

Revolution Home Care Limited

# Revolution Home Care Limited

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 19 and 24 July 2017 and was announced. Revolution Home Care Limited is registered to provide personal care to people living in their own homes. At the time of our inspection, 20 people were receiving personal care. This is the first inspection Revolution Home Care Limited has had.

The service had a registered manager, who was also the provider, in post at the time of our inspection, who was present during our inspection. 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.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. However, these systems were not consistently implemented, and records in relation to concerns and complaints, and to checks on care were not always completed.

People were happy with staff who provided their personal care. They felt safe and were confident staff had the skills to provide care appropriately. People were protected from the risk of avoidable harm. Risks associated with people's health needs were identified to enable appropriate measures to be taken to minimise risk of avoidable harm. People were supported by staff in a caring way, which ensured they received personal care with dignity and respect.

The provider took action to ensure that potential staff were suitable to work with people needing personal care. Staff received supervision and had checks on their knowledge and skills. They also received training in a range of skills the provider felt necessary to meet the needs of people who used the service.

People received their medicines safely, and staff worked with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

People's rights were upheld in relation to consent to personal care. Appropriate arrangements were in place to check whether people were able to consent to their care. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA).

People were involved in their care planning and delivery. The support people received was tailored to their individual needs and wishes. People and their relatives felt confident to raise concerns in relation to the quality of care. The provider had a complaints procedure to ensure issues with quality of care were addressed.

## 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 were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. People received personal care in a timely manner.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and experienced to provide their personal care. Consent to care was sought, and where appropriate, the provider followed the Mental Capacity Act 2005. People were supported to access health services when needed, to maintain their well-being.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who understood their needs and preferences. They felt their views and preferences were respected, and they were listened to. People were treated with dignity and respect by staff who provided their personal care.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning and reviewing their care and support. Staff provided personal care in accordance with people's agreed care plans. People knew how to make complaints and raise concerns.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems were in place to monitor the quality of the service provided but were not consistently implemented. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care. People,

relatives and staff were confident to raise concerns and make suggestions.

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# Revolution Home 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 was planned to check 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 19 and 24 July 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service which provides personal care people; we needed to be sure that someone would be in. The inspection was carried out by one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, a notification of serious injury to a person or any allegation of their abuse.

We requested feedback from local care commissioners and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with four people, one relative and three care staff. We also spoke with the registered manager (who is also the provider) and office manager. We reviewed three people's care records, including

medication administration records (MAR charts). We looked at two staff files and records relating to the management of the service. These included training records and policies and procedures.

# Is the service safe?

## Our findings

People were kept safe from the risk of avoidable harm by a staff team who understood how to support people safely. One person said, "They make me as safe as possible." Another person said, "I feel very safe and they just see I'm ok. They are very trustworthy." Relatives spoke positively about knowing that their family members were being cared for in a safe way.

Staff knew how to identify people at risk of abuse. They were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received regular training in safeguarding people from the risk of avoidable harm and this was supported by training records.

People's care plans included relevant information about risks to their safety and how to protect people from the risk of avoidable harm. For example, one person described how staff supported them to shower in a way which made them feel safe. Staff described how to support the person with showering, and this was in accordance with their risk assessment and agreed care plan. Staff had clear information about how to avoid preventable harm, and understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised.

People's files contained emergency information and contact details for key people in their lives. Staff told us there was always an out-of-hours number for them to call in the event that they needed support. One staff member said, "Support is always there." There were plans in place to ensure people would continue to receive care in the event of an emergency. For example, the provider had a business contingency plan in place to ensure that people would continue to receive personal care in the event of disruption caused by adverse weather.

People said that there were enough staff available to support them at the times they needed. One person said, "Their time keeping is very good and they ring if they run late. We are not left hanging around." Another person said, "They do not let us down." Staff felt there was enough staff to support people with their personal care needs. The provider ensured that people were allocated consistent staff at the times they wanted their personal care provided. We saw that people were supported at times they wanted and needed.

The provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people receiving personal care in their own homes. This included obtaining disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. The provider did not consistently record where they had received verbal references for prospective staff, and said they would take action to ensure this was done. All staff had a probationary period before being employed permanently, and the provider undertook checks on new staff carrying out personal care. This meant people and their relatives could be reassured that staff were of good character and were fit to carry out their work.

People's medicines were managed safely. One person said, "Yes, they fill in the MAR chart when they do my tablets as I may make mistakes but they do it to keep it safe." People's medicines were administered by staff who had received training in managing medicines safely. Staff had a clear understanding of what level of assistance people needed to ensure they received their medicines as prescribed. Staff told us and records demonstrated they had received training to ensure they managed medicines safely. Staff told us and records showed they knew what action to take if a person missed their medicine for any reason. This meant people were supported to have their medicines as prescribed.



## Is the service effective?

### Our findings

People and relatives were consistently happy they were supported by staff who were trained to provide their personal care. One person said, "They seem well trained and [provider] checks them and explains to them what she is doing." Another person said, "[The provider] gives them good training and how they need to act and respond." Staff undertook a range of training the provider felt necessary in relation to people's care. For example, this included understanding dementia, safe moving and handling, infection prevention and control, and safeguarding. Staff told us and records showed they received refresher training in care skills and felt able to ask for additional training to meet people's specific needs. Staff had individual meetings with their supervisor to discuss their work performance, training and development. They said this was an opportunity to get feedback on their work and raise any concerns. Staff also had regular team meetings to discuss how to ensure people's care was of a good standard. The provider ensured that staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

Staff said they received an induction in a range of skills the provider felt necessary, and records supported this. Staff described working alongside experienced colleagues as part of their induction, and said the provider checked they had the skills to provide personal care. New staff had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had enough information about people's health conditions and the support they needed.

People were provided with personal care in line with legislation and guidance in relation to consent. People described how staff always asked for permission before providing personal care, with one person saying, "As they help me they are constantly checking with me." 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. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from Revolution Home Care limited was subject to restrictive care that would require a court application.

We checked whether the provider was working within the principles of the MCA. Staff had training in the MCA and understood they needed to seek people's consent for their personal care. They were clear they would talk with their manager if they had concerns that people might lack capacity to give consent to their care. The provider ensured people's rights were upheld in relation to consent to personal care.

People who received support to maintain a balanced diet were happy with the support staff provided. One person said, "The meals are nicely presented and they tidy up afterwards." Another person said with regard

to meals, "Yes, it's always done nicely. And they tidy up. It's done with hygiene, and they wash hands and they use gloves. They make sure I've got enough drinks." People said they were offered choices of food and drinks, and were supported to have enough to eat. Staff told us, and records showed people received the necessary support to ensure they had sufficient food and drinks. This meant people were supported to have sufficient to eat and drink.

People and relatives felt staff would support them to access medical or other help if needed. One person described how staff had supported them to access medical services when they had a fall, stating, "They [staff] came out to us straight away. They got the paramedics. They get on with it if I have any problems when they are already with me and they will wait to see things are in place before leaving." Another person described how staff noticed a change in their condition and supported them to see their GP. Staff also gave examples of occasions when they had sought medical help for people, and records demonstrated this was the case. This meant people were supported to maintain their health.

## Is the service caring?

### Our findings

People and their relatives were consistently positive about the staff supporting them with personal care. They felt staff were kind, considerate and caring. One person said, "With this firm I feel at ease with them and I'm back to enjoying having carers coming. They're really considerate. I feel like a new person since they've been helping me." Another person said, "They are good, [staff and the provider] have really good values and ethics. They are so determined to put the customer first. They are dedicated. They've started things right and want to keep things right." The same person commented that they felt at ease with staff and empowered to make their own decisions about care. People spoke about a staff team who treated them with respect and made them feel like they mattered.

Staff we spoke with felt that they cared for people and wanted to be able to make a difference to their quality of life. One staff member said, "Each person is different. You need to get to know each person and build a relationship." Staff described how people were supported by consistent staff of their choice, and how this ensured caring professional relationships were built. Staff were clear they needed to ensure people were offered choices and supported to make decisions about the personal care they received.

People said staff supported them at a pace that suited them, and they did not feel rushed. One person commented, "When they help me wash they take their time, they do not rush me. They are flexible around my needs." People's care plans recorded details about their personal preferences for their support. This included detailed information about what people were able to do for themselves, and what staff needed to support them with.

People felt staff supported them to remain as independent as they could. One person said, "It has really helped. I could not use a shower at one time and now [staff] can stand and watch me to keep me safe as I [now] do things myself. They've worked with me but I know they are there if I cannot reach up, they get things for me." Staff described how they worked with people to encourage them to do what they could, and to support them where necessary. People's care records detailed what they could do for themselves, and what they needed support with, so the provider ensured people were supported to remain as independent as possible.

People said that staff did their personal care in a respectful way that upheld their dignity. A relative described how staff ensured their family member received personal care that was mindful of their privacy by, for example, ensuring doors and curtains were closed during support with bathing. Staff treated people with dignity and respect, and understood how important this was for people. They described how they would support people in the way they wanted to ensure they maintained dignity whilst receiving personal care, and this was supported by what people told us.

Staff respected people's right to confidentiality, but were also clear when it was appropriate to share information about risk or concerns. Records about people's care were stored securely at the service's office.

## Is the service responsive?

### Our findings

People received individualised care that was responsive to their needs. They commented positively on the way Revolution Home Care Limited matched staff to be able to meet their needs, and staff confirmed this. People's care plans were person-centred, and included information about people's preferences for personal care. For example, one person's care plan had detailed information about their preferences for their morning routine, including food and drink preferences. The person confirmed that staff provided care consistently in accordance with their care plan. Staff we spoke with were familiar with people's personal care needs, and their individual preferences for support with personal care.

People were involved in making decisions about their care, and felt their views and preferences were respected. One person described how their care was assessed and care plans updated to reflect their changing needs. They said, "The times and all the details were sorted to match my wants and needs and [the provider] listened to me. We've shared things since then and we can both be flexible." Another person said, "The updated plan reflects the changes as my conditions get a bit worse. It often gets updated." Staff told us and records confirmed people's care needs were reviewed regularly, and where necessary, changes made to ensure their needs were met. Staff felt care plans contained enough information to be able to understand people's needs and wishes. Care records we looked at contained detailed information about what people's needs were, and what their views were about how they were supported. This demonstrated the provider ensured staff had relevant information to meet people's needs, and people and relatives were fully involved.

People and relatives felt they had opportunities to provide feedback about the service by talking with staff and the provider. They spoke positively about the accessibility of the provider to do this. People and their relatives knew how to raise concerns or make a complaint. They were confident complaints would be taken seriously and resolved. One person said, "I've had nothing like a formal complaint but I've had odd issues raised with them and they get dealt with and I'm not made to feel like a nuisance." A relative said they felt able to raise any concerns or complaint, and felt they would be dealt with promptly. People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint. The provider had not received any formal complaints for us to review. As most concerns were dealt with immediately, there were no clear records of issues raised and resolved. The provider had processes in place to carry out surveys and audits of the quality of care, but these were not being done consistently. We spoke with the provider about this. They assured us they would look to improve record keeping in this respect.

## Is the service well-led?

### Our findings

The provider had processes in place to carry out surveys and audits of the quality of care, but these were not being done consistently. There were also aspects of service provision where recording was not consistent. For example, we checked records staff kept in relation to medicines, and noted there was no record of when MARs were checked. Staff and the provider confirmed MARs were checked monthly, but there was no record of this. We discussed this with the provider, and they assured us action would be taken to ensure checks were recorded. We also found staff were not always recording when people had raised issues that were subsequently resolved. Although people were happy with the way issues they had raised were managed by the provider, there was a risk the provider would not have sufficient records to enable them to look for trends or patterns. We spoke with the provider about this, and they confirmed the majority of day to day issues were dealt with informally due to the small size of the service. They acknowledged they would need to consider how to deal with this as the service developed in the future. The provider assured us they would look to improve record keeping in this area to enable them to identify trends or concerns about the quality of care.

People and their relatives felt the service was managed well. People spoke positively about the provider taking a hands-on role in providing personal care, and in checking staff provided care to a high standard. One person said, "They are excellent" and another said, "I would recommend them. I have told them that. They are excellent for us." People and their relatives felt confident to make suggestions about improving the service, or to raise concerns. They felt any feedback they gave was taken seriously and acted on.

Staff were positive about the support they received from the provider. They felt able to raise concerns about care or suggest improvements to the service. For example, all staff we spoke with said they could contact the office or provider to get advice and practical support at all times, and were confident they would get the support they needed. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the provider would take appropriate action. This demonstrated an open culture within the service, and gave staff guidance on the standards of care expected of them.

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose (SOP) is a legally required document that includes a standard set of information about a provider's service, including the provider's aims and objectives in providing the service. For example, Revolution Home Care Limited's SOP states the service will, "Support individual choice and personal decision-making as the right of all Service Users. Respect and encourage the right of independence of all Service Users. Recognise the individual uniqueness of Service Users, staff and visitors, and treat them with dignity and respect at all times." The provider and staff demonstrated they worked with the people they supported in a way that was personalised and meaningful, and where they were treated with dignity and respect.

The provider took appropriate and timely action to protect people and ensured they received necessary

care, support, or treatment. The provider had established links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. This ensured people accessed healthcare services to keep them safe and well.

The provider had organisational policies and procedures which set out what was expected of staff when providing personal care. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw they were up to date and reflected professional guidance and standards.