Revidge Support Living Ltd

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Inspection report

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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 carried out this inspection on 03 February 2015 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service is registered to provide personal care for people who have a learning disability. On the day of the inspection the service provided support for two people who had a learning disability and lived with their families.

We last inspected this service in 10 September 2013 when the service met all the standards we inspected. This unannounced inspection took place on 03 February 2015.

Summary of findings

The service had a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. One person we spoke with said she felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Although the service were not responsible for looking at people's mental capacity and the two people we spoke with had capacity, staff had been trained in the Mental Capacity Act (2005) and should be aware of when a person needed to have a deprivation of liberty safeguard hearing to protect their rights.

People who used the service were taken on suitable outings and from the evidence we looked at were trying new activities to be more comfortable in the community. People were also supported to improve their life and communication skills.

There was a suitable office which contained sufficient equipment to operate well. There was a room for training if required.

The two staff were not responsible for administering medicines but had been trained to do so should medicines be required.

Plans of care were personal to each person and updated regularly. People who used the service or a family member had signed the forms which were kept up to date by staff who wrote what they did for each person daily. The registered manager audited the plans of care to check on the quality and content of them.

Risks to people who used the service and members of staff were identified and managed safely.

People who used the service were supported by the same staff member on one to one support. This meant staff knew them well and could communicate with each person in their chosen way. Staff said they had looked after them for so long they now knew what people wanted.

People who used the service had access to the complaints procedure but did not have any concerns. There had not been any complaints made to the Care Quality Commission since the last inspection

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?

Good

The service was safe.

There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used the Blackburn with Darwen adult safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff who administered medicines had been trained to do so.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were given a choice of food to help ensure they received a nutritious diet. All the people we spoke with said food was good.

Is the service caring?

Good

The service was caring.

Both people who used the service thought staff were helpful and kind.

We saw that in the plans of care people had been involved and helped develop their plans of care. Their wishes and preferences were taken into account. The plan was supported with the use of pictures to help people who used the service understand them.

Both people who used the service received one to one support. Staff understood them well after caring for each person for some time and understood their communication difficulties.

Is the service responsive?

Good

The service was responsive.

People who used the service, or where appropriate a family member were involved in their care and care plans. Plans of care contained sufficient personal information for staff to meet people's health and social needs.

The aim of the support provided was to stimulate people and access community facilities. People were supported to attend activities where in the past they had not been able to. Activities included outings such as going bowling or to places of interest but also to perfect life skills. One person in particular was responding well to the one to one care.

Summary of findings

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

During meetings and by sending out questionnaires the service obtained and acted upon the views of stakeholders, families and people who used the service.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

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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 checked 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.

This unannounced inspection took place on the 03 February 2015.

The membership of the team consisted of one inspector. We did not ask for assistance from an Expert By Experience due to their only being two people who used the service and we met them both.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request a 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 any improvements they plan to make. This was because the provider would not have had sufficient time to complete the PIR. We asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

This service supports two people who live with their families in their own homes. Staff provide support and respite relief for the family members as well as social activities for the two people they care for. During the inspection we observed support for the two people in their day care centre, which is part of a care home for people who have a learning disability. We looked at the care and medication records for both people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We spoke with the two people who used the service, two staff members and the registered manager.

Good

Is the service safe?

Our findings

Both people who used the service said they felt safe with staff. One person commented, “They are nice to me. They look after me when I need.it. I feel safe with my care staff.”

Both staff we spoke with had been trained in safeguarding procedures to recognise possible abuse. There was a whistle blowing policy for staff to feel confident they would not be penalised for reporting concerns and a safeguarding policy. The safeguarding policy told staff what constituted abuse and how to respond and report any concerns. The service also had a copy of the Blackburn with Darwen safeguarding procedures to follow local protocols. There had not been any safeguarding issues since the last inspection.

Both the people who used the service had one to one support from a member of staff. No person who used the service required two staff for care but may for transport. An arrangement was usually made with people’s families. Staff had been trained in how best to deescalate unsocial or aggressive behaviour. Both staff members said they no longer had to use communication aids because they knew what people wanted after caring for them for some time.

Family members were responsible for giving medicines although both staff members had been trained in medicines administration. There was also a policy for the administration of medicines for reference.

We looked at both plans of care during the inspection. Each person had individual risk assessments dependent upon their needs. The assessments were for people’s conditions such as epilepsy or environmental, for example travelling in cars or public transport. Risk assessments were developed to keep people safe not restrict them from their chosen activities.

We looked at the files of the two members of staff. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

There were policies and procedures in place for the prevention and control of infection although this was only for the time staff were supporting people who used the service. Members of staff told us they had received training in infection control and although not required currently for the two service users, they had access to protective equipment such as gloves and aprons.

Equipment in the office had been tested to ensure it was safe. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order.

Good

Is the service effective?

Our findings

Both the people we spoke with said staff were reliable and came to support them at the agreed times. One person said, "The staff turn up on time for me." Each person had a timetable for their activities which was monitored by the registered manager.

The two people who used the service ate with their families at home unless on an outing with staff. There was a record of people's preferences and special diets in the plans of care. Staff were not responsible for the day to day diets of people who used the service. Staff had undertaken food safety training for preparing the lunch time snacks of the people they supported. Both the staff we spoke with were aware of the cultural dietary needs of the people they supported. Staff took people out for lunch as part of the activity program. One person told us, "I help make my own food. I can choose what I want to eat and drink. I had rice for lunch and it was very nice. I go out for lunch. They make sure I get the right diet."

The registered manager told us, "If we thought someone was not eating well we would talk to their families. If we thought people were still at risk we would contact their GP or a speech and language therapist or dietician." The service used the national institute for clinical excellence guidelines to help spot and prevent choking.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Both the people who used the service had capacity to make their own decisions. Staff were aware of how to access the advocacy service if they thought it necessary. An advocate is an independent person who will act to protect a person's rights.

There had not been any new admissions to the service since registration with the Care Quality Commission. We looked at the admissions procedure and paperwork which would be suitable for any new person who wanted to use the service. This is however unlikely due to the way domiciliary services are commissioned. The registered manager spoke about registration because both people who used the service no longer required personal care. People were also supplied upon admission with information about the home. One document called the service user guide told people what the service provided, such as staffing qualifications, facilities, services and other items like how to complain.

We inspected both plans of care. Plans of care were highly personalised and words were supported with the use of pictures to help people easily understand them. Plans contained good past histories in documents called a 'Bubble pen picture' which told us what people liked and who they had contact with, where they wanted to be supported and what they wanted out of the support such as developing skills. One person had signed her own consent to have her photograph taken and had been involved in developing the plan of care. A family member signed both documents for the other person who used the service. The agency used photographs to support the plan and included the entrance to the service, the office and other key areas. There was also a getting to know me document which told staff how best to communicate and what people liked or disliked and who they wanted to see. This document also listed people's abilities which were reinforced with the use of photographs to remind them of any progress.

Family members were included in any progress and had commented, 'We have seen improvements and look forward to seeing more and hopefully more independence. We are organising a plan for what she will do at home supported by the agency and staff when under their care. The plans of care showed that both people who used the service were progressing under the regime of support.

Family members were responsible for helping their relative attend appointments although the registered manager said they would help out if required.

No new staff had started for some time because no new service users had joined the agency. The agency was tied in with a care home and staff could be delegated from there should a regular member of staff not be available. Because both people who used the service called in and sometimes stayed at the home they were familiar with all the staff members who looked after them.

Good

Is the service effective?

We looked at the staff training matrix. Staff had been trained in topics such as moving and handling, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. Certificates were available for inspection in the two staff files we looked at. Other training staff undertook included epilepsy awareness, the mental capacity act, deprivation of liberties safeguards, diabetes and autistic spectrum disorders. Most staff had achieved a recognised health and social care qualification. Staff we spoke with confirmed they had access to a lot of training and felt sufficiently well trained to perform their roles. One staff member said, "I think there is a lot of training and I think there is enough to meet people's needs. The epilepsy training was especially useful."

Staff were also supervised regularly and staff said, "The manager is very supportive. There is a good staff team. We have supervision on a regular basis and you can bring up training or any topic you wish. The manager is always here to talk to. There is always an experienced member of staff on duty" and "We have regular supervision but you can talk to the manager when you want."

Good

Is the service caring?

Our findings

Both the people we spoke with thought staff were nice and we observed the interaction between them and their staff member. The rapport was good and very friendly. One person said, “I mainly have the same carer and she is great. I like doing things for myself and she helps me do this.”

Both people who used the service came into a care home as part of their care package, which was agreed with them and their families. One person told us, “I like coming here. I have friends here. I like using the agency and think it is a good one. I like making new friends.”

Both people who used the service had an agreed calendar of events and activities. One person listed the kind of things they did and said, “They take me bowling and I win the staff. I go out for lunch, to music class, I sing and dance. I am quite a good singer, I go to motivate (gym) and I like to watch Bollywood movies.” There were other activities such as practicing life skills such as making food. The service worked closely with people’s families to see how the activities were tolerated. Both families thought that both people’s skills and confidence had improved in activities and independent caring abilities.

Plans of care contained a lot of detail around people’s personal preferences, likes and dislikes and their ambitions. People who used the service sat with staff and told them what they wanted to achieve and support was arranged around it. This meant people who used the service had a say in what they did.

The office was open during normal working hours and the registered manager available to talk to. There was a system for people to contact staff if out of hours assistance was required.

Although staff did not give personal care at this time both were aware of privacy and confidentiality issues. Both staff members told us they had been trained in privacy and confidentiality topics and confident that people’s dignity was preserved.

We saw that people who used the service had one to one support and observed how well they mixed with their care worker and other people. Both staff members and the registered manager said they would recommend the agency to a member of their family if they required support of this type.

Good

Is the service responsive?

Our findings

We saw that activities were arranged around what people who used the service wanted and arranged new places to go and see or more life skills support. This was discussed with the person and their family member.

Each person had a 'hospital passport'. This would give other organisations the basic details they would need in an emergency. This document also told staff what items the person wanted to take with them to help reduce the stress of any moves.

We saw that staff stuck to the schedule unless people who used the service or a family member wanted to change it. We saw that the agency accommodated any changes.

Care workers were required to complete a record of the care and support provided at each visit. A copy of the plan of care was also retained at the office and we saw that it was updated regularly to respond to any changing needs. The registered manager also conducted a full six monthly review to ensure the plan was up to date.

People who used the service and their relatives were encouraged to express their views about the agency by completing a survey following a review of their care plan. The questionnaire was simplified with the use of pictures to represent what the words meant or people could tick a smiley or sad face to ensure their views were recorded. The two surveys we looked at were very positive.

The registered manager met both people who used the service to formally ask their views when they attended the day centre. We saw that different activities came about because of the meetings.

There was a complaints procedure which was produced as a written format and as a simplified picture aid on a wall. This told people who they could complain to. On the day of the inspection neither person had any concerns and felt able to talk to staff or the manager if they did. The pictures on the wall demonstrated a sad or happy person and what people could do if they were sad. The registered manager and staff were aware of their responsibilities to help people voice their concerns and who to contact, including social services if the complaint was about a senior member of staff or management.

Good

Is the service well-led?

Our findings

Both staff members we spoke with said the registered manager was supportive and available. Both of the people who used the service knew the registered manager and we saw that they were able to talk to her when they wished. Staff said, "You can talk to her at any time. You don't need to wait for supervision" and "The manager is very supportive. I work very well with the other carer employed by the agency and we are a good team."

There were regular staff meetings. One member of staff said, "We have a staff meeting tomorrow and this is part of the process to keep up to date with people's needs. We join in with the care homes meetings". Topics included support plans, key worker roles, parties and social events for staff and residents, training and any other business staff wanted to bring up. Staff sign to say they have attended the meeting and the records are passed to staff who were not able to attend. Staff were able to bring up ways they thought might improve the service and were kept up to date with people's needs.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including challenging behaviour, confidentiality, whistle blowing, safeguarding, health and safety, infection control and equality and diversity. The policies we looked at were fit for purpose.

The registered manager conducted audits to ensure the service ran well. The audits included more

survey forms, regular feedback from families which was used to improve the service, the life skills capabilities of people who used the service, care plans, community involvement and independence checks. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

Although there had not been any complaints we saw that the registered manager had recorded an incident and used the evidence to minimise any further occurrences and improve this person's care.

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the agency was being managed.

We asked the registered manager on what was working well. She said, "The care is good and people are satisfied. One person has been with us three years so that speaks for itself". We also asked her what she thought had a negative impact on running the service and she told us, "The current tendering system. We are too small to tender." Both people who used the service and staff thought the service was good and staff enjoyed what they did.