

Real Care Ribble Valley Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an announced inspection which took place on 23 and 25 November 2015. We had previously carried out an inspection in February 2015 when we found the service was in breach of six of the regulations we reviewed. We made requirement actions in relation to staff recruitment procedures, safeguarding people from abuse, record keeping, management of medicines, support and training for staff and quality assurance systems in the service. Following the inspection in February 2015 the provider sent us an action plan telling us what steps they were going to take to ensure all the regulations were met. They told us they would take action to ensure all the legal requirements were met by 31 May 2015. This inspection was undertaken to check that the required actions had been completed.

Real Care Ribble Valley is registered to provide personal care to people living in their own homes. At the time of our inspection there were five older people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The registered manager told us they had delegated all responsibility for the running of the service to a care staff member who they had nominated as supervisor. However there is not provision within the Act for such delegation. The registered manager also acknowledged they had not ensured this staff member was provided with training and support to be able to effectively carry out their supervisory role.

Our finding during this inspection showed the registered manager and provider had made no effort to comply with the requirements of the last inspection. We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staff recruitment procedures, systems to ensure people received safe care including the management of medicines, support and training for staff and quality assurance systems in the service

You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us they felt safe when staff from Real Care Ribble Valley Limited provided them with any care or support. They told us there were always sufficient staff available to meet their needs and that staff always arrived promptly and stayed for the correct amount of time. However, we found required improvements had not been made to the recruitment processes in the service. This meant people who used the service were not fully protected from the risk of staff who were unsuitable to work with vulnerable people.

Although the registered manager had arranged for staff to undertake e-learning training in a number of courses in April 2015 we were told that none of the staff had completed any of this training. We were told

that this was because staff had been waiting for passwords to access the e-learning system. We found that the registered manager had not taken any action to ensure staff had completed the training in a timely manner.

Although staff were able to tell us about the action they should take if they had concerns about a person who used the service, this knowledge was based on training undertaken with other employers and was not necessarily up to date. Staff had not had the opportunity to read the service's policy relating to safeguarding adults.

Although risk assessments had been completed in relation to the individual needs of people these lacked detail. There were also no plans in place to guide staff about the action to take to manage the identified risks.

The systems in place to manage the way medicines were administered to people who used the service were not sufficiently robust to protect people from the risks associated with the unsafe handling of medicines.

Although staff told us they enjoyed their role, they did not have confidence in the leadership of the service. There were no systems in place to allow the registered manager to regularly monitor the quality of the service provided.

People who used the service told us they were able to make choices about the way their care was provided. Although staff had not received training in the Mental Capacity Act (MCA) 2005, they were able to tell us how they supported people to make their own decisions and remain as independent as possible in line with the principles of this legislation.

All the people we spoke with were highly complimentary about the staff from Real Care Ribble Valley Limited. Comments people made to us included, "The staff are excellent. I feel like its personal when they are here for me", "I can't fault them [staff]. They are very caring and respectful of me when they are helping me to get dressed." A relative also told us, "[My family member] absolutely loves the staff. She thinks they are wonderful."

During our discussions with staff they demonstrated their understanding of person-centred care. Staff told us they would always listen to people to ensure they provided the care people wanted in a way which promoted people's independence and choice. All the people we spoke with told us the care provided by the service was responsive to their needs and staff always respected their dignity and privacy.

Staff provided people with the necessary support to help ensure their nutritional needs were met. People who used the service told us staff would always check if they had enough to eat and drink.

Systems were in place to respond to any complaints people might make about the service. The registered manager told us no complaints had been received since our last inspection.

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 who used the service told us they felt safe when they received care and support and that there were sufficient staff to meet their needs. However there was a lack of systems in place to protect people from the risk of receiving unsafe care.

Recruitment processes did not protect people who used the service from the risk of unsuitable staff.

People were not adequately protected from the risks associated with the unsafe handling of medicines.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Although people who used the service were confident in the skills and abilities of staff, we found there were no systems in place to ensure staff had the induction, training, knowledge and support they required for their role.

People who used the service told us they received the care they required. Although they had not received training in the Mental Capacity Act (MCA) 2005 staff were able to tell us how they supported people to make their own decisions and to maintain as much independence as possible.

People received the support they needed to ensure their nutritional needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People we spoke with provided positive feedback about the caring nature of staff.

People who used the service told us their dignity and privacy was always respected by staff.

Good ●

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to promoting people's independence and choice.

Is the service responsive?

Good ●

The service was responsive to people's needs. People who used the service told us they had choices about the care they received and that it was flexible to meet their needs.

Systems were in place to record and address any complaints received at the service.

Is the service well-led?

Inadequate ●

The service was not well-led.

Our findings showed the registered manager and provider had made no effort to comply with the requirements of the last inspection.

Although there was a registered manager in place, they told us they had delegated all responsibility for the running of the service to a care staff member who they had nominated as supervisor. However there is no provision for such delegation within the Health and Social Care Act 2008. This staff member had also not been provided with any training or support to ensure they were able effectively carry out this supervisory role.

Staff told us they enjoyed their role and worked well as a staff team. However, they told us they did not find the manager to be approachable or supportive. We also found there were no systems in place to provide staff with the opportunity to comment on and influence the quality of the service provided.

There continued to be no systems in place to monitor the quality of the service people received.

Real Care Ribble Valley Limited

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.

We told the provider 72 hours before our visit that we would be coming. This was to ensure the registered manager and staff would be available to answer our questions during the inspection. On 23 November we spoke on the telephone to two relatives of people who used the service and a member of care staff. We also visited the registered office for the service to meet with the registered manager and the staff member designated as supervisor. On 25 November 2015 we visited three people who used the service and spoke with a further member of care staff and a relative.

The inspection team consisted of one adult social care inspector. Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We also contacted the local commissioning team and Healthwatch to obtain their views about the service. We did not receive any feedback from the agencies we contacted.

During the inspection we looked at the care records for the five people who were using the service. We also looked at a range of records relating to how the service was managed; these included staff personnel files, training records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe when they received care and support from the service. One person told us, "We feel safe when they [staff] come. We are comfortable with them." A relative also commented, "I have complete peace of mind with the care they provide."

At our last inspection in February 2015 we found recruitment processes for the service did not protect people from the risks of unsuitable staff. On this inspection we found the required improvements had not been made.

We looked at the files for the three staff employed in the service and a staff member who had recently left the service. Since the last inspection the registered manager had ensured that the required checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We found that all the files contained an application form although three of these forms did not include a full employment history as required by the current regulations. One staff member told us they had been approached directly by the registered manager to offer them a position and had only completed an application form several weeks after they started their employment at the service. They told us, "I've been waiting for the manager to ask me for documents/references since I started but they haven't done so." We saw that this staff member's personnel file consisted only of an application form and a Criminal Records Bureau check which had been completed when they had worked previously in the service in 2012. The registered manager told us they had not made any further checks regarding this person's suitability to work with vulnerable people.

We noted that two of the personnel files did not contain references from either staff member's most recent employer. The registered manager had also not made any checks as to why people's employment with children or vulnerable adults had ended which is a requirement of the current regulations. This meant people who used the service were not protected from the risk of staff who were unsuitable to work with vulnerable people.

The lack of effective recruitment and selection procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us there were always sufficient numbers of staff available to meet their needs. They told us staff always arrived promptly and stayed for the correct amount of time. Comments people made to us about staff included, "They always stay for the full hour at least" and "They always stay for the right amount of time. They never rush me." A relative also commented, "Staff stay for the right amount of time or longer if [my relative] is upset."

Records we looked at showed people who used the service were provided with information about staff who would be supporting them. People told us they were always informed of any changes to the staff rota.

At our last inspection records we looked at showed none of the staff employed by the service had completed training which had been organised by Real Care Ribble Valley Limited in safeguarding adults. At this inspection we found this situation had not changed.

Although staff we spoke with were able to tell us of the correct action to take should they witness or suspect abuse, they told us this knowledge was based on training they had received with other employers and was not necessarily up to date. Although the service had a policy which provided guidance about how any safeguarding concerns should be reported, staff did not routinely attend the registered office and did not therefore have access to this information.

Care records we reviewed showed there were systems in place to assess the risks in relation to the home environment of each person who used the service although there was no evidence that this information had been regularly reviewed and updated where necessary. Although there were risk assessments in place in relation to the individual needs of people who used the service, these were limited in detail. We also noted most of these had been completed since we announced the inspection on 20 November 2015. There were also no risk management plans in place where any risks had been identified, including those related to mobility or falls. This meant there was a risk staff would not know what action they should take to manage these risks.

When we asked the registered manager about the support staff were expected to provide to a person who was identified as requiring supervision for transfers, they told us, "It will probably just be watching." This lack of clear direction for staff meant there was a risk people would receive unsafe or inappropriate care.

The lack of appropriate arrangements to ensure people who used the service received safe care and treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection we found systems were not in place to ensure the safe handling of medicines. During this inspection we found the required improvements had not been made. The action plan the registered manager sent to us following the last inspection stated that staff in Real Care Ribble Valley Limited were not responsible for administering oral medication for anyone who used the service and that staff would only administer prescribed creams. However, our review of the medication records for people using the service at the time of this inspection showed that staff were administering oral medicines prescribed for one person.

We noted there were policies and procedures in place in relation to the management of medicines in the service; these stated staff should not be allowed to administer medicines to people who used the service unless they had received training and their competence to safely administer medicines had been assessed. We discussed this with the registered manager who told us they had not implemented this system and confirmed no staff had received training in the safe handling of medicines which had been organised by Real Care Ribble Valley Limited.

We looked at the medication records for all the people who used the service. We noted all the medication administration record (MAR) charts had been handwritten. These did not contain full administration details of the medicines prescribed to people. The MAR charts had also not been signed or countersigned to confirm they were an accurate record of the medicines people were prescribed.

One of the MAR charts we reviewed was not fully completed to confirm the person had always received their medicines as prescribed. This MAR chart stated that the person was prescribed a medicine which should be given every seven days, 30 minutes before food. However the MAR chart for October 2015 showed that this

medicine had been given five times in a 30 day period, with three of these occasions taking place within an eight day period. The MAR chart for September 2015 also showed this medicine had not been administered as prescribed. We discussed this with the registered manager who told us they did not complete any audits of MAR charts and had not therefore identified any issues with how staff had administered this medicine.

When we discussed our findings with the supervisor they told us they were not always able to administer the medicine on the day it was prescribed as the person would sometimes have already eaten before staff arrived at their home and the medicine was therefore withheld. They told us they had discussed this with the pharmacist who had advised they should give the medicine on the next possible day. The supervisor told us staff would try and arrange their subsequent visits to take place at an earlier time to avoid the person already having eaten before they arrived until the medicine could be administered. However, none of these discussions or the risk management plan were documented on the person's records.

The lack of appropriate arrangements in place to ensure the safe handling of medicines in the service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there had not been any accidents or incidents within the service since the last inspection. They told us they had a 'no lifting' policy for staff which meant there was no specialist moving and handling equipment used within the service.

Is the service effective?

Our findings

All the people we spoke with told us they considered staff had the skills they required to carry out their role effectively. One person commented, "Staff seem to know what they are doing."

At our last inspection we found that none of the staff employed by Real Care Ribble Valley Limited had undertaken training since they commenced employment with the service. At this inspection we found the required improvements had not been made. The registered manager told us the only training completed by staff since this last inspection was moving and handling; this had been completed by the registered manager and one staff member. The registered manager showed us evidence that they had made arrangements for staff to complete e-learning courses in a number of topics. However, they told us no staff had completed any of the available courses. One staff member told us this was because they had been waiting for a password to access the e-learning system. Another staff member told us, "[The registered manager] did not tell us how to access the training they have paid for." The registered manager told us there was no system in place to review with staff what training they had completed.

We were told there were systems in place to provide staff with supervision and appraisal. The registered manager told us the responsibility for this had been delegated to the supervisor. Although staff confirmed they had received supervision and that records of the discussions had been made by the supervisor, the registered manager was unable to find these records for us to review. The supervisor advised us these records had been handed over to the registered manager following the announcement of this inspection.

We saw records that showed two staff had received an appraisal of their performance. However, these records were undated and lacked detail. We noted one appraisal form documented that the staff member concerned wanted to be brought up to date with training. However, there was no evidence to show what action would be taken to ensure the staff member had the up to date knowledge and skills they required for their role. During our discussions this staff member had told us they felt out of date with all their training.

We spoke with the staff member who had recently commenced employment with the service. They told us they had not received any formal induction when they started to work in the service. The supervisor told us that they had not been informed that this staff member had commenced employment. However, as soon as the supervisor became aware of this fact they arranged to spend time with the staff member to ensure they were aware of their role and the needs of the people they were expected to support. The staff member told us because of this they felt confident in their role although they acknowledged that they had not been provided with any policies and procedures to inform their practice.

The lack of induction, training and support for staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We checked whether the service was working within the principles of the MCA. We saw there were policies and procedures in place to inform staff of the action to take if they had any concerns regarding a person's capacity to make their own decisions. However, these were not readily available to staff as they were located in the office which staff did not attend.

Although only one of the three staff members we spoke with had completed any formal training in the MCA, they were all able to tell us how they supported people to make their own decisions. One staff member told us, "You can't take people's choices away from them." People who used the service told us they were always able to make choices about the care and support they received.

One person commented, "She [staff member] always gives me a choice. She doesn't make me feel like I'm old. She always asks if I want her to do something."

We asked staff about the systems in place to ensure people's nutritional needs were met. Staff told us they would always check that people had sufficient food in their fridges and that people had eaten the meals which had been prepared for them. We saw that the daily notes for each person who used the service included a record of what food or drinks staff had made for them. One person also had a diary which recorded everything they had eaten and at what time; this helped the person to remember what food they had eaten during each day. When we spoke to this person's relative they told us this system worked well and provided them with reassurance regarding their family member's daily nutritional intake.

People who used the service told us they received the support they needed from staff to ensure they ate well. One person told us, "Staff make our meals. We usually have ready meals but they [staff] would make else something if we don't want what is planned. They made me egg on toast the other day as that was all I felt like."

Staff told us that should they have any concerns regarding a person's nutritional intake they would contact the person's GP and request a referral to a dietician if necessary.

Is the service caring?

Our findings

People who used the service were very complimentary about the staff from Real Care Ribble Valley Limited. Comments people made to us included, "The staff are excellent. I feel like its personal when they are here for me", "I can't fault them [staff]. They are very caring and respectful of me when they are helping me to get dressed." A relative also told us, "[My family member] absolutely loves the staff. She thinks they are wonderful."

People who used the service told us all the staff who supported them had a good understanding of their needs. One person told us, "They know us well. They don't have to be told." A relative also commented, "I feel staff know my mum and dad well." This was confirmed by a staff member who told us, "We know people inside and out."

During our inspection we observed warm and caring interactions between staff and people who used the service. People who used the service told us staff always had time to spend with them and took an interest in their lives. This helped to ensure people felt cared for and that they mattered.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. We asked staff what they understood by person centred care. Comments staff made to us included, "It's people's choice as to how they want us to provide care" and "It's how you support each individual; not what you do for other people."

Staff told us they would always promote people to maintain their independence as much as possible. One staff member told us, "I prompt people to do as much as they can for themselves while offering reassurance." This was confirmed by our conversations with people who used the service. One person told us, "I am supported to be independent. They [staff] are always here but they don't intrude on me doing things for myself."

People who used the service told us that staff would always respect their dignity and privacy. One person commented, "When I have a shower staff show me the utmost respect." Another person told us, "I feel we are always treated with respect."

Is the service responsive?

Our findings

People told us the service provided from Real Care Ribble Valley Limited was responsive to their needs or those of their family member. Comments people who used the service made to us included, "Before they finish staff always ask if there is anything else they can do," and "They will do any little thing I ask." A relative also told us, "Any emergency staff will put themselves out and go round straight away. They manage [my relative's] confusion very well. They always go the extra mile."

We looked at the care files for the five people who were using the service at the time of the inspection. We saw the registered manager completed an initial assessment with people before they started using the service; this should help ensure staff were able to meet people's needs. Care plans included the goals people wished to achieve and some information about how they wished their care and support needs to be met.

Only one of the care records we looked at showed evidence that a review had taken place of the needs of the person who used the service. We discussed this with the supervisor who told us they would regularly discuss with people whether they were happy with their care but this was not formally documented as a review. One of the relatives we spoke with confirmed they had been involved in regular reviews with the supervisor, usually over the telephone, regarding the care their family member received. They told us they were happy that staff were always responsive to any of their suggestions regarding their relative's care package.

We saw there was information about how to make a complaint included in the documents people were given when they started to receive a service from Real Care Ribble Valley Limited. All the people we spoke with told us they were extremely happy with the service they received but would feel confident to raise any concerns they might have with either the supervisor or the registered manager. People were confident they would be listened to and taken seriously. Comments people made to us included, "I wouldn't change anything about the care I get. I would definitely recommend the service to other people", "I don't have any complaints. I never feel like a burden with staff" and "We couldn't have any better care. The staff are all marvellous."

The registered manager told us there had not been any complaints received at the service since our last inspection.

Is the service well-led?

Our findings

There was a registered manager in post at the service. The manager had been registered with CQC since October 2012. However, they told us that due to other business commitments they had delegated the responsibility for the day to day running of the service to a care staff member that they had nominated as supervisor. However there is no provision for such delegation within the Health and Social Care Act 2008. The registered manager also told us they had not provided this staff member with any supervision, training or support to ensure they were able to carry out this role effectively. This meant our findings during the inspection showed that the care people who used the service received was intuitive rather than guided by management support.

When we contacted the registered manager to announce this inspection they told us that, other than arranging moving and handling training for themselves and another member of staff and ensuring DBS checks were in place for staff, they had not made any of the improvements identified as necessary at our last inspection to address the breaches in regulations.

We asked the registered about their key achievements since the last inspection. They told us this was that they had achieved a nationally recognised management qualification at Level 3. They told us they had also not had any missed or late calls; this was confirmed by all the people we spoke with during the inspection.

At the time of our last inspection the registered manager told us that, due to a lack of staff, most of their efforts were focused on providing direct care to people who used the service rather than on required management tasks. As a result we found there were no quality assurance processes in place for the service. No satisfaction surveys had been developed and there was no plan of audits in place. The registered manager told us in their action plan that they would ensure satisfaction surveys were sent to people who used the service and a system of spot checks and audits would be introduced. During this inspection we found that a formal spot check had only been completed with two staff and no other quality assurance processes had been put in place. When we asked the registered manager about this they told us, "They just haven't been done."

Staff we spoke with told us they enjoyed their role in providing care and support to people who used the service but had no confidence in how Real Care Ribble Valley was led. The staff member who had been given the responsibility of supervising and supporting other staff told us they did not feel they were able to approach the registered manager for advice. They told us they were aware that the records in place to help ensure people received safe care were limited. However, they told us they had felt unable to raise this with the registered manager due to the lack of response they had received when they tried to discuss other matters. Another staff member told us they had not received a reply from the registered manager when they had contacted them for support. However, staff members spoke positively about the support they received from the supervisor and other members of the staff team. One person told us, "We speak to each other every day to make sure everyone is ok and that we know what we are doing." Another person commented, "I feel like I have had good support from [supervisor]."

There was no system of staff meetings in place. This meant staff did not have the opportunity to comment on the quality of the service provided.

The lack of systems in place to monitor and assess the quality of the service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.