

Royal British Legion Industries Ltd

Queen Elizabeth Court

Inspection report

Royal British Legion Industries Domiciliary Care Agency
Royal British Legion Village
Aylesford
Kent
ME20 7SU

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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

We inspected the service on 3 December 2018. The inspection was announced. Queen Elizabeth Court is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and people who have physical and/or sensory adaptive needs.

The service is provided as part of an assisted living scheme. The scheme comprises 40 self-contained flats. Each person had their own tenancy agreement and could choose who provided their personal care. At the time of the inspection there were 38 people receiving a service from the agency. Some of the people using the service only received help with housework. Other people received assistance with personal care including washing and dressing, bathing and managing medicines. This assistance was provided by care staff completing care calls to peoples' flats on planned dates and at set times.

The service was run by a charitable body who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 11 February 2016 the overall rating of the service was, 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found that the service remained, 'Good'.

People were safeguarded from situations in which they may be at risk of experiencing abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough staff to provide care calls in the right way. Background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people. Care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. When necessary people received individual assistance to prepare their meals and they were helped to have a balanced diet to promote their good health.

Suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. People were supported to maintain and decorate their accommodation so that it met their needs and expectations.

People were supported to have maximum choice and control of their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. They had also been supported to express their views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that promoted their independence. Information had been presented to them in an accessible way so that they could make and review decisions about the care they received. People were supported to pursue their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. There were arrangements to ensure that people's complaints were listened and responded to improve the quality of care. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered persons had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who used the service, their relatives and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Queen Elizabeth Court

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 registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the scheme on 3 December 2018 and the inspection was announced. We gave the service 48 hours' notice because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to contribute to the inspection. The inspection team comprised two inspectors.

We spoke with the administrator, two team leaders and four care staff. We also spoke with the registered manager, the chief executive officer and the chairperson of the charitable organisation's management board. We looked at the care records for six people who used the service. We also examined records relating to how the service was run including the times and the duration of care calls, staffing, the management of medicines, the obtaining of consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate the service.

Is the service safe?

Our findings

People told that they felt safe using the service. One of them said, "The staff are lovely and yes I do feel very safe here in my flat."

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. There were suitable arrangements in place to ensure that people were correctly billed for the service they had received. This helped to protect them from financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. People told us that before they had moved into the service the registered manager had met with them to establish what arrangements needed to be made for them to safely receive the care they needed and wanted to receive.

People who needed help with managing medicines had been given the right support in line with national guidelines. There was written guidance about the medicines the people concerned were taking and how they should be supported to use them. Care staff had received training and had been assessed by the registered manager to be competent to safely support people to take their medicines. People told us that they were given all the support they needed so that they took their medicines in the right way.

Enough care staff had been deployed to enable care calls to be completed in line with each persons' expectations. Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service.

Suitable measures were in place to prevent and control infection. Care staff wore clean uniforms, used disposable gloves and aprons when necessary and understood the importance of promoting good standards and hygiene.

Lessons had been learned when things had gone wrong. There were robust arrangements to analyse accidents and near misses so that action could be taken to help prevent the same things from happening again.

Is the service effective?

Our findings

People told us that they were confident that the care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on very well with all of the staff and quite simply they're wonderful."

The registered manager had assessed people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. As part of this, the registered manager had suitably considered any provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. They had established if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New care staff had received introductory training before they provided people with care. Care staff had also received on-going refresher training and guidance to keep their knowledge and skills up to date. The subjects included how to safely assist people who experienced reduced mobility and how to support people who lived with health care conditions. Care staff knew how to care for people in the right way. This included helping people to promote their continence and supporting people to keep their skin healthy.

People who needed help to eat and drink enough were assisted in the way they preferred. When necessary care staff helped people to make meals and drinks. The registered persons also had systems and processes in place to enable care staff to identify if a person needed to be referred to healthcare professionals because they were at risk of choking. This was so that care staff could receive advice about how best to support them including specially preparing their food and drinks so that they were easier to swallow.

Suitable arrangements were in place so that people received coordinated care and had suitable access to healthcare resources. This included the registered manager liaising with a people's relatives if transport arrangements needed to be made for the person to attend a hospital appointment or if a doctor's appointment needed to be made on their behalf.

All the people who used the service had mental capacity and suitable arrangements had been made to obtain their consent to the service they received. People who lack mental capacity to consent to care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS) with applications being made to the Court of Protection to legally deprive people of their liberty. There were robust systems and processes to ensure that people only received lawful care.

People had been supported to maintain and decorate their accommodation so that it met their needs and expectations. The registered manager had liaised with the landlord when repairs and improvements had needed to be made.

Is the service caring?

Our findings

People were consistently positive about the care they received. One of them said, "The staff are very caring and they'll always do little extras for you without question."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. People told us about a lot of positive conversations that had promoted their wellbeing. In one of these examples a person recounted how the member of care staff always stayed for extra time so that they could have a cup of tea together and chat about events of the day. Reflecting on this the person said, "We have a good old chat and to me that's almost as important as the practical help I get."

People's privacy, dignity and independence were respected and promoted. Care staff asked for permission before going into a person's flat. All personal care was provided in the privacy of each person's flat. In addition to this, people told us that care staff encouraged them to be as independent as possible. One of them said, "The care staff aren't bossy at all. They don't take over. They leave me to go at their own place."

People told us that care staff were considerate and had made a special effort to welcome them when they first started using the service. This had been done so that the experience was positive and not too daunting. People described how care staff had asked them how they wished to be addressed. In addition to this, care staff had reassured them that the dates and times of care calls would be adjusted as far as possible to fit around their changing needs and wishes.

People had been supported to express their views about things that were important to them. Most of them had family, friends or solicitors who could support them to express their preferences. For other people the registered persons had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that the care staff provided them with all the assistance they needed. One of them said, "The care staff are very reliable and turn up within a few minutes of the planned arrival time. They don't rush and always provide me with the help I need. I've no complaints."

People told us that they received a wide range of practical assistance that met their needs and expectations. They also said that care staff had carefully consulted with them about the care they wanted to receive and had recorded the results in an individual care plan. The care plans presented information in large print so that it was accessible and supported people to make and review decisions about the care they received. The care plans had been regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

People were supported to lead the everyday lives they had chosen for themselves including pursuing their hobbies and interests. Care staff had been given training and guidance about how to respect people's individuality. This included recognising that some people wished to be supported to meet their spiritual needs through religious observance. They also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. There was a procedure for the registered persons to follow to ensure that complainants were kept informed about how their concerns were being addressed. Since our last inspection the registered persons had not received any formal complaints.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and their relatives to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and about how they wished their life to be celebrated.

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "I think that the service is very well run indeed. I get all the care I need from staff I know and trust."

There was a registered manager in post who together with the chief executive officer of the charitable body had promoted a person-centred culture in the service. They had also enabled the service to comply with regulatory requirements.

Care staff were clear about their responsibilities. This included there being a senior member of staff on call during out of office hours to give advice and assistance to people who used the service should it be needed. Care staff had been invited to attend regular staff meetings to develop their ability to work together as a team. This helped to ensure that care staff were suitably supported to care for people in the right way. Furthermore, care staff had been provided with up to date written policies and procedures to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. We saw that quality checks had regularly been completed to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and care staff had the knowledge and skills they needed. In addition to this, people who used the service had been invited to make suggestions about how the service could be improved.

It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.