the service is well managed and organised. One of the things that is really good is that you can talk to the manager if you want to. Also, that there's a meeting about once a year when you can explain over a cup of tea what sort of support works best for you."
- The registered manager was aware of their obligations under duty of candour. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff respected any protected characteristics and supported these, including sexuality, religion, race and disability. Managers sent surveys to people to assess people's level of satisfaction with the service. The most recent survey results were overwhelmingly positive and confirmed staff helped people to meet their needs.
- Staff met people's needs and worked in partnership with a range of health and social care professionals. The registered manager worked with health and social care professionals and other stakeholders to ensure the quality of care was consistently good.
- We received positive feedback from a social care professional who told us, 'The registered manager has always been very open and transparent with any issues that have been raised in the past and has always dealt with them appropriately.' Regular meetings and reviews were held with people's 'case managers' and other services involved in people's care.
- The management team had regular contact with members of staff each day and week and staff could call into the office at any time; staff regularly received feedback about what had gone well and what needed improving. Staff said they felt well supported and respected. One staff member said, "I would say the managers are approachable. I feel [registered manager name] is a good leader and this service is fantastic. Managers have a wealth of knowledge we can approach them with anything." A second staff member told us, "I feel I'm part of a team and we are all part of a 'family' because of the openness of the management team."