

Quality Reliable Care Limited

# Quality Reliable Care Limited

## Inspection report

Valley View Barn  
Chiddingly Road, Horam  
Heathfield  
East Sussex  
TN21 0JL

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Tel: 01435813954

Website: [www.qualityreliablecare.co.uk](http://www.qualityreliablecare.co.uk)

## 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

Quality Reliable Care Limited is a residential care home providing personal care and support for up to 12 people. The home accommodates people in one adapted building in a rural setting and is registered to support people with physical disabilities. At the time of the inspection there were 11 people living at the home. People were living with a range of needs including acquired brain injuries, autism and mental health needs.

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

People continued to be supported by kind and caring staff who knew them well. Staff understood people's needs and respected their preferences and choices. Staff treated people with respect and supported them to remain as independent as possible, protecting their dignity and privacy.

Risks to people were assessed and managed, and staff understood their responsibility to safeguard people from abuse. There were enough suitable staff to care for people safely and there were safe systems in place for managing people's medicines. Incidents and accidents were monitored and analysed to ensure that lessons were learned. A person told us, "It's a safe place, we can feel relaxed here."

Staff had received the training and support they needed, and people told us they had confidence in the staff. One person said, "They know what they are doing." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had enough to eat and drink and were receiving the support they needed. They told us they enjoyed the food on offer and their food choices were respected. Staff supported people to access healthcare services when they needed them and worked effectively with staff from other organisations.

People were receiving personalised care and were involved in developing their care and support plans. One person told us, "We wrote the care plan together." Staff took account of people's diverse needs and preferences and their views were reflected within their care plans. Staff knew people well and provided support in a personalised way. People were supported to retain links with the people and communities that were important to them. Communication needs were assessed, and information was provided in accessible formats. People were supported and encouraged to maintain their interests and activities reflected people's individual preferences.

Management systems were effective in managing risks to the quality of the service. Leadership was clear and visible. Staff understood their roles and spoke highly of the support they received. People and staff were engaged with developments at the service and their views were welcomed and encouraged. There was a complaints system in place and people told us they knew how to complain and would raise any concerns with staff. The registered manager used quality assurance systems to identify shortfalls and to drive improvements. People and staff described a homely atmosphere. One person told us, "It's brilliant here, we

are very well looked after, and it feels like home."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 7 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Quality Reliable Care Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

Quality Reliable Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers. We spoke with a visiting health care professional.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who understood their responsibilities for safeguarding people. Staff could describe how they would recognise types of abuse and knew what action to take if they had concerns. One staff member said, "I would report things immediately, but I've never had to." Another staff member described raising an alert and said, "It was all dealt with very swiftly." Records showed that safeguarding incidents were reported appropriately.
- People said they felt safe at the home and knew who to speak to if they were worried. One person said, "I would say we are safe here, the staff are all lovely and if anyone wasn't, then we would soon report them." Another person said, "It's a safe place, we can feel relaxed here."

Assessing risk, safety monitoring and management

- Risks were assessed and managed to support people to be safe. People were living with a range of needs and health conditions. Risks were identified, assessed and regularly reviewed. For example, a person with an acquired brain injury was living with epilepsy. There was a clear risk assessment and detailed care plan to guide staff in how to support the person if they had a seizure. Another person had risks associated with their mobility and there was a clear risk assessment and detailed care plan to guide staff in the equipment they needed to move around. We observed staff supporting the person to change position and noted that they were following the detail of the care plan when using the hoist and sling. The person was at high risk of developing pressure sores due to their poor skin integrity. The risk assessment and care plan identified how and when the person needed to change position. We observed that staff were aware of this guidance and supported the person in line with the care plan.
- Some people were assessed as having behaviour that could be challenging to others. There were clear positive behaviour support plans in place to guide staff in strategies to support people with distressing behaviour. Staff were able to describe how they used positive behaviour support strategies and recorded incidents. This enabled analysis and supported the further development of strategies to ensure effective care was provided.
- Environmental risks were effectively managed to ensure people and staff were safe. For example, fire alarms were tested regularly, and staff had included people in fire drills to practice evacuating the building. People had a Personal Emergency Evacuation Plan (PEEP) in place that reflected their needs, and the support they would require in the event of an emergency evacuation.

Staffing and recruitment

- There were enough suitable staff to care for people safely. People told us that there were enough staff and they didn't have to wait longer than they should expect to have their needs met. One person said, "We are looked after very well here. Generally staffing is good. If you ring the bell they do come quickly." Another

person told us, "There are always staff here when you need them, they never rush you." During the inspection we observed that there were enough staff to support people with their needs, staff had time to spend with people and supported them in a calm and patient way, without rushing.

- Records of staff rotas showed that staffing levels were consistently maintained. Staff told us that there was some use of agency staff to cover vacant shifts but that this was minimal. One staff member said, "The agency staff are good, but we rarely use them. There is always a senior staff member from the permanent team in charge."
- The provider had robust recruitment systems in place to ensure that staff were suitable to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people.

#### Using medicines safely

- People were supported to receive their prescribed medicines safely. Only staff who had been trained and assessed as competent were able to administer medicines to people. We observed that medicines were administered in a safe and personalised way according to people's needs and preferences. One person told us, "They always remember to give me my meds, which is a good thing because I might forget to have them."
- Systems for managing medicines were effective and accurate records were maintained. Medicines were stored safely, and stocks were monitored to ensure that people always had access to the medicines they needed.

#### Learning lessons when things go wrong

- Systems supported learning from incidents. The registered manager had oversight of events that occurred, including incidents and accidents. Staff explained how incidents were analysed and improvements were made to prevent a reoccurrence. For example, one person had a choking incident because they were eating their food quickly. Their care plan was reviewed, and strategies were introduced for staff to support the person to eat more slowly. Staff told us this had successfully reduced risks of the person choking and no further incidents had occurred.

#### Preventing and controlling infection.

- People were supported with the prevention and control of infection. Staff were knowledgeable about the procedures for infection prevention and control and had access to the Personal Protective Equipment (PPE) they needed. We observed staff were consistently using PPE and were following safe infection control procedures, including when administering medicines and supporting people with personal care. There were regular cleaning schedules in place to ensure the environment and equipment were clean and hygienic.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were holistic and reflected people's diverse needs including their health, mental health, social, cultural and religious needs. People told us that their diverse needs were considered, and we saw this reflected in people's care records. For example, one person told us how they had specific rituals that were important to them and this was recorded within their care plan.
- Assessments were comprehensive and included clear outcomes and goals. For example, one person had diabetes and their assessment included the blood sugar levels that the person wanted to achieve and clear guidance for staff in how to monitor and support the person to achieve this goal. There was clear guidance in how to recognise signs and symptoms if their blood sugar was not within a safe range and what actions to take if this occurred.
- Assessments of people's oral health were clear and identified specific guidance for staff to support people. For example, one person's care plan included recommendations from the dentist that the person needed to use a specific type of mouth wash regularly.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to be effective in their roles. Staff spoke highly of the training they had received. Records showed that training was relevant to the needs of people living at the home including awareness of mental health, acquired brain injury (ABI), diabetes and supporting people who had behaviour that could be challenging to others. One staff member told us, "We have ABI training as part of the induction. The mental health awareness training was very good, it was quite in-depth and helped me understand the need to be patient with people when they get frustrated or upset."
- Staff told us that new staff received a thorough induction when they started work at the home. One staff member said, "I was new to care, and the induction was very good. I was amazed at the amount of training that was provided and I did feel confident when I started working with people."
- People told us that they felt staff were well trained. One person said, "I have confidence in the staff, they know what they are doing." Staff told us that they felt well supported and records confirmed that they received supervision regularly. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were seeking consent appropriately and in line with the law and guidance. Staff had received training in MCA and DoLS. They were able to describe their understanding of the legislation and their responsibilities to comply with the law. One staff member said, "MCA is a big thing here, we all have to support people with decision making. If they lack capacity, we make decisions in their best interest. It means we have to think about the person and what they would want, not what's easiest for us." Another staff member described how family members and health care professionals were involved in some best interest decision meetings.
- All the staff we spoke with knew about DoLS and were aware of people who had DoLS authorisations in place. We noted that one person had a condition attached to their DoLS authorisation requiring the provider to ensure that they had their medicines reviewed regularly. Records showed that plans were in place to comply with this condition.

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

- People had enough to eat and drink and were receiving the support they needed. One person told us, "The food is excellent, if we don't like something we ask for what we want." Another person said, "I usually like what we have, and I get something else if I don't like it. They know me well and understand what I need." We observed staff supporting one person with their breakfast and taking time to ensure they received the particular type and flavour of yoghurt they had chosen.
- People's nutrition and hydration needs had been assessed and care plans were in place to guide staff in how to support people. One person had been assessed as needing to have their fluids restricted. Monitoring systems were in place to ensure they did not exceed the maximum amount recommended. Staff ensured the person had their fluids in a small cup so that they could continue to enjoy regular drinks without exceeding the restriction. We observed the lunch time meal and noted that staff were attentive and offered people support and encouragement in line with their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were working effectively with health and social care professionals to support people. Staff described positive working relationships with other agencies. One visiting health care professional told us they had confidence in the staff and the care provided. They described how staff were knowledgeable about people's needs and notified them of any changes. They gave an example of one person who was at risk of developing pressure sores. The health care professional described how staff were following a clear care plan to help maintain the person's skin integrity and that all the pressure areas were fine.
- People said that they had access to health care services when they needed them. One person told us, "If I need to see the doctor, the staff will call them straight away and take me down there." Records confirmed that people were supported to keep health care appointments including with a dentist, district nurse and community mental health team.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's physical needs and people were able to move around the home and go outside independently if they were able to. One bedroom was on the first floor and there was no lift so only people who were able to manage stairs were allocated to use this room. We observed people moving around the home freely during the inspection including accessing the outside space. People's rooms were personalised and decorated in the way they had chosen. Rooms had been adapted with appropriate equipment to support their needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff who knew them well. One person told us, "It is brilliant here, the staff look after us really well." Another person said, "The staff all know me well. They are kind and very caring." We observed positive interactions between people and staff throughout the day. People appeared relaxed and comfortable with the staff.
- Staff spoke positively about the people they were supporting. They knew them well and could tell us about people's needs, their likes and dislikes and their personal history. One staff member told us about a person they supported saying, "They are always cheerful, I have a lot of admiration for them with what they have been through. The people here are great to work for and I love my job."
- People told us that staff respected their diverse needs. One person said, "Staff know that my religion is important to me and they respect that." They described having opportunities to spend time alone and said, "I feel I am able to be relaxed here."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care and to express their views. One person told us, "We have meetings and can discuss things together or with individual staff." A staff member described how people were supported to make decisions about their care and were involved in care planning and review meetings.
- Records showed how people's views and preferences had been considered and included when making decisions about their care and support.
- People said their views were respected. One person told us, "I am having my breakfast late today because I had a lie in, I can choose when I want to get up and staff know that's what I like."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to be as independent as possible. One staff member described how they maintained people's privacy when supporting them with personal care, saying, "I always make sure their privacy is protected and ensure they maintain their dignity." We observed a staff member speaking to a person in a discreet way and offering support to change their clothes.
- Records were kept securely, and we noted that staff were mindful of protecting people's confidentiality. We observed that staff were careful not to discuss people's needs in front of other people or visitors to the home.
- People were supported to be as independent as possible. Staff described how they encouraged people and supported them to take positive risks so that they remained independent. One person told us, "I like to

go out at least once a week on the bus, I like to be independent and I know I can ask for help when I need it."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive personalised care and had been involved in developing their care plans. One person told us how they were involved in reviewing their care saying, "We wrote the care plan together."
- Staff knew people well and had a clear understanding about people's needs and preferences. People told us they could choose how they spent their time and had options and choices. One person told us, "I have my own routine, certain rituals that are very important to me. The staff know and respect that." Another person said, "I like to do things in my own way and in my own time. Some people think I am fussy, but I like my routines. The staff know me well."
- People were being supported in line with their care plans. One person had behaviour that could be challenging and there were clear guidelines for staff in how to support them and distract them when their behaviour became distressing. One staff member explained how having clear routines was important for some people. We noted that for one person this was emphasised within their care plan and staff were aware of the person's routine. For example, we observed that staff were supporting the person with art and this was identified within their care plan as an activity that they enjoyed regularly.
- Staff were responsive to people's changing needs. One person told us, "The staff notice when you are a bit down, they always check how we are every day and a pretty in-tune with how people are feeling." We observed how a staff member was checking with one person saying, "You seem a bit low today, is everything ok?." A staff member said that there were effective systems in place for communicating changes in needs on a daily basis. One staff member explained, "If we are concerned we discuss it and let the manager know. We might need to review the person's care plan too and make some changes." Records showed that people's needs had been regularly reviewed, including when their needs had changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and care plans provided clear guidance in how to support people to communicate. For example, one person could understand verbal communication but used sign language and pictorial symbols to communicate. We observed how staff were communicating with them and noted that their care plan was written in an easy read format with symbols that the person could understand. Staff told us they were careful to provide people with information in accessible formats. We observed staff using a communication book with symbols for one person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social links and interests that were relevant to them. One person said, "We do get to go out and about, I enjoy that." Another person described how they were supported to maintain links with their religious community saying, "I do get my religious needs met, the staff know it's important to me."
- Group activities were arranged regularly, and people said they enjoyed them. One person described getting involved in musical activities and another person said they liked to play games like Bingo. One person told us they preferred to spend time in their room with the newspaper and television. They told us, "I don't always like joining in, but I am content to be in my room doing my own thing." Records showed that people were supported to maintain individual interests including going to the cinema and swimming.
- Staff described how people were supported to maintain contact with people who were important to them. One staff member said, "It is part of our role to help people stay in touch with their families. It is a very homely atmosphere here and we are always welcoming to visitors. Family members are invited to get involved."

Improving care quality in response to complaints or concerns

- There was a system for recording concerns and complaints. People said they knew how to complain and would feel comfortable to do so. One person said, "I would tell one of the staff if I needed to." Another person said, "I would speak to the manager at once." We noted that only two complaints had been recorded since the last inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The registered manager said that people were supported to plan for care at the end of life but did not always choose to do so. We noted that some people had made plans that identified their preferences. For example, one person wanted particular music to be played at their funeral.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff spoke positively about the management of the service and the positive culture. One staff member said, "The home is very friendly, but well run." Another staff member said, "The manager is very good and easy to talk to. It's a nice atmosphere to work in." A third staff member spoke about the homely atmosphere and said, "It's a great team, there's a lot of banter and a real family atmosphere. Everyone is treated with respect, it's their home." People also spoke highly of the management of the service. One person said, "The manager is lovely, we see a lot of her." Another person said, "It's very well run. I am happy living here."
- The registered manager described how incidents and accidents were monitored to identify learning from mistakes. For example, a person had slipped whilst being supported with equipment in a shower. Although they had not come to any harm the registered manager had taken immediate steps to ensure that staff were aware not to use the equipment in the shower until risks had been reviewed. We noted that there was an effective communication system and staff were all aware of what happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear staffing structure and staff were clear about their roles and responsibilities. One staff member said, "The leadership here is good, there is clear communication between the staff and everyone knows what they are doing and what is expected of them."
- The provider had systems in place to monitor the quality of the service. For example, the provider undertook an audit of the administration of medicines each month. The registered manager said they were well supported in their role and had regular contact with the group manager.
- Audits and quality assurance systems were completed regularly. Shortfalls were identified, and actions were taken to make improvements.
- Management systems were effective in ensuring standards were maintained. For example, a training plan identified staff training needs and when refresher training was due. The registered manager had identified that some staff had training gaps and others needed an update. Training dates were booked to address this shortfall.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they were included in developments at the service. There were regular meetings and



people said they were able to raise their views and contribute ideas. For example, one person said that they found it difficult to remember things including when the meetings were to be held. The registered manager had agreed to put a list on the notice board so people would know when the meetings were planned.

- The provider sought feedback from people and their families through an annual survey. Responses were positive, and the registered manager said when evaluation of the survey results were completed, the analysis would be used to drive improvements.
- Staff told us they felt engaged and involved with the service. One staff member described how staff were encouraged to contribute their ideas during staff meetings. They said, "Our ideas are really welcomed, and the manager does listen." They gave an example explaining how a schedule for planned activities was regularly going missing. A staff member had suggested a different system with staff writing on a laminated board and this had improved the situation.

#### Working in partnership with others

- Staff had positive working relationships with professionals from other agencies, including social workers, GP's, district nurses and mental health professionals. One visiting health care professional told us that communication with staff was effective and they were always helpful and knowledgeable about people's needs.
- Staff had supported people to retain connections with the local community. One person told us how they were supported to remain involved with a religious fellowship that was important to them.