

RV Extra Care Limited

RV Care Limited (Somerset)

Inspection report

Avonpark
Limpley Stoke
Bath
Avon
BA2 7FF

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 4 October 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to older people living in their own homes within Avonpark retirement village.

Not everyone using RV Care Limited receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', and help with tasks related to personal hygiene and eating. For people who receive a regulated activity, we also take into account any wider social care provided.

In August 2017, there was a change in legal entity. This was because RV Care Limited was purchased by another organisation, HC-One. The agency did not however change its name and continues to be known as RV Care Limited. Due to the change in legal entity, this was the agency's first inspection.

There was a new manager in post. They were in the process of becoming the registered manager. 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. The manager was available throughout the inspection.

The manager had started employment at the service, three weeks before the inspection. During this time, they had spent time with people, their relatives and staff to determine what the agency did well and what needed further development. As a result, an action plan had been devised.

People's medicines were not always managed safely. Staff had not fully completed the medicine administration records, after giving people their medicines. This did not show people had received their medicines, as prescribed. The gaps in the records had been identified but sufficient action had not been taken.

People's support plans varied in content. Some aspects were detailed but other areas contained limited information. The manager and senior management had identified this and a new support plan format was being introduced.

People were assessed before being offered a service. This ensured the agency could meet their needs. People were encouraged to make decisions and direct their care. This included choosing what support they wanted and when. People could have assistance with meal preparation and were encouraged to remain healthy. This included accessing health care, as required.

People and their relatives were happy with the service they received. People were supported by the same members of staff, which ensured consistency and established relationships. There were no concerns about

missed or late visits.

Staff treated people with kindness and compassion. Their rights to privacy, dignity and respect were promoted. People were encouraged to give their views about the service and knew how to make a complaint.

There were enough staff to support people safely. More staff were being recruited to accommodate the planned growth of the service. The manager was increasing the agency's profile and in time would restart support within the wider community.

Staff received a range of training and felt supported in their role. They were aware of their responsibilities to identify and report a suspicion of abuse.

We made one recommendation to ensure further focus was given to the management of people's medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff did not always sign the medicine administration records when administering people's medicines.

There were enough staff to support people safely.

Systems were in place to minimise the risk of infection.

New staff were recruited safely.

Is the service effective?

Good 

The service was effective.

People were encouraged to make decisions.

Staff were well supported and received a range of training to equip them to do their job effectively.

People received good support to meet their health care needs.

Is the service caring?

Good 

The service was caring.

Systems were in place to ensure staff treated people with kindness and compassion.

People and their relatives were complimentary about the staff.

People's rights to privacy, dignity and independence were promoted.

Is the service responsive?

Good 

The service was responsive.

A new support plan format was in the process of being implemented.

People were involved in developing their support plan.

People received a reliable service which met their needs.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a new manager who was in the process of registering to become the registered manager.

There was a caring ethos which was adopted throughout the team.

The manager had systems in place to ensure the development and expansion of the service.

RV Care Limited (Somerset)

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.

The inspection took place on 4 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be in.

This inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

To gain feedback about RV Care Limited, we spoke to five people who used the service, and three relatives on the telephone. We spoke with the registered manager, two senior managers and three staff. We looked at people's care records and documentation in relation to the management of the agency. This included quality auditing processes and staff training and recruitment records. After the inspection, we contacted two health and social care professionals for their views of the service. One health and social care professional responded.

Is the service safe?

Our findings

Medicines were not always safely managed. Not all staff had followed procedure and appropriately signed the medicine administration record, when administering people's medicines. This did not show the medicines had been administered as prescribed. The shortfalls within the medicine administration records had been regularly identified. However, action to address the shortfalls was insufficient, as the records remained uncompleted.

The medicine administration records showed clear instructions, to enable staff to appropriately administer each medicine in tablet form. However, one record showed a pain relieving gel, which was to be applied "as required". There was no further guidance to clarify what this meant in practice.

We recommend further work is undertaken to address the shortfalls in the recording of people's medicines.

Support plans informed staff how the person liked to take their medicines. This included placing the medicines in a person's hand, before they took them, without water. Records showed staff had received training in the safe management of medicines.

Risks to people's safety had been identified. This included those associated with the environment and the risk of falling. However, the information, including any action required, was not easy to follow. The manager and a senior manager told us they had reviewed the format of the risk assessments and had identified improvements could be made. They told us new documentation was in the process of being implemented.

The agency did not use an electronic system to monitor people's support. This meant there was a reliance on the person to notify the office, if staff did not arrive to support them. If they did not do this, there was a risk the missed call would be undetected until the person's next visit. The manager told us, particularly as the service grew, consideration would be given to a more formalised monitoring system. They said at present, this was not required. Staff agreed with this. They told us communication within the team was good and they knew who they needed to support and when.

Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. They said they would raise any concern with the manager or senior managers within the organisation. If their concern was not addressed or taken seriously, staff said they would inform external organisations. This included the local safeguarding team.

There were posters in the office which increased the awareness of abuse. Staff told us they had completed safeguarding training and abuse was discussed in one to one meetings with their manager. Records showed staff had been given a copy of the whistle blowing procedure. Contact details of agencies such as the police and safeguarding team, were prominently displayed on the front of people's support plans.

People told us they felt safe. One person told us, "I get sent a list every week so that I know who is coming and when. It's comforting to know that everything is organised and therefore I don't have to worry." Another

person said, "We've never had any concerns about the safety of any of our belongings and I would trust any of the carers with anything that is here in our home." One person told us, "I just tend to leave things about everywhere, but as far as I'm concerned, nothing has ever gone missing or got broken during all the time the carers have been coming to me."

There was a small team of staff, which was sufficient to support those people who currently used the service. The team consisted of three home care support staff, a field supervisor, a senior field supervisor and an administrator. The manager told us the small team enabled consistency, as people knew all of the staff well. One person confirmed this. They told us, "As far as I'm aware, there is only a smallish number of carers anyway who work for the agency, and I think to be fair, I've met all of them." The manager told us staff covered for each other at times of sickness or annual leave. They said if there were any difficulties with this, office staff would assist where needed.

Safe recruitment practice was being followed. All applicants were required to complete an application form and attend a formal interview. References were gained from previous employers regarding the applicant's character and work performance. However, within one reference, the dates of an applicant's job role, did not coincide with what was written in their application form. There was no evidence to show this had been considered. The manager told us they would look into this. All applicants had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff were aware of how to minimise the risk of infection and had access to disposable protective clothing, when required. Records showed staff had undertaken infection control training. Posters were displayed in the office to demonstrate good hand washing techniques.

People confirmed staff were mindful of infection control. One person told us, "I've never had to remind any of them about washing their hands or using their disposable gloves and aprons. They put all the rubbish into a bag, which is then knotted, and put in the main bin for me on their way out." Another person told us, "They all have ample supplies of their gloves and aprons and they always use them. Their uniforms are always very clean and they wash their hands, as soon as they come in, before they start doing anything."

Is the service effective?

Our findings

People were assessed before it was agreed a service would be offered to them. Each person was given the opportunity to discuss their needs, preferences and expectations of the service. This information was then used to develop a schedule of visits and a plan of preferred support. One person confirmed this. They told us, "I remember meeting a lovely lady who came and sat and chatted to me about what help I needed. She asked me lots of questions about my health and also about when I would like the visits and what I would want help with, each time the carer was here." The person continued to say, "We also talked about times and I explained that I'm an early riser and that I would like an early morning call, which she said was not a problem. I think after we'd met, I got sent a copy of the care plan which has everything in it which we talked about. It's kept here in my folder."

Staff received a range of training to help them do their job effectively. This included topics such as fire safety, first aid and moving people safely. One member of staff told us, "We're doing a lot of training at the moment. We do courses on the computer but I've also got videos to watch and then we do work books. I recently did medicine training and manual handling." Another member of staff said, "We've had double the lot of training really as we've had RV Care Limited training and now have HC-One training. It's been good." A senior manager told us the HC-One training complemented the training staff had already completed, as there were additional topics to cover. This included subjects such as sepsis and urinary tract infections.

People told us staff had the knowledge and skills to support them. One person told us, "All the girls are lovely. Well trained, friendly, polite and caring. Because I know all of them and they know me, they just get on and do things how I like them to be done." A relative told us, "I have just been very impressed with how attentive they are to my [family member], their condition and their needs. If they are ever concerned about anything, whether that's a mark on [family member's] skin or overall temperature or anything like that, they will mention it to me straight away."

Staff told us they felt supported in their role. One member of staff told us, "You can ring or just pop in if you need anything. They're really good." Another staff member said, "I was allowed to come in and use the computer in the office to do my training. It was really useful as I could get help at the same time, if I needed it." Staff told us they had met with the manager more formally to discuss their role and any training they felt they needed. Records of these meetings were maintained.

People were supported with meal preparation if needed. One person told us, "A carer has started coming in at lunchtime now to help me with my meals. She will usually tell me what I have in the fridge. When I've decided what I fancy, she will heat it up in the microwave and usually make me a hot drink while we're waiting for it to cook. I don't always feel like a big meal every day, and if I don't, the carers will usually either make me a sandwich, or warm me a bowl of soup depending on what I feel like."

Staff told us they always asked people what they wanted for their meal. One member of staff told us, "I might ask, would you like cottage pie or sausage and mash, or something else?" The member of staff continued to tell us, "Some people like us to cook, others like microwaved meals. It's up to them. They can

have what they like." Records showed one person received their lunch from the restaurant in the retirement village. A member of staff delivered this to them.

The manager told us involvement from health care professionals varied according to the person and their needs. They said if a person had new equipment to assist with their mobility, specialist advice on its use, would always be sought.

People told us they did not generally need any help with managing their health care and were able to arrange any appointments they needed. However, staff could offer support in this area if required. One person told us, "I can arrange to see a GP, or a nurse or even the chiropodist or optician through the village here. I like the fact they will come to me, so that I don't have to worry anyone in the family to take me to lots of different appointments."

Staff told us the size of the agency and the proximity of people within the village, meant they could do additional monitoring visits to ensure wellbeing. The manager confirmed this and said, "We can just pop back later in the day if we'd seen a person wasn't well or a bit under the weather." One member of staff told us supporting people regularly enabled them to identify any changes, which could warrant a GP's visit.

Staff told us they enabled people to be as independent as possible. This included encouraging people to do what they could for themselves whilst helping with what they found difficult. One member of staff told us assisting people with their personal care in the morning, enabled them to get on with their day.

People could have help with managing their home, if this is what they wanted. One person confirmed this. They told us, "Someone comes and does some cleaning for me every week because I really can't manage on my own any more. They will also make sure my bathroom and kitchen have a good clean as well."

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

Records showed people had given their consent to aspects of their care and treatment. This included sharing information which was held about them, with other professionals.

People told us they were encouraged to make decisions about their care and what they wanted staff to do. One person told us, "I might be getting on a bit, but I certainly like to make all my own decisions. When my carers come, if I don't feel like doing anything one morning, then I don't. My carers will usually ask me if I feel like a shower or whether I just want to strip wash instead and they never pressurise me to do anything I'm not comfortable doing." A member of staff told us, "I try and let people make decisions such as what to wear, what to eat, what they want me to do and what order they want things done in."

Is the service caring?

Our findings

People were treated with kindness, compassion and respect. The manager told us this was ensured by staff having the right values, undertaking relevant training and being observed whilst at work. Records showed such training included cultural diversity in ageing and dignity in care. One member of staff told us the interactions they had with people were built on respect. They said they respected people's older age and the privilege of working in the person's own home.

People were complimentary about the staff. One person told us, "They are all very polite and they will definitely listen to what I'm saying because they know I like things to be done in a certain way. We usually have a bit of a laugh and a chat while they're here, which is nice for me, as I love company." Another person told us, "It doesn't matter whether they're relatively young carers or more mature ladies, they are all very polite and mindful of the fact that I am much older than them. They will always listen to me and are very willing to do anything that I need." One relative told us, "We find all carers punctual, polite and very pleasant. They look after [family member] very well."

The service had received a range of written compliments about the service. One compliment stated, "Thank you for being such a caring and committed team. You make such a difference to people at a time in their lives when they feel most vulnerable. My [family member] often said how wonderful all the staff at Avonpark were." Other comments included, "Felt secure and able to ask for help at any time" and "A massive thank you to the care team and thank you for your flexibility." The manager told us in addition to a "compliments" folder, they wanted to introduce a "success" folder. This was to recognise the good work staff undertook. They gave an example of staff supporting a person to have a shower after they had previously declined on many occasions. They told us, "This was really a success story and down to the staff working with the person."

People told us they were encouraged to give their views about the support they wanted from the agency. They said they were involved in the development of their support plan and had regular reviews, to ensure their support continued to work well. One person told us, "We actually had a review this morning, when we went through the care plan to see if there were any changes needed making." Another person said, "When I've had a review meeting I am asked if there's anything I'm not happy with, but so far everything has worked quite smoothly."

People's rights to privacy and dignity were promoted. One member of staff told us, "We always ensure all doors and blinds are shut before we start providing care. If we are washing a person's top half, we make sure their bottom half is covered and vice-versa." The manager told us to promote dignity, a small flower had been printed on the support plan of those people living with dementia. They told us, "Staff know what the flower means, its better than a label, as it promotes the person's dignity." However, an assessment format, used "wandering" as a term to ask about a person's health condition. The manager told us they had identified this was inappropriate. They confirmed it would not be part of the revised documentation that was being implemented. There were posters in the office to remind staff of their responsibilities regarding privacy and dignity. This included, "Think Privacy – It's in your hands."

Is the service responsive?

Our findings

People had a support plan, which they were involved in developing. However, the level of detail within the plans varied considerably. One plan stated the person could become 'forgetful and confused' but there was no detail about what triggered this or how it presented. The information stated staff were to reassure the person yet successful ways to do this were not identified. Another plan stated the person would often question why staff were supporting them. A response to enable a consistent approach from staff, which reassured the person, was not stated.

Health conditions were identified within the person's support plan. However, the impact of the conditions, was not expanded upon. For example, one plan identified the person had a cataract but there was no information about what they could or could not see. Another record showed the person experienced depression. Details of this, including possible triggers were not stated. One person had a condition which impacted on their mobility. Other than the use of equipment, aspects of the condition were not expanded upon.

Some aspects within support plans were more detailed. For example, one plan gave clear information about the support a person needed to shower. This included information such as what type of shower gel the person used. The plan informed staff what the person liked to be called and there was information about their interests and hobbies. This provided staff with various topics to promote and enhance conversation.

The manager and a senior manager told us they had recognised improvements were required to people's support plans. They said as a result, all plans were being rewritten using a new format, following consultation with people. The replacement of people's support plans was clearly identified within the agency's action plan. The manager told us health conditions, which had been inappropriately grouped together in the assessment format, would not be included in the new documentation.

People were happy with the support they received. One person told us, "I like the fact that all of the girls are lovely and nothing is ever too much trouble for them. I never feel guilty about asking them to do any extra jobs. They just want to make sure that I'm comfortable and have everything that I need for the rest of the day." Another person said, "They do the jobs they need to do for me. We usually have time for a bit of a chat and then once they've filled in the records, they will head off to their next client." One person told us, "They always ask me if there is anything else they can do by way of supporting me. We are very grateful to have them."

People knew who would be arriving to support them. This reduced anxiety and ensured consistency so that relationships could be built. One person told us, "They are all lovely and they all know me quite well now, as I do them. I have a list come every week so I can see who should be coming and when. There are sometimes changes to it because of carers becoming ill or suddenly needing days off, but overall it is very accurate." Staff confirmed they supported the same people unless they provided cover for staff sickness or annual leave. One member of staff told us, "I go to the same people, at the same time each day. It's great as you get to know people and their families. You can have a good chat and pick up on any changes. Going to the same

people is so much better than supporting people you don't know. It's better for them too."

People told us staff were rarely late for their support. One person told us, "It has only been on a very rare occasion that a carer has been running late, and when that has happened, someone has always contacted me from the office to let me know what was happening." Staff told us they arrived at a person's property on time, unless there had been an emergency. One member of staff however, told us their visits were "back to back". They said this meant, whilst it only took a minute or so to walk to people, if they were late leaving a person, a knock-on effect would follow. The member of staff told us, "A small gap between people would make all the difference."

The manager told us they were able to accept care packages, to support a person at the very end of their life. At the time of the inspection, there was not a need for this type of care. The manager told us staff would receive additional palliative care training, if supporting a person at the end of their life. In addition, support would be gained from the local hospice and GP as required. The manager told us end of life care was recognised as a specialist area. They said they would ensure the person had a specific team to enable consistency and good knowledge of the person's needs.

People knew how to make a complaint if they were not happy with the service they received. One person told us, "I know there is a leaflet in my folder that explains about complaining. If I did have any problems, then I would probably phone the office and ask to speak with one of the managers in the first instance. I would hope that any concern could be resolved that way without having to resort to making a formal complaint." Another person said, "If I had any concerns, I would ask my [relative] to call the agency and talk to one of the managers about my problems. At my age, I really don't like complaining anymore. Thankfully I have been very satisfied with the service they provide me." One person told us, "If I was concerned about anything, I'd ring the office. There's a lovely lady called [staff's name], who I've spoken to in the past and who's always been very helpful."

Is the service well-led?

Our findings

At the time of the inspection, the manager had been in post for three weeks. They were in the process of registering with the Care Quality Commission to become the registered manager.

The manager told us their induction had been positive and they had received good support from senior managers. The manager said they felt comfortable with asking questions and were encouraged to voice their opinions and be open whilst doing so.

The manager told us during their time in post, they had been reviewing management systems and getting to know those involved in the service. They had recruited new staff and were increasing the profile of the agency. This was through discussions and visiting different services within the village. Attention was being given to the introduction of new support plans, to clearly capture people's needs.

The manager told us they had spent time looking at what the service did well and how it could be improved upon. They said people had been encouraged to give feedback about the service but this would be further developed once they had settled into their position. The manager told us, in addition to feedback, the quality of the service was monitored through observing staff whilst they worked. They said they were looking to increase the frequency of these observations to enable them to be more effective. Records showed the provider had undertaken some audits to assess the quality and safety of the service. However, these were not recent. A senior manager told us they would investigate this as the audits would have taken place.

There was a clear vision for the future of the service. The manager told us new care packages were not being accepted until the identified improvements had been made. They said focus was also being given to supporting people in the village, rather than the wider community. This had meant withdrawing from a local authority contract, so safety could be assured. A health and social care professional told us this withdrawal had been done sensitively and effectively. The manager explained they had plans for the agency to grow, once all improvements had been made. They said any growth would be carefully planned to ensure each new care package was undertaken successfully.

A clear staffing structure was in place. The manager told us staff were aware of their responsibilities and focused on providing good support. They said staff were experienced and had concern for people. There was an 'on call' system to enable staff to receive support and advice "outside of office hours." Staff told us this worked well.

There was positive feedback about the new manager. One member of staff told us, "She is so lovely and so kind. She'll help you and is so supportive." Another staff member said, "She's like a breath of fresh air. She's young, enthusiastic and passionate about what she does. She'll be really good for here. It's just what we needed. She's a real bonus." Another comment was, "She has a lovely manner. It feels like she's been here for ages. She doesn't panic and keeps calm. She wants things to be good for people."

One member of staff told us the manager supported staff well. They told us, "She's getting staff together as a

team which is really good. We always lone work so don't get to see anyone. It's a nice thought to get staff together." The manager told us they felt staff support was important. Due to this, they said were planning to increase the frequency of staff meetings and one to one staff supervision sessions. The manager told us they were now part of the village's morning "flash" meetings. These were held each day and attended by the heads of departments, across the whole village. The purpose was to meet briefly to discuss key aspects of the day.