

RV Extra Care Limited

RV Care Limited - Surrey

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 ●

Summary of findings

Overall summary

RV Care Limited - Surrey is a domiciliary care agency. It provides personal care to people living in a retirement village. Not everyone using RV Care Limited - Surrey receives the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing personal care to nine people.

This inspection took place on 23 August 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the manager would be available. This was our first inspection of the service since it was registered under the current provider.

The service had 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.

The service had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. There were system's in place for monitoring, investigating and learning from incidents and accidents. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Peoples medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. Staff were aware of the steps they needed to take to reduce the risk of the spread of infections.

People's care and support needs were assessed before they started using the service. Staff had received training relevant to people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Where required people were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them.

People and their relatives, where appropriate, had been consulted about their care and support needs. They were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could understand information in the current written format provided to them however information was available in different formats when it was required. Staff treated people in a caring, respectful and dignified manner. People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. Staff had received training on equality and diversity. Staff said they would support people according to their needs. People received appropriate end of life care and support when required.

The provider took people's views about the service into account through coffee morning meetings and

satisfaction surveys. They had effective systems in place to regularly assess and monitor the quality of service that people received. They carried out spot checks to make sure people were being supported in line with their care plans. Notifications were submitted to the CQC as required. The registered manager and staff worked closely health care professionals and with the retirement village management team to make sure people received good quality care. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

The service had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There was enough staff available to meet people's needs.

Risks to people were assessed to ensure their needs were safely met.

Peoples medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

There were system's in place for monitoring, investigating and learning from incidents and accidents.

Is the service effective?

Good ●

The service was effective.

People's care and support needs were assessed before they started using the service.

Staff received supervision and training relevant to the needs of people using the service.

Where required people were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

The registered manager and staff demonstrated an

understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

Is the service caring?

Good ●

The service was caring.

People and their relatives, where appropriate, had been consulted about their care and support needs.

Staff we spoke with had a clear understanding of people's care and support needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint.

Staff had received training on equality and diversity. Staff said they would support people according to their needs.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

People received appropriate end of life care and support when required.

Is the service well-led?

Good ●

The service was well-led.

The provider carried out quality assurance checks to assess and monitor the quality of service that people received.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The provider took people's views about the service into account through satisfaction surveys.

The registered manager and staff worked closely health care professionals and with the retirement village management team to ensure people received good quality care.

RV Care Limited - Surrey

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 inspection site visit activity started and finished on the 23 August 2018. One inspector carried out the inspection. We visited the office to see the manager and staff; and to review care records and policies and procedures. We gave the provider 2 days' notice of the inspection as we needed to make sure the manager would be available. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in their Provider Information Return. This is information we require providers 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 used this information to help inform our inspection planning.

During the inspection we looked at two people's care records, two staff recruitment records and records relating to the management of the service; such as staff training and supervision, audits and policies and procedures. We visited and spoke with two people in their homes, we also spoke with one person's relative to understand their views about receiving care. We also spoke with the registered manager, the regional manager and two staff about how the service was being run and what it was like to work there.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe. Everything is on site. I have a pendant that I can use to call for help if I need to."

There were appropriate safeguarding and whistle blowing procedures in place to protect people from abuse. The registered manager told us they were the safeguarding lead for the service. They said there had been no safeguarding concerns raised at the service however they were aware of the action to take when making a safeguarding referral if required. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. One member of staff told us, "If I witnessed abuse I would tell the registered manager or the on-call manager. If nothing was done I would inform the local authority safeguarding team or the CQC." Training records confirmed that all the staff had completed training on safeguarding adults from abuse.

People using the service, staff and the manager told us there was enough staff available to meet people's needs. People lived in a retirement village and the provider had an office on site. One person told us, "The staff are nearly always on time. If they are going to be late they call me but its only ever been five or ten minutes. I have never had a missed call. They are very reliable." Another person said, "The staff always come when they are supposed to. I know when they are coming, I am never left waiting for them." A member of staff showed us a staffing rota and told us, "We have enough staff to support people. Everyone is in the same place so we are never in any rush." The registered manager told us staffing levels were arranged according to people's needs. If people's needs changed then staff numbers would be increased. They said they would recruit new staff prior to taking on new people at the service.

People could access support in an emergency. The retirement village had an emergency responder's team. One person showed us a bracelet and said, "I can press the button on my bracelet to call for help. There is an emergency service on site and they will come and help me. I had to use it one time after a fall and they took me to hospital."

Action was taken to assess any risks to people using the service. People's care files included risk assessments for example related to mobility, falls and medicines. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. For example, making sure people had access to walking aids and they wore their emergency call pendants or bracelets. We also saw risk assessments had been carried out in people's homes relating to their health and safety and the environment.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of two members of staff. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Each file included employment references, proof of identification and evidence that criminal record checks had been carried out.

People were supported where required to take their medicines. One person told us, "The staff come to see me twice a day to make sure I take my medicines. They give it to me in a little pot and sign a book when I take it. I would forget to take my medicines if they didn't come here." The registered manager told us that most people looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to apply creams and take medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. Medicine administration records (MARs) were completed by staff confirming that people had taken their medicines. We saw audited MARs in people's care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that staff had received training on the administration of medicines and their competence in administering medicines had also been assessed. This ensured that staff had the necessary skills to safely administer medicines.

The provider had an infection control policy in place. We saw that personal protective equipment (PPE) such as gloves, aprons, foot covers, face masks, hand wash and sanitizer and spare uniforms was available in the office for staff. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

There were systems in place for monitoring, investigating and learning from incidents and accidents. The registered manager showed us that incidents and accidents were recorded and monitored to identify any trends. Where trends were identified they said they would review these with their line manager during regular supervision sessions and take appropriate action to reduce the likelihood of the same issues occurring again. We saw two historic incidents relating to medicines errors and evidence that the registered manager had addressed these with staff.

Is the service effective?

Our findings

same ones [staff] all the time and they know what they are doing."

Assessments were undertaken to identify people's care and support needs before they started using the service. The assessments covered areas such as their health, medicines, personal care and mobility needs. They included information from family members and health care professionals. Where people had specific medical conditions their care files included NHS and NICE information on these conditions. The registered manager told us they used this information to raise staff awareness of the conditions and for planning to meet people's needs.

Staff had acquired the appropriate knowledge and skills to meet people's needs. The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff told us they had completed an induction and shadowing visits with experienced members of staff when they started work. One member of staff told us shadowing experienced staff had helped them to get to know people, understand their needs and routines and familiarise themselves with care plans and the providers records. They said staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. One person said, "The staff don't have a lot to do for me, but what they have to do, they do it well."

We saw training records that confirmed that staff had completed an induction and training relevant to people's care and support needs. This training included safeguarding adults and children, dementia awareness, health and safety, equality and diversity, infection control, manual handling, medicines, first aid, fire safety, diabetes, dignity and respect, fluids and nutrition, Parkinson's disease the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records seen confirmed that all staff were receiving regular supervision and, where appropriate, an annual appraisal with the registered manager.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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 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 in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with

the Mental Capacity Act 2005.

Where people required support with eating and drinking we saw this was recorded in their care files. One person told us, "I sometimes go to the retirement village restaurant for lunch or Sunday dinner. I don't need any help from staff with cooking I can do that for myself." Another person said, "I go to the retirement village restaurant two or three times a week. I do my own cooking mostly in the microwave. The staff ask me if I have eaten just to check that I am okay." A member of staff told us most people cooked for themselves. Where it was recorded in people's care files they supported them with breakfast such as cereal and tea and toast."

People had access to health care professionals when they needed them. One person told us, "My family sort all of my health care appointments out for me. If I need to see the GP I can call them myself. I am sure if I wasn't well the staff would call an ambulance for me." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. We saw that people's care files included the contact details of their GP's, relevant health care professionals and family members. A member of staff told us, "If someone was poorly I would call their GP and let their family and the registered manager or the on-call manager know."

Is the service caring?

Our findings

People said staff were caring and helpful. One person said, "The staff are very kind to me. I can honestly say that have never met a carer I didn't like. They are caring and all do their jobs properly." Another person said, "The care is very good. The staff are kind and caring, much better that I ever could have wished for." A relative commented, "The staff are great, very respectful and friendly."

People were provided with appropriate information about the service in the form of a customer guide. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. A relative told us, "The guide has been very useful. Everything we needed to know it in there."

People said they had been consulted about their care and support needs. One person told us, "I have a care plan. The staff are always asking me if I am alright, if I have everything I need and they make changes when its needed. For example, they built a path up to my patio doors. I couldn't open my front door because it was too heavy. It's called '[my name] Highway'. It has made all the difference to me because I used to have to call for staff to come and get me out of my flat." The registered manager told us when this need had been identified they had liaised with the retirement village management to get the pathway built. Another person said, "The staff are great, they asked me about all of the things I needed when I came here." A relative commented, "We met with the registered manager and talked about my relative's needs. Everything is in place to support them." Staff we spoke with knew people well and were able to describe people's care and support needs in detail. One member of staff told us how they supported people with their medicines and how they supported another person with mobilising safely.

People were treated with dignity and respect. Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person said, "The staff are very respectful. They take their time and don't rush. They make sure the door closed and curtains are drawn to make sure everything is kept private."

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us, "I don't want for anything. All of my needs are being met."

People had care plans and risk assessments in place. These were developed using information from initial assessments carried out with people, their relatives and in some cases health care professionals. The care plans and risk assessments outlined how people's care needs were to be met and included information and guidance for staff about how they should be supported. Care files also included call times and duration of calls. We saw that care plans and risk assessments were reviewed regularly and kept up to date to make sure they met people's changing needs.

People's care files included information about their religious and spiritual needs. The registered manager told that most people looked after their own diverse needs and no one had expressed any preferences that required any specific support from staff. One person went to church on Sunday's and staff cooked their preferred meal on Fridays. The registered manager and the staff we spoke with told us they would always respect people's differences and would support any person to do whatever they wanted to do. Training records confirmed that staff had received training on equality and diversity.

People could access information in formats they could understand. The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the customer guide. Documents could be provided to people with poor eyesight in large print or Braille. They said that if any person was not able to understand this information they could provide it in different formats to meet their needs for example easy read versions or in different written languages. One person told us that when they started using the service they could not understand the information provided to them because of too much confusing detail and the small print. They told staff and they were provided with the same information in larger print and in detail they could fully understand.

People told us they knew about the provider's complaints procedure and they would tell staff or the registered manager staff if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be investigated. One person told us, "I don't need to complain but I know how to. I would tell the registered manager and I am sure she would look into it." The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints about the service. If they received a complaint, they would write to the person making the complaint to explain what actions they planned to take and keep them fully informed throughout.

The registered manager told us that no one currently using the service required support with end of life care. They said that advice would be sought from the GP and a palliative care team to support people with end of life care if or when it was required.

Is the service well-led?

Our findings

People spoke positively about the leadership at the service. One person told us, "The registered manager is on the ball with her job. She is very thorough with everything she does. The service is very well run, I can't think of any faults at all. I'm very grateful for the good care I get."

The service had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

Staff said they enjoyed working at the service and they received good support from the registered manager. One member of staff told us, "I love working here. I get really good support from the registered manager. She always listens and is happy to help." Another member of staff said, "My confidence in doing my job has grown with the support that I have received from the registered manager." There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw regular audits had been carried on medicines, people's care files and staff training, supervision and appraisal records. We also saw weekly and monthly reports prepared by the registered manager for the provider. These covered incidents and accidents, people's finances, complaints, safeguarding and health and safety concerns. The reports included the details of actions taken to address any shortfalls. For example, it was identified that staff required training on fire safety. Training records we saw confirmed that this training had been completed.

The service had systems in place to monitor missed and late call visits. The registered manager showed us a recording system that required staff to log in and out daily at the beginning and end of each call. We saw records confirming that staff punctuality and attendance was monitored and action was taken if required. For example, we saw that a member of staff received additional supervision when they attended a call early and left early. The registered manager and deputy manager carried out unannounced spot checks on staff to make sure they attended calls at the right time and supported people in line with their care plans. A member of staff told us, "I never know when the spot checks will happen. During a recent check the registered manager watched how I supported the person to take their medicines. They also checked with the person that I was supporting that I was doing things right and the way they wanted."

The provider took people's views into account during coffee morning meetings and through satisfaction surveys. We saw the minutes from the last coffee morning meeting in July 2018. People had discussed the success of the quarterly Newsletter that they had requested at the previous meeting in April 2018. The registered manager told us the provider had sent out satisfaction questionnaires to people in August 2018. They said they would evaluate information from the completed surveys and develop a report and an action plan to respond to people's feedback. They told us they would use feedback from the surveys and

coffee morning meetings to make further improvements at the service. People's views were sought during the induction process for new staff. The registered manager told us they sought people's views about new staff's performance and together they considered if the staff would be suitable as their main or secondary carer.

The registered manager worked with external organisations. We saw evidence in peoples care records confirming the registered manager and staff team worked closely with health care professionals when planning peoples care. For example, we saw GP's and occupational therapist involvement in planning for peoples care and environments needs. The registered manager and staff also worked very closely with retirement village management team to ensure people received good quality care.