

K and S Solutions Ltd

Ruby24hr Care and Revive Supported Living

Inspection report

Duston Foot Clinic , Unit 2
Quarry Road
Northampton
NN5 6NT

Tel: 01604946027
Website: www.ruby24hrcare.co.uk

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24 October 2022

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ruby24hr Care and Revive Supported Living is registered as a domiciliary care agency who provide care and support to younger adults and older people, including people with complex mental health and learning disabilities, living in their own homes and in supported living settings.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 2 people received personal care support from the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Incident reports did not always record how staff supported people in the least restrictive way possible and in their best interests. People were supported by enough staff to meet their care needs.

Right Care

A person's representatives told us their family member was matched with staff they liked to provide their care and support. Staff protected and respected people's rights and choices.

Right Culture

The provider and staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. The provider was committed to improving the culture where people were at the heart of everything they did.

Systems to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service and staff were not fully effective. Records did not demonstrate that incident reports were effectively overseen or analysed by the provider to ensure staff received support to reflect and discuss lessons learnt to mitigate the risk of repeat incidents. The provider had not always informed CQC of notifiable incidents.

People were supported to have maximum choice and control of their lives. However, the policies and systems did not always support this practice, as comprehensive records were not always maintained to demonstrate people received care in the least restrictive way possible and in their best interests.

The provider had not always maintained complete and detailed records in respect of staff recruitment, supervision and training. Following the inspection visit the provider confirmed the identified recruitment records had been updated and produced certificates to evidence all staff had received training in the areas identified during the inspection.

Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working alone with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There were enough staff deployed to meet people's needs. People received care and support from a consistent team of staff.

Staff followed infection control practices. Family members told us staff wore face masks and disposable aprons and gloves to help reduce the risk of cross infections.

People's needs were assessed and kept under review. Family members were involved in the assessment process. People's health care needs were documented, and staff liaised with health care professionals when required.

A family member spoke of the kind and caring approach of staff.

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 requires improvement (published 03 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received in relation to the safety of a person using the service. A decision was made for us to inspect and examine those risks.

We have identified breaches in the regulations in relation to safe care and treatment and good governance arrangements at the service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Ruby24hr Care and Revive Supported Living

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. This service also provides care and support to people living in supported living setting so that people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider/nominated Individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

The inspection activity started on 24 October 2022 and ended on 28 October 2022. We visited the location's office on 24 October 2022.

What we did before the inspection

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We were unable to visit the two people receiving care from the service, as to do so, would have caused them undue distress. We spoke with the relative of one person receiving care from the service about their experience of the care received. We spoke with the provider the administration assistant and sent emails to 12 staff inviting them to provide us with feedback on their experience of working for the service, however only one staff member responded.

We reviewed two people's care records and medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incident reports were not effectively monitored or analysed, to check staff followed personalised risk assessments when responding to incidents of physical violence.
- A person had a 'physical violence' risk assessment that informed staff to use prevention and management of violence and aggression (PMVA) techniques when responding to acts of physical violence, and that physical intervention was only to be used as a last resort.
- We identified 2 incidents when staff had recorded restraint was used to prevent the person self-harming. However, no details were recorded on how the restraint was applied, or that they had followed PMVA guidance. This meant the person could have been placed at risk of receiving unnecessary and / or unsafe restraint.
- Within the minutes of a management meeting it was recorded that following incidents staff were to have a debrief, to talk to the person and record what happened. However, records were not available of any debrief sessions having taken place following incidents. This meant opportunities were missed for staff to reflect and learn from incidents.

The provider had failed to operate effective systems and processes to monitor and manage incidents, to ensure people received safe care and treatment to prevent or mitigate further risk of harm. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where possible the person or their representative were involved in any decisions to minimise potential risk. We saw that risk assessments were in place for a person that required staff to assist them to move position using moving and handling equipment, the person's family member said they felt confident the staff knew how to use the equipment to safely support the person with their mobility.

Systems and processes to safeguard people from the risk of abuse

- During our inspection visit at the office, training records did not evidence staff had completed safeguarding training and PMVA training. Following the inspection visit, the provider sent us copies of training certificates to evidence staff had completed these key training courses. The provider said going forward they would ensure staff training records were kept up to date.
- A relative told us a safeguarding concern involving their family member had been investigated by the provider and they were satisfied with the action taken by the provider to protect their family member.

Staffing and recruitment

- Robust recruitment checks had not always been completed prior to staff taking up employment at the service. The providers Safeguarding and Child Protection Policy stated that all gaps in employment would be explored at the interview stage. However, one staff file had a gap of 11 years with no employment history recorded, which had not been identified or explored further at the interview stage. The provider responded immediately after the inspection; they confirmed all staff recruitment checks were now in place.
- Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working alone with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. People received care and support from a consistent team of permanent and regular agency staff.

Using medicines safely

- Where the provider took on the responsibility medicines were administered safely. At the time of the inspection, one person required staff to administer their prescribed medicines.
- Staff had received relevant medicines training and the provider had a medication policy and procedure.
- A family member confirmed they held the responsibility for administering medicines to their family member and that they maintained in control of the medicines administration records (MAR). They told us that if on a rare occasion staff were required to administer any medicines, they would ensure the staff had detailed instructions to follow.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training around protecting against and preventing the spread of COVID-19.
- Staff had access to enough supplies of appropriate PPE and understood the requirements around wearing it. The management team conducted regular spot checks which included checking for appropriate use of PPE.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- During the inspection site visit we found records were unavailable of the dates when staff had received training on safeguarding adults and Prevention and Management of Violence and Aggression (PMVA) training. Following the site visit the provider produced evidence that staff had received training in these key areas in July 2022. They told us they would ensure in future detailed records were maintained of staff training.
- During the inspection site visit we were told records of supervision meetings were held in individual staff files. However, we found there was a lack of evidence to demonstrate staff received supervision. For example, on review of three staff files we found, one staff member that started at the service in December 2021, had no supervision records available. Another that started at the service in September 2022 had no records of having supervision during their induction period. Following the site visit the provider produced evidence of staff receiving 1-1 supervision, they said in the future they would ensure records were maintained of staff supervision meetings.
- One staff member told us they had completed training that was appropriate to their role and responsibilities to ensure they could meet the needs of people. They also told us they felt well supported by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed and with the person and their family's involvement.
- Healthcare specialists were involved with supporting people. Information was available on the GP, dentist and optician for staff to access should they be required, and people were supported to access routine appointments.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to their food and drink likes and dislikes, including key information. For example, information from the speech and language therapist (SALT) on the level of support a person required to eat and drink safely, such as the required texture of foods and drinks to prevent any risk of choking.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Records showed staff had received training on the MCA principles.
- Best interest's decisions were in place for a person that had fluctuating capacity. For example, when staff may need to use physical intervention to prevent the person from harming themselves and / or others. We saw the decisions had been made involving specialist healthcare professionals and the person's representatives.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Systems and processes to safeguard people from the risk of abuse

- The provider had not ensured staff maintained detailed records on incidents when they had used physical restraint to prevent a person from self-harming. This increased the risk of the person receiving unsafe care and treatment and of unnecessary or disproportionate restraint being used.
- The provider had not maintained effective oversight of incidents to ensure when necessary, incidents were brought to the attention of external bodies. We found 2 incidents of a person self-harming that required hospital treatment. The incidents were not notified to CQC and no records were available of the provider consulting with the safeguarding authority to check if they fell within the safeguarding reporting thresholds. This meant people may not have received prompt specialist support to maintain their safety.
- The systems to review and monitor staff records were not fully robust. We found gaps in staff recruitment, training and supervision records, that had not been identified in the providers own audits. This increased the risk of people receiving care from staff who may not have been appropriately recruited, trained and supported to provide good quality and safe care.

The provider had failed to ensure the governance systems were effective in continually monitoring and driving improvement of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. A relative told us of a concern that had been raised,

which the provider investigated, and they had received an apology from the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The relative of one person using the service said the member of staff that provided care for their family member is a 'good fit. They said, "[staff member] is absolutely brilliant, they share the same interests and have a great rapport with [family member]."
- We saw the provider had sought feedback on the quality of the service from social workers and relatives.
- Staff meetings had taken place, to give staff the opportunity to discuss the service.
- The provider understood the importance of supporting people to be involved in and leading their care.

Continuous learning and improving care; Working in partnership with others

- The provider had recognised the need to improve the governance systems and understood they would need to implement systems to help maintain better oversight of the service.
- There was evidence of partnership working with commissioners, specialist healthcare professionals and social workers to support people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to operate effective systems and processes to monitor incidents, to ensure people received safe care and treatment to prevent or mitigate further risk of harm.</p> <p>This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the governance systems were effective in continually monitoring and driving improvement of the service.</p> <p>This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>

The enforcement action we took:

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