

Residential Care Services Limited

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Inspection report

913 Harrow Road
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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 

Overall summary

We undertook an announced inspection of Residential Care Services Limited on the 28 August 2015.

Residential Care Services Limited is a domiciliary care agency registered to provide personal care services to people with learning disabilities. The services they provide include personal care, housework, assistance with medication and shopping. At the time of this inspection, there were three people using the service.

At our last inspection on 22 August 2014 the service met the regulations inspected. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [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.

Summary of findings

Safeguarding and whistleblowing policies and procedures were in place and staff had undertaken training in how to safeguard adults. Care workers were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the service. They told us “I enjoy it here. I like the job.”

People using the service and relatives spoke very positively about the service and care workers. People told us “I am happy, they are nice people” and “I am happy here. I like the staff. They are very nice.” Relatives told us “They have [person’s] care and their needs as their top priority” and “I do not have enough praise for this place.”

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. The registered manager and care workers showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. However there was limited

information on people’s mental capacity levels. The registered manager told us she would review the care plans and include the reasons why people needed specific support as part of their daily lives.

Positive caring relationships had developed between people using the service and staff. We observed people were relaxed and at ease. Relatives spoke positively about the care workers and told us they were “Second to none, absolutely fantastic”, “Invaluable and ensure continuity of care” and “On the ball and very hands on.”

People’s independence was encouraged and promoted and people were supported to follow their interests, take part in them and maintain links with the wider community.

There was a clear management structure in place which consisted of a team of care workers, the registered manager and the provider. Care workers spoke positively about the registered manager and told us “[Registered manager] tells me what to do. She listens and is a good manager. She is very supportive.”

Systems were in place to monitor and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

Good



Is the service effective?

The service was effective. People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. However there was limited information on people's mental capacity levels.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring. People and relatives spoke positively about the service.

Positive caring relationships had developed between people using the service and staff.

People were being treated with respect and dignity.

Good



Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. During this inspection, the management structure in place was a team of support workers, team leader and a registered manager.

Relatives and care workers spoke positively about the registered manager and the culture within the service.

Systems were in place to monitor and improve the quality of the service.

Good



Residential Care Services 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

We spent time looking at records in the office and visited two locations where people lived and were being supported by the service.

There were three people using the service that had learning disabilities. People were able to verbally communicate with us and we spoke to all three people using the service. We also spent time observing interaction between people using the service and staff.

We spoke with three relatives. We also spoke with the registered manager and two care workers. We reviewed three people's care plans, two staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the relatives we spoke with felt people were safe when being supported in their homes. They told us “Yes [person] is very much safe” and “[Person] is safe. They remind [person] to look before they open the door to people and they have a female member of staff that stays overnight and that’s very reassuring in case anything happens.”

The provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place and training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and the CQC.

Comprehensive risk assessments had been completed and we found they were individualised to people’s personal and behavioural needs. We found the service had also completed risk assessments for when people went outside their home and were involved in the community. Each risk assessment included a plan of action detailing preventative actions that were needed be taken to minimise risks and to help support people. For example, when a person displayed signs of challenging behaviour, there were guidelines which detailed the triggers and signs which would cause them discomfort. The social and emotional support required by staff to help the person to feel at ease was also recorded for staff to follow. Records showed the service encouraged proactive strategies to deal with behaviours that challenged or that could cause harm to people. For example one person using the service enjoyed “positive commendation” and this was a method used to encourage the person and lessen the risk of behaviours which could cause them harm or they would engage the person in an activity they enjoyed. When speaking with care workers, they showed a good understanding of the need to keep people safe and the support people would need especially with any behaviours that challenged. One care worker told us “We always try and make sure it doesn’t get to that point. We explain things to [people], and reassure them that things are okay which helps them.”

The service had also identified risks to people with particular needs with their medical conditions. For one

person using the service, records showed a specific management plan for diabetes which detailed the symptoms care workers needed to look out for and how to control the person’s sugar levels. There was also plan of action which showed what action care workers needed to take to ensure the person was safe and the risk to the person’s health and well being was reduced. We also noted from the person’s care plan a certificate which showed the person had attended Diabetes Awareness training. The registered manager told us they encouraged the person to attend the training so that they would be aware of their condition and have an understanding as to why their sugar levels needed to be monitored. When we spoke to the person, they confirmed this and also told us they knew why they had to take certain medicines.

Accidents and incidents at the service were recorded in an incident report book and incident forms were completed. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks and fire drills and testing of the fire alarm completed.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Records (MAR) sheets and found although the sheets were completed accurately, there were some gaps in one person’s MAR sheet. On some days, the sheet had been signed and other days there were gaps. We discussed this with the registered manager and she told us the gaps were there as the person took that medicine whilst they were at the day centre and it was recorded at the day centre. The registered manager told us sometimes the care workers would record that the person had taken it in the home records as well. We told the registered manager that this could cause confusion as to whether the person had taken the medicine or not and there could be a risk of medicines being administered incorrectly. The registered manager told us she would ensure that the records were only completed at the day centre and the records at the home would clearly reflect this.

There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines

Is the service safe?

appropriately. There were appropriate systems in place to ensure that people's medicines were stored and kept safely. Records showed that medicines were checked by staff during staff handover and by the registered manager.

Records showed some arrangements were in place to manage the finances of people using the service. Relatives were involved and they confirmed this. One relative told us "They [staff] are trustworthy. They get in touch for approval for holidays and any purchases they may need to make and we get updates on how much is left." The registered manager showed us records of people's monies and explained the care workers recorded all the transactions and kept the receipts. One relative did tell us that they would like more information about how the finances were managed and that it would be "Good to know." We discussed this with the registered manager and she told us she would ensure she will go through the finances with relatives on a regular and more formal basis.

We asked care workers whether they felt there was enough staff to provide care to people safely. Care workers told us the rota was set and there were no issues with getting cover. One care worker told us "The rotas are set. This is good team. We know each other well and we help each other."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for two care workers and found appropriate background checks for safer recruitment such as proof of identity and right to work in the United Kingdom had been obtained. Enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. One care worker told us “I enjoy it here. I like the job.”

Training records showed that care workers had completed training in areas that enabled them to fulfil their roles and responsibilities for example medicines, infection control, diabetes awareness, safeguarding, emergency first aid, fire safety and challenging behaviour. One care worker told us “I get plenty of training and it helps me do my job.” We looked at two staff files and saw care workers received supervision and an annual appraisal to monitor their performance.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. When speaking to the registered manager and care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. One care worker told us “When people are unable to make decisions, we need to support them, follow the appropriate procedures and involve their family.” Training records showed and staff told us they had received MCA training.

The registered manager told us all the people using the service had the capacity to make their own decisions and were able to give consent for their care and treatment. Care plans had been signed by people using the service and contained information about people’s mental state and levels of comprehension and outlined areas where people were able to make their choices and decisions about their care. Areas where people needed support were clearly identified. However it was not clear why the person would require the support and whether it was because of the person’s level of mental capacity, a particular mental health need, safety reasons or was the person’s choice to want such support provided for them. For example in people’s care plans, it stated people required “Full support from staff for their dental appointments”, “Staff support and supervision to administer medication” and “Continuous staff support and training while on community outings” but it was not clear what the reasons were for people requiring such support. We raised this with the registered manager

and she told us she would include more information about people’s levels of capacity in their care plans so it would be clearer why people needed specific support as part of their daily lives.

People using the service were not restricted and there was evidence that showed people went out and enjoyed various activities and community outings. When speaking to people using the service, they confirmed this and told us they went wherever they wanted to and there were no restrictions. One person using the service told us “I have my own mobile phone and I go to the shops on my own.”

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, psychiatrists and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicine. One person using the service told us “I have my own mobile phone, if I am not feeling well I can phone [registered manager].” Relatives told us “They take care of the health appointments and [care worker] accompanies them to the doctors” and “They always encourage [person] to speak up when they are not well. They make the appointments and accompany [person] as well if I am not able to make it.”

People were supported to get involved in decisions about their nutrition and hydration needs and encouraged to take part in the preparation of their own meals. People using the service told us “I can cook myself. I make the pasta and [care worker] makes the sauce” and “I had beef and potatoes yesterday. It was tasty.” The registered manager told us they encouraged people to cook their meals where possible to develop their daily living skills and explained that care workers helped people prepare their meals where it was needed.

We asked the registered manager how they monitored what people ate to ensure they had a healthy and balanced diet. The registered manager showed us a record was made on a daily basis outlining what people had eaten and drank throughout each day.

Records showed that any particular needs with people’s eating and drinking had been identified and any risks associated were being managed appropriately. For example, one person using the service had a particular

Is the service effective?

condition with regards to their diet. Records showed the person had been referred to a dietician and was now on a controlled diet. Measures such as regular monitoring of the person's food and drink and one to one support with their meals were in place to ensure the person ate a healthy and balanced diet and the right portions as recommended by

the dietician. One relative told us they were very happy with the way this was being managed as the person had lost weight which was having a positive impact on the person's health, well being and they were now much more physically active than they were before.

Is the service caring?

Our findings

People using the service spoke positively about the service. People told us “I am happy, they are nice people” and “I am happy here. I like the staff. They are very nice.” Relatives we spoke with also spoke positively about the service and told us “They have [person’s] care and their needs as their top priority” and “I do not have enough praise for this place.”

Positive caring relationships had developed between people using the service and staff. We observed people were relaxed and at ease. Care workers had a good understanding of the needs of the people and their preferences. One care worker told us “I am able to spend time with [person] and provide one to one support. We understand each other.” During the inspection, we observed care workers were patient and communicated well with people.

Relatives spoke positively about the care workers and told us “[Care worker] is second to none, absolutely fantastic” and “[Care worker] is invaluable. [Care worker] cares for [person] and ensures continuity of care. [Care worker] is on the ball and very hands on.”

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy. One person told us “When supporting [person], I am patient and make sure [person] is relaxed. I will knock on their door just to see that they are okay.”

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. One relative told us “[Care worker] is always giving [person] a choice and if [person] doesn’t want to do something they will encourage [person] gently. [Care worker] knows [person’s] likes and dislikes.”

People were supported and encouraged in making decisions about their care, treatment and support. All the people using the service were able to verbally communicate their wishes and were supported to express their views. One person using the service told us “I can tell my care worker what I want.” One relative told us “[Person] is very much listened to and able to express themselves without feeling there will be any repercussions” and “[Registered manager] encourages [person] to speak out and talks to [person] regularly.”

Meetings were also taking place between the people using the service, care workers, the registered manager and family members where aspects of people’s care were discussed and any changes actioned if required. When speaking with relatives, they confirmed this. Relatives told us “Yes we have the reviews and they show me the care plans. We are always kept updated” and “Yes we have regular reviews. [Person] also has an input and is involved. They give [person] advance notice which gives them a chance to think and write down anything [person] may want to discuss. It is collaborative approach.”

Is the service responsive?

Our findings

One relative told us “This is an excellent service” and “They recognise the things [person] can do. We have a healthcare provider that actually cares and meets the needs of [person].”

We looked at three care plans of people using the service. Each care plan contained a service user handbook, service user guide, a statement of purpose for the service, contract of residence and complaint procedure. The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking and community participation so people were able to receive personalised care that was responsive to their needs.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people’s care preferences were reflected and information such as the person’s habits, daily routine and preferred times they liked to wake up and go to sleep. The care plans showed how people communicated and how people’s independence was encouraged by providing prompts for staff to enable people to do tasks by themselves. On the day of the inspection, one person had come back from the local shops by themselves as they wanted to purchase some items. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. One person using the service told us “I go and do my shopping at Iceland and Asda” and “I wash my clothes and iron them. I keep my room clean.”

This demonstrated that the provider and registered manager were aware of people’s specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about people’s personal and individual needs. Care workers also told us there was a handover after each of their shifts and daily records of people’s progress were completed each day. We saw the notes detailed the support people received, medicines, what they had for breakfast, activities, general moods and well being of each person.

People were supported to follow their interests, take part in them and maintain links with the wider community. People using the service attended a day centre during the week. One relative told us “[Person] loves going to the day centre and being involved in different activities. As [person] has capacity, [person] gets involved a lot more and helps out at the day centre like a volunteer.”

Another person using the service was attending college and had enrolled for the next year. This person told us “I do a writing and numeracy course at college. I do my homework in my room. If I need any help, the college have an emergency number they can use.” During the inspection, we observed a care worker was training a person to use the laptop and improve their computer skills. The person showed us what they had typed and read it out clearly to us. We observed the registered manager and care worker gently prompted the person to encourage them, listened attentively and praised the person afterwards. One relative told us “I have seen such an improvement with [person] since they have been using this service. [Person] is on the computer and their English has really improved. [Person] speaks a lot better now and can read.”

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly reviews of people’s care plans and care provided. Records showed when the person’s needs had changed, the person’s care plan had been updated accordingly and measures put in place if additional support was required.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There had been no complaints received about the service. Relatives also told us they had no concerns about the service. One relative told us “I do not have any concerns but if I did I would speak up.”

Is the service well-led?

Our findings

One relative told us “I cannot praise this place enough. They are fantastic.”

During this inspection, there was a clear management structure in place which consisted of a team of care workers, the registered manager and the provider. Care workers spoke positively about the registered manager and told us “[Registered manager] tells me what to do. She listens and is a good manager. She is very supportive.”

Care workers spoke positively about the open and transparent culture within the service and the provider. They told us “We are free to speak. They are ready to listen.”

Relatives we spoke with also spoke positively about the registered manager and told us “She is a very lovely person. She always calls and keeps in touch. She is very kind and a very nice person” and “It is always very lovely to speak to [registered manager]. She is always very friendly and always smiling. She is approachable and you can talk to her about anything.”

Records showed staff meetings were being held and minutes of these meetings showed aspects of people’s care were discussed and staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks and audits of the service were being carried out by the registered manager. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Checks were extensive and covered all aspects of the home and care being provided was reviewed such as premises, health and safety, medication, care plans, risk assessments, finances, staff records and training. Although checks had been carried out, the lack of information about people’s mental capacity levels and gaps found in the medication records had not been identified. The registered manager did tell us that she would act upon the issues raised during this inspection. People’s care plans would be reviewed and clear guidance for staff would be in place for the recording of medicines.

Questionnaires had been sent out to relatives of people using the service. We saw that positive feedback had been received. Relatives told us “[Registered manager] is very accessible” and “There is regular contact. We are kept up to date and [registered manager] always contacts us when she needs to.”