

Resilience Health Care Ltd

Resilience Healthcare LTD

Inspection report

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Date of inspection visit:
11 January 2023

Date of publication:
01 February 2023

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

About the service

Resilience Healthcare LTD is a domiciliary care service providing personal care to people living in their own home. At the time of our inspection there were three people using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from the risk of abuse, and the service had systems and processes in place to promote and safeguard people. People and relatives told us they felt safe and were positive about the care workers who supported them. Care workers were trained to administer medicines safely. Checks were completed to ensure care workers were following safe medicine practices. Risks to people were reduced because people's individual risks and needs had been assessed and planned. Care workers had access to clear information about risks to people and how they should be supported to minimise the risks.

Care records were reflective of people's preferences and supported care workers to ensure people's needs were met. Care workers followed infection control procedures to reduce the risk of infection. There were plentiful supplies of personal protective equipment (PPE). 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.

People's privacy and dignity were well respected. Care workers knew people well and strived to deliver personalised care.

Audit systems were in place to support oversight and governance of the service. The service was well-led by a registered manager who was passionate about improving care and achieving the best possible outcomes for people. They were committed to the ongoing development of the service and ongoing quality improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update - This service was registered with us on 30 November 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess the quality of care and give the service their first rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Resilience Healthcare LTD

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 January 2023 and ended 15 January 2023. We visited the location's office on 11 January 2023

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative of people who used the service to help us understand the experience of people who could not speak with us. We spoke with 1 person who used the service. We spoke with the registered manager and 4 care workers. We reviewed the care records of 3 people using the service, personnel files of 4 care workers and other records about the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed. One care worker said, "If I notice something of concern, I would talk to the person, record everything and report to the office. I can also contact you (Care Quality Commission) or the council."
- People told us they were safe in the presence of care workers. One person told us, "I am absolutely safe with the carers. They know what they are doing and are very caring."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people.
- People's care files contained a range of risk assessments. In all examples, the assessments provided information about how to support people to ensure risks were reduced. For example, a care plan of one person identified complications of diabetes and how to prevent them. The care plan identified the common causes, signs and symptoms of low or high blood sugar. In addition to this a fact sheet was on file providing care workers with the necessary information of what to look out for when people experienced low or high blood sugar levels.
- The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment

- The service ensured that care workers were recruited safely. The service vetted and checked potential care workers prior to commencing employment. This included obtaining proof of address and identity as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People who used the service and relatives told us that sufficient care workers were available to support people who used the service. No concerns were raised with us in regard to missed or late calls.
- The service had introduced an electronic care management team. The registered manager told us that this will be very beneficial for rostering and monitoring care calls when the agency was supporting more people.

Using medicines safely

- Medicines were managed safely.
- Staff had received training in supporting people with their medicines. Care records contained detailed information of people medicines, their strengths, where they are stored and route of administration.
- People who received assistance with their medicines had records detailing when and who provided the support. Medicines Administration Records (MARs) had no gaps and were completed by care workers diligently.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
- People who used the service told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness. One person told us, "They [staff] follow correct infection control procedures and I feel very safe with them. They [carer] wear the right personal protective equipment, such as gloves, aprons, shoe covering and will always change gloves between tasks."

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- Since registering with the Care Quality Commission there had been no accidents or incidents.
- The registered manager told us that the service had systems in place to analyse any emerging themes and patterns. There were no accidents or incidents recorded at the time of the inspection.
- The registered manager told us, "Accidents once happened will be documented timely in line with the service's policy and guidance."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed once the service had received the referral from the placing authority.
- Assessments viewed had been carried out by the registered manager together with the person or their relative if required.
- Assessments of needs were found to be comprehensive, detailed and involved the person, their relative and healthcare professionals. During the assessments the service looked at the person's health and social history, their care needs as well as the person living environment. This ensured that the service was able to meet people's needs fully.

Staff support: induction, training, skills and experience

- Care workers had the appropriate skills and training. They demonstrated a good knowledge and the skills necessary for their role. We were able to view training information and documentation that confirmed the required competencies had been achieved by care workers.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Care workers told us that the training had been useful. One care worker said, "I have access to a lot of training, which helped me to understand my role better."
- We saw records confirming that supervision and support were being provided. The registered manager told us, once care workers had been at the service for longer than a year, they also received an annual appraisal. In addition to formal supervisions the registered manager carried out monthly spot checks to monitor care workers performance when supporting people.

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

- Where people were supported to eat and drink this had been clearly recorded in people's care plans.
- Currently people received minimal support to eat and drink. Care plans contained detailed information about people's likes and dislikes and dietary needs. For example, if people required a specific diet due to a chronic health condition. The care plan included clinical fact sheets for care worker to get information about this condition.
- One relative told us that the care workers supported their relative with breakfast. This was recorded in the person's care plan and reflected the person likes, dislikes as well as cultural dietary needs.

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

- Systems were in place to support people with their health needs. Care records had detailed information

about people's medical conditions and health professionals who were involved in their care.

- The registered manager and care workers shared examples where they had liaised with other professionals and made referrals where appropriate. One person explained that the service helped them to engage with the local authority for increased support hours. The person said, "They [Resilience Healthcare] really went the extra mile to get additional hours for us."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service always worked within the legal framework of the MCA.
- Care workers had a good understanding of the principles of the MCA and shared examples of how they applied this day to day. They were confident people were offered choices and made decisions for themselves. One care worker said, "It is important to always ask the person what help they need and if people have dementia or something like that, I will speak more slowly, repeat what I say and explain more clearly to help them to understand me better."
- Care plans were signed by people and contained clear guidance about consenting to care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 who used the service were treated and supported well and equality and diversity were respected in relation to their care and support.
- People who used the service and relatives told us that care workers were kind and caring. One person said, "The carers are fantastic, they treat me with respect and kindness."
- The service supported people who used the service to match care workers according to their gender preference and common cultural background. One person specifically requested a care worker from a specific gender and records showed that this was followed and met. One relative told us that it was very important for their relative to have a care worker who spoke the same language and told us that they were extremely happy that this has always happened since the service commenced.

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

- People were supported to make decisions. One person said, "They [staff] will always talk to me and ask me how I want to be looked after, they [staff] are very understanding."
- Care workers went to great efforts to provide people with information and help them to feel comfortable to express their views. One care worker said, "It is very important to listen to the clients, ask them what help they need. This helps to understand them better."
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- People's independence, choice and control was promoted.
- The registered manager explained how the ethos of the service was centred around promoting people's independence and their reablement. They gave us examples of people requiring less support with their personal care after a few months of support at the service. This was confirmed by one relative who said, "[Name] has really improved since the carers come in, they [carers] have become part of the family."
- People told us they were treated with dignity and respect and their privacy was protected. One person said, "When they support me with personal care, they [staff] will always close the door, draw the curtains and cover my body with a towel."
- People's records were kept secure on the computer, which was password protected and in the office within lockable cabinets.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were detailed, personalised and provided comprehensive information in respect to people's needs, likes, dislikes and social and medical history.
- Care workers told us that the care plans were easy to understand and to follow when supporting people who used the service.
- People and relatives told us that they had been involved in developing their care plan. One person said, "The manager came around and we discussed what help and support I needed."
- There was a process in place to ensure that care plans were reviewed regularly. The registered manager told us, "We review care plans every year, but more often if people's needs have changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples various communication needs were assessed and addressed.
- The service ensured that people who used the service were matched with care workers from the same background. One relative said, "It is so important the carers speak the same language as my relative and so far, this has never been an issue. This has helped my relative to trust carers and they have a great relationship."
- We discussed the AIS with the registered and found that she had limited understanding of the implication for health and social care services. We signposted the registered manager to guidance to get deeper insight into the AIS.

Improving care quality in response to complaints or concerns

- There were systems in place to respond and act on complaints and concerns.
- The service had a robust complaints procedure and the registered manager told us that all complaints will be documented and responded to in line with this procedure.
- The service did not receive any complaints since registering with the CQC. People who used the service and relatives confirmed this.
- Care workers told us that they saw complaints positively as they would help to make improvements to the care people who used the service received.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives told us they received good quality care and that they were happy with the service provided. Comments included, "The care is excellent, very professional and caring," "I would rate the service 10 out of 10" and "I have no hesitation to recommend the service to others."
- People told us the service was well led. The registered manager and senior staff had a good understanding of people's needs and were committed to promoting a good quality service.
- The provider had developed a clear, person centred vision and a set of values which focused on being respectful, trusted, caring and making a difference. Care workers aimed to reflect these values by treating people as individuals, communicating clearly and focusing on goals and outcomes.
- Care workers were motivated and proud to work for the service. One care worker said, "I enjoy working for Resilience, it is a very good agency to work for."

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

- The registered manager and management team understood their responsibilities in relation to duty of candour. The management team spoke about being open and honest when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place which was understood by staff, people and their relatives. The registered manager oversaw the running of the service and was supported by a care coordinator and field care supervisor. One person told us, "The manager and all the office staff are very good, very easy to talk to and helpful."
- There were effective systems in place to oversee the quality of the service. The management team monitored the quality of care planning through regular announced and unannounced spot-checks and regular telephone surveys with people who used the service. The registered manager told us that the newly introduced electronic monitoring system will provide real time data of care calls and information if care tasks had been completed. She advised us that the system should be fully operational by the end of January 2023.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of care workers, people and their relatives were sought by the service. The service routinely sent out questionnaires to gain people's and relative's views on their care and to seek any learning. A relative told us, "We have received a questionnaire from the service two times, this is very good, but we have no concerns with the service so give them always top marks."
- Care workers were invited to team meetings with the registered manager to discuss good practice and learning from improvements when these were identified.
- The service shared learning with care workers to promote best practice and good quality care.
- The registered manager demonstrated a good understanding of people's protected characteristics and gave us examples how the service addressed these. The registered manager said, "We actively would recruit staff from different cultures and communities to meet the need of our clients."

Working in partnership with others

- The service worked in partnership with other agencies and professionals to promote and ensure good quality care for people.
- The registered manager told us, that she was part of a national group where they share information in relation to home care providers. The registered manager told us, "The WhatsApp group helps me to share information, network with other home care providers and learn from each other to make improvements."