Reflective Care Ltd

Reflective Care Limited

Inspection report

North Street
New Romney
Kent
TN28 8DW

Tel: 01797364894
Website: www.ReflectiveCare.org.uk

Date of inspection visit:
05 April 2017

Date of publication:
10 May 2017

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

The inspection took place on 5 April 2017, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. At the previous inspection on 18 November 2014 no breaches were found and the service was rated as good.

Reflective Care Limited is a domiciliary care agency that provides personal care to people with a learning disability who live in supported living accommodation. At the time of this inspection there were two people receiving support with their personal care. The service provided one to one support hours to people who were supported 24 hours a day although during this time may share staff for a period of time with other people who lived in the same house. The service was delivered in New Romney.

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

People and relatives were involved in the initial assessment and the planning of their care and support. Care plans contained details of people's wishes and preferences. People's independence was encouraged wherever possible and this was supported by the care plan. Risks associated with people's care and support had been identified and clear guidance was in place to keep people safe.

People had their needs met by sufficient numbers of staff. People received a service from a small team of staff. New staff underwent an induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own. Staff received training appropriate to their role, which was refreshed regularly to ensure their knowledge remained up to date. The majority of staff had gained qualifications in health and social care.

People were supported to maintain good health and attend appointments and check-ups. People's medicines were handled safely.

People's consent was gained for the care and support they received and they were supported to make their own their own decisions where possible, sometimes using pictures. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process.

People and a relative felt staff were kind and caring. People were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect. Staff were kind and caring in their approach and knew people and their support needs well.

People and a relative felt people were safe using the service. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had opportunities to provide feedback about the service provided. Any negative feedback was used to drive improvements to the service. Audits and systems were in place to ensure the service ran effectively and people received a quality service. People saw the registered manager and director regularly, because they worked 'hands on' delivering some care and support. People felt confident in complaining, but did not have any concerns.

People felt the service was well-led and well organised. The provider had a set of objectives in place and staff followed these through into their practice.

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.

People received their medicines when they should and safely.

Risks associated with people's care and support had been identified and guidance was in place to keep people safe.

People's needs were met by sufficient numbers of staff and these were kept under review.

Is the service effective?

Good

The service was effective.

People's care and support was delivered by regular staff, who were familiar with people's preferred routines.

People received support from trained and supported staff. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as doctors and psychologist.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to develop their independence where possible.

Staff listened acted on what people told them.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their wishes and preferences. Care

plans supported developing or maintaining people's independence.

People and relatives had opportunities to provide feedback about the service they received.

People were not socially isolated and were supported in a variety of activities and to go out and about into the community.

Is the service well-led?

Good

The service was well-led.

Communication within the service was good and staff worked as a team to ensure people received a quality service.

There were audits and systems in place to monitor the quality of care people received.

There was an open and positive culture within the service, which was focussed on people. Staff were aware of the provider's objectives and these were followed through into their practice.

Reflective Care Limited

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 took place on 5 April 2017 and was announced with 48 hours' notice. The inspection carried out by one inspector due to the size of the service.

The provider completed a Provider Information Return (PIR) and returned this within the requested timescale. 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. Prior to the inspection we reviewed information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, daily records made by staff, medicine records, two staff recruitment files, training and supervision records and rota schedules and quality assurance records.

We spoke with both people who were using the service, who we visited in their own home; we spoke with one relative, the registered manager, a director and two members of staff.

Following the inspection we received feedback from two health and social care professionals who had had contact with the service, which was positive.

Good

Is the service safe?

Our findings

A relative told us they felt their family member was safe when staff provided care and support. They said, "He's safe yes, because he likes it".

People and a relative said people received their medicines when they should and staff handled them safely. At the time of the inspection no one was able to manage their medicines themselves and all administration was undertaken by staff.

There was a clear medicines management policy in place. Staff had received training in medicine administration had their knowledge and competency checked with observations of their practice. Staff were able to talk through a safe procedure for administering people's medicines. Medicine Administration Records (MAR) charts showed people received their medicines when they should.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage pain, there was clear individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use, to help ensure people received these medicines consistently and safely.

Risks associated with people's care and support and to encourage independence had been assessed and steps to reduce such risks were recorded. For example, evacuating their home in the event of a fire, traveling with other people in the company car, bathing, handling finances, using kitchen equipment and undertaking laundry, challenging behaviour, eating and drinking, managing epilepsy, going out into the community and medicine management.

People told us they would speak to staff if they were unhappy. During the visit to people in their home the atmosphere was happy and relaxed. Staff were patient and people were able to make their needs known. There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected by robust recruitment procedures. We looked at the recruitment file of two members of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure the staff member was suitable and of good character.

People had their needs met by sufficient numbers of staff. Staffing levels were provided in line with the support hours contracted with the local authority. People were supported 24 hours a day by a staff member providing support to them and others living within the same house. At times there may be two staff on duty to allow for participation in different activities or health appointments. The service had staff employed on permanent contracted hours and a member of bank staff (staff that worked as and when required) was

currently being recruited. In addition to this the registered manager and the director would cover shifts and the service did not use agency staff. Management kept staffing numbers under review. At the time of the inspection the registered manager told us they had recently recruited or were in the process of recruiting new staff. There was an on-call system out of office hours covered by senior staff and management.

Good

Is the service effective?

Our findings

People told us they were "Happy" and "Liked" the care and support they received. A relative was very satisfied with the support their family member received and felt staff were sufficiently trained, experienced and skilled, to meet people's needs.

Two health and social care professionals told us staff had the right skills and experience to meet people's needs.

Care plans contained information about how people communicated. For example, 'use simple basic sentences when talking to (person)' and 'stay calm and if (person) becomes anxious, repeat the sentence again'. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using good humour and other times speaking slowly and clearly. Staff were patient and not only acted on people's verbal communication, but people's body language. Staff told us they also used PECS (picture exchange communication system) an alternative communication intervention package for individuals with autism spectrum disorder where people used pictures.

A relative told us and records confirmed that people received their support from a team of regular staff. Staff usually worked mainly within a house or perhaps two houses to ensure people received good continuity. Each person had a keyworker and this member of staff was either chosen by the person or matched because of shared interests.

People's consent was achieved by staff discussing and asking about the tasks they were about to undertake. People had also signed consent records, such as for taking photographs, opening letters and medicine administration. Care plans contained information about how to best facilitate people making their own choices and decisions where possible, such as only offering a limited choice so as to not overload the person with information, for decisions relating to what clothes to wear or what to have to eat.

Staff were trained in Mental Capacity Act (MCA) 2005. The registered manager told us no one was subject to a Court of Protection order or had lasting Power of Attorney arrangements in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where appropriate people's capacity had been assessed in relation to certain decisions and the decision making had included relatives and appropriate professionals.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which included reading, orientation, attending training courses and undertaking knowledge competency tests. In addition staff also undertook shadowing of experienced staff until it was felt they were competent to work alone. The induction had previously been based on Skills for Care common induction standards, but new staff were now using the Care Certificate, which was introduced in April 2015. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working

life. Staff had a probation period to assess their skills and performance in the role.

The registered manager said staff received their initial training and then this was refreshed every year. Training included health and safety, moving and handling theory, fire safety awareness, emergency first aid, equality and diversity, infection control and basic food hygiene.

Five of the eight staff had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they did have one to one meetings with their manager where their learning and development was discussed. The staff annual appraisals were slightly overdue, but a plan was in place to address this. Team meetings were held where staff discussed results of the quality assurance surveys, training and good practice, people's current needs and policies and procedures. Staff said they felt supported.

People's needs in relation to support with eating and drinking had been assessed and recorded. Staff told us they usually shopped for people's food although they would come along choosing things from the supermarket shelves they wanted. A discussion was had each morning about what to have for supper and people usually chose to have their meals with other people that lived in the house. Sometimes people could be encouraged to help with preparation, cooking or clearing away. Staff told us they encouraged a healthy diet wherever possible. Where there were risks relating to nutrition, measures were in place to reduce these risks. For example, staff siting with people whilst they ate.

People's health care needs were met. Records showed people were supported to attend appointments and check-ups with dentists, doctors, chiropodist and opticians. One person talked about a problem with their foot and how they had seen a doctor. A pain management tool called Dis Dat (Disability Distress Assessment Tool) was used by staff to assess one person's pain level in order to make a judgement about pain relief. Appropriate referrals had been made to health professionals. For example, a learning disability nurse, epilepsy nurse and a psychologist. A relative told us that staff were quick to pick up on any small health issues and always made sure their family member saw the doctor. Health and social care professionals said any health concerns were acted on in a prompt and appropriate way and felt staff followed any advice and guidance given into their practice and care plans.

Good

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. Observations showed this included the use of good humour. One relative told us "He likes all the staff, but (staff member) is a main stay here and he likes (staff member)".

During the inspection staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff, smiling and communicated happily. Staff used different forms of communication to ensure people were able to make their needs known. For example, staff used pictures, photographs and objects of reference. Staff involved people in our discussions about things they had done or enjoyed.

The service had received some compliments cards about the care and support provided and these were seen on file.

A relative felt staff were caring and talked about two staff who they felt went that extra mile. Health and social care professionals also confirmed that staff were caring.

People and their relatives were involved in the initial assessments of people's support needs and planning their care. The registered manager told us at the time of the inspection people were able to make day to day decisions and were also supported by families or their care manager. One person had used an advocate and information about accessing advocates was available within the service in a format people could understand. Information given to people confirmed that information about them would be treated confidentially. Staff had received training in keeping people's information confidential.

People received person centred care that was individual to them. People were supported by a small staff team, enabling them to be able to develop relationships with people and aid continuity and a consistent approach by staff.

People were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. Care plans promoted people's privacy and dignity. For example, one stated 'likes to soak in the bath'. Health and social care professionals felt staff treated people with dignity and respect.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could base their support on things people enjoyed and were interested in, and ensure that support was individual for each person. Staff were able to spend time with people and throughout the inspection staff talked about and treated people in a respectful manner. Observations showed that staff understood people's body language and signs they made and responded to these.

Care plans contained details of people's preferences, such as their preferred name and information about their personal histories.

A relative felt people were encouraged to be as independent as possible and talked about how their family member had developed since receiving care and support. People talked about helping to make their own drinks, prepare and cook their meals, make their bed and help with their laundry. Staff told us people's independence was always encouraged. One member of staff talked about how a person had developed since they had known them, the changes had been very small, but significant to their development. For example, a person shaving themselves. A social care professional told us staff promoted and developed people's independence. A health care professional said they had "seen a massive positive change in one client who has lived there a couple of years now and who looks fantastic with weight loss and smart appearance that were concerns before he moved in".

Good

Is the service responsive?

Our findings

People were involved in the initial assessment of their support needs and then planning their support. Relatives had also been involved in these discussions. The registered manager undertook initial assessments and additional information was obtained from health and social care professionals involved in people's support, to make sure they had the most up to date information about the person. The registered manager felt it was important that people were able to 'test drive' the service by spending time, such as for meals, getting to know other people they may live with and staff to ensure they were compatible. A relative also told they had visited the service prior to their family member moving in. The care plan was then developed from these assessments, discussions and observations.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves and what support they required from staff. Pictures, photographs and calendars had been used in areas, such as weekly activity planners and planning or working towards events, to ensure people understood the information and could refer to it.

People had regular keyworker meetings to discuss their care and support, any concerns and things they may wish to do. In addition people had a formal review meeting each year with their care manager, staff and family.

People were not socially isolated as they were supported to attend groups and clubs and access the local community. For example, a local disco, college course (including football, cooking, maths, science, English and art), a local small farm holding with animals, a local centre where people helped cook their lunch, church youth/social club and boot fairs and markets. One person talked enthusiastically about their interest in football and attending a social club where they had won a completion with the prize being a bar of chocolate. People were also supported to keep in contact with their family and friends through visits and telephone calls.

People told us if they were unhappy they would speak to staff. A relative told us they would speak to the registered manager if they had any concerns, but had never had the need to complain. There had been no complaints in the last 12 months. There was an easy to read complaints procedure although people would probably be supported to express their concerns. The registered manager told us any complaints would be used to learn from and improve the service.

People had opportunities to provide feedback about the service provided. Quality assurance questionnaires were sent out each quarter to people, their relatives, professionals and staff. These showed that people were happy with the support they received. Any negative issues were discussed at team meetings to help drive improvements.

Good

Is the service well-led?

Our findings

A relative said the service was well-led and well organised. They said of the registered manager "(Registered manager) is very good".

Health and social care professionals told us they thought the service was well-led and well organised and the registered manager was open and approachable.

There was an established registered manager in post. Discussions about the registered manager were very positive and we saw they had an excellent rapport with people. People saw the registered manager as a dedicated and caring person and for whom nothing was too much trouble. This was a small service and the registered manager managed the service as well as working 'hands on' when required. Over the last few months due to staff shortages the registered manager and director had both worked many hours covering shifts delivering care and support to people. Therefore people were very familiar with the registered manager. A relative felt the communication with the registered manager was very good and they said they responded well and were polite.

The registered manager and director demonstrated a good knowledge of people's needs and spoke with enthusiasm when talking to us about supporting people. During the inspection we observed that people engaged well with the registered manager and director who were approachable.

During the inspection there was a very open and positive culture, which focussed on people. The registered manager, director and staff told us it was a team approach and the registered manager and director adopted an open door policy regarding communication.

Staff said they understood their role and responsibilities and felt they were supported. There were arrangements in place to monitor that staff received up to date training. Staff told us, they could go to the registered manager any time about anything. Comments about the registered manager included, "Supportive". "Lovely, always there to help". "Very supportive, really good and accessible". One staff member said, "We come together as a team, it's easy to talk about things and we see where things are going". Another staff member told us, "There is a bond in the company and people are treated equally, you can call (registered manager) or (director) and they will come. They support staff really well".

There were audits and monitoring of the service to help ensure the service ran effectively and people remained safe. These included audits on stocks of medicines, care plans, risk assessments, daily reports made by staff and staff sickness.
The provider's objectives were included in the statement of purpose although not displayed. Staff told us the organisation was eager to promote openness and fairness, were person centred and enabling people, kept people safe and well and gave them the best possible care and support. People received care and support in line with the provider's objectives.
The provider had previously developed a training centre to provide opportunities for people receiving care and support to be supported by staff and have training in different subjects. The facilities included a kitchen

where up to four people could work; a training room; and a computer area with several computers. Other companies in the vicinity had been invited to share in training programmes and the local authority was making use of this facility, which demonstrated innovation in developing local contacts, increased networking, and supporting other organisations.
People, relatives and staff had previously completed quality assurance questionnaires to give feedback about the services provided every three months. There had been some slippage on these timescales, but the director had plans to address this. The questionnaires were linked to the inspection areas inspected by the Care Quality Commission. For example, one questionnaire would be about how people felt the provider kept them safe; the next questionnaire would be about how effective people found the service they received. The registered manager and director told us they reviewed each returned questionnaire and if there was any negative feedback this was used to drive the improvements required to the service. The last 17 surveys included one negative response to one question, the rest was positive.

People had access to easy read information, such as information about keeping safe and how to complain.

Staff had access via the internet to policies and procedures. These were reviewed and kept up to date by an external organisation. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.