

Revolution Social Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

MediGreat Health is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection one person was using the service.

People's experience of using this service

The provider had processes in place for reporting safeguarding allegations. Staff followed the guidance in the provider's safeguarding policy to keep people safe from abuse and for reporting allegations of abuse promptly for investigation.

The registered manager completed assessments with people and relatives. Assessments identified their care and support needs and risks to people's health and wellbeing. Plans were put in place to mitigate those risks and to carry out people's assessed care.

People had their medicines managed well. Records used in the administration of medicines were completed accurately using an electronic system and the registered manager completed an audit of these records for completeness.

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.

Social activities were arranged independently but staff supported people to maintain relationships with friends, relatives and to develop new interests. People's nutritional needs were met and staff understood people's meal preferences and provided this support when required.

People understood that they could make a complaint about the service if they were unhappy. People gave positive feedback about the care received, staff and of the management of the service.

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 31/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date we registered the service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

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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.

Inspection team

This consisted of 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.

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

We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. Inspection activity started on 12 December and ended on 27 December. We visited the office location on 12 December to see the registered manager and to review care records and policies and procedures.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records including one person's care record, one staff file and a variety of records relating to the management of the service, including policies and

procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person about their experience of care provided and one care worker.

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 for 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 said they felt safe and comfortable with the staff that supported them daily.
- There were established systems in place that guided staff about safeguarding adults. The provider had safeguarding policies and processes in place and staff followed these to protect people from the risk of harm and abuse.
- The registered manager confirmed staff had training which improved their safeguarding knowledge and how to promptly report abuse.

Using medicines safely

- People had their medicines managed by staff in a safe way and as prescribed. The provider's medicines policy provided staff with guidance for the administration, ordering and storage of people's medicines.
- Records were completed when staff administered topical medicines. A person had a body map in place that clearly identified areas of the body a cream should be applied. This guidance was followed by staff.
- Staff completed medicine management records each time they supported people to take their medicines. Staff used electronic medicine administration records (eMARs) that confirmed when staff had given medicines. These records contributed to the overall audit of medicines management and these were checked for their accuracy. Each eMAR was audited for their completeness and the sample we looked at were accurate and had no unexplained gaps in them.
- Each person had a medicines risk assessment that recorded any allergies and the support required from staff.

Assessing risks, safety monitoring and management

- Staff completed risk assessments for each person receiving services. The assessment identified potential risks associated with people moving in and outside their home, continence needs, pain management, mental health needs, nutrition, care needs and medicine management. A detailed management plan was put in place for each potential risk and staff followed the guidance to mitigate them.
- Staff completed a home environment risk assessment to ensure any risks were identified and managed. There were records of any hazards that could lead to trips or falls in the home and the actions taken to resolve this concern. This ensured people and staff working in the home were safe.

Learning lessons when things go wrong

- The provider had arrangements in place to record accidents and incidents that occurred. The collection of this information helped to monitor incidents so the registered manager could identify trends or patterns and reduce any risks. At the time of the inspection no incidents or accidents had occurred.

- The registered manager shared information with staff to improve their learning when this went wrong. This helped staff to reduce the potential concerns reoccurring.

Preventing and controlling infection

- Staff followed the provider's infection control policy to protect people from the risk of infection. All staff had access to supplies of Personal Protective Equipment (PPE). PPE is protective clothing and equipment designed to protect the wearer's body from injury or infection. Staff confirmed they had gloves and aprons to help reduce the risk of infection and cross contamination.

Staffing and recruitment

- Staff were employed through robust recruitment processes. Pre-employment checks were returned before newly employed staff supported people. Checks included, job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- Enough staff were available to meet people's needs and this was confirmed by staff and a person using the service. Regular care workers were made available to provide consistent care to people.

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 assessments identified areas of their lives where they need additional staff support to live well.
- People had their care tailored to meet their needs following a full and effective care assessment. A plan of care was put in place and was followed by staff to ensure people received safe and appropriate care.
- The registered manager understood the requirements of the Equality Act (2010) and care assessments recorded any of the characteristics protected in the act. Care records included details about people's religious beliefs, culture and sexuality, also recording whether people had any needs in relation to these and the support required by staff.

Staff support: induction, training, skills and experience

- The provider arranged staff induction, training, supervision and appraisal. Newly employed staff had an induction when they began working at the service. The induction prepared staff to work in the organisation and with people.
- Staff training was available for all staff which supported them in their roles. The staff training included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff confirmed they had completed training in safeguarding, first aid, medicines management and infection control. A member of staff said, "The training helps me in my job and how to care for people in a safe way."
- The registered manager had meetings with staff to review their practice and job performance. Each member of staff had supervision and there were plans for staff appraisals when these were due. These meetings were used for staff with the registered manager to discuss with staff their practice, to identify their professional developmental needs and to reflect on their individual achievements.

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

- The person receiving care was able to make meals for themselves. However, staff were flexible and provided support when the person was not able to make a meal independently.
- Care records detailed the foods that people enjoyed and staff were familiar with their individual meal choices and preferences.

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

- People received support and advice from health and social care professionals to meet any changing needs. When a person's physical care needs had deteriorated staff contacted the person's GP to share information on the person's health condition and to request an appointment on the person's behalf.

- Care records were updated when people visited health care professionals. This helped staff keep up to date with people's current needs and the support they required.

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.

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.

- A person confirmed that staff asked them for their consent before being supported.
- People made decisions about how they wanted to have their care and support delivered and these decisions were recorded in their care records.
- The registered manager understood their responsibilities in relation to the guidance in MCA legal framework of the MCA. At the time of this inspection no one using the service had care provided within the MCA.

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

- Staff knew people well and understood their individual needs. Feedback about the care and support was positive and a person said staff treated them well.
- People's care records contained details of their lives before receiving care. This included their family relationships, where they were born, what they enjoyed doing as a social activity. This information gave staff a good understanding of people and their individual needs.

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

- Staff encouraged people to become involved in their assessments and care planning. People were confident to express their views of their care and how they wanted it delivered to them.
- Staff recorded people's decisions, for example, a change in visit time and these decisions were respected by staff.
- The registered manager had arrangements in place for people, relatives and health and social care professionals to access people's daily care records via a secure electronic care records system. Staff and people confirmed that only authorised people were provided with access to these records following consent from people using the service. The registered manager confirmed the electronic care records system met the requirements of the General Data Protection Regulation (GDPR). The GDPR is a regulation in EU law on data protection and privacy.
- People confirmed their relatives and health care professionals could contribute and be involved in the planning and delivery of care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people and provided care that was kind and respectful. A person said, "A little support goes a long way, help with getting ready for the day in the morning and allows me to get out more." Staff followed people's care plans and asked how they wanted their care provided on each care visit.
- Care was carried out by staff who understood the importance of protecting people's privacy. Staff understood how to ensure people were treated in a dignified way and to protect their rights. A person said, "My care worker is so polite, and I feel like she/he is part of my family."
- People's care records contained details of their individual abilities and what aspects of their care people could do independently such as managing their personal care.

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 meet people's needs, preferences, interests and give them choice and control

- The registered manager identified people's care needs, completed a risk assessment and a plan of care before people began using the service.
- Assessments explored people's lives including their life histories, hobbies, and any medical conditions they had. This information helped staff to develop appropriate care and support. People described things in their lives that were important to them. A person said, "To remain as independent at home for as long as possible and also to be mobile on my own."
- Care records were reviewed and updated when people's needs changed. Daily logs were completed when people received care from staff. These records detailed the support people received and was delivered in line with the guidance in their care plan.

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

- The registered manager supported people to maintain relationships with people who mattered and were important to them.
- Care records contained contact details of friends and relatives if this was agreed, who would be contacted as required.
- People managed their social activities independently and went out into their local community as they chose. A person said they enjoyed various hobbies and interests, this included attending, "Christian community groups, church, prayer meetings, going to the movies and socialising."

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 recorded in their care records. The registered manager had access to large print and easy read documents for people who needed information in alternative formats.

Improving care quality in response to complaints or concerns

- The provider's complaints process was given to people when they began using the service. A person said they were confident to make complaints about the service if they were unhappy about the care they received.
- At the time of the inspection there were no complaints made about the service. The registered manager

had described the established systems for recording and managing complaints from people, relatives and health and social care professionals.

End of life care and support

- The registered manager completed end of life records to ensure people's views about the care they wanted at that time were recorded.
- At the time of the inspection no one using the service was in receipt of end of life care. Care records had details of relatives and health and social care professionals that would be contacted for support at the end of life.

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; 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

- People and gave positive feedback about staff and the registered manager. They said, "The care worker and registered manager are respectful."
- The registered manager understood their registration responsibilities to the Care Quality Commission (CQC). All reportable incidents were submitted to CQC as legally required.
- The registered manager understood the requirements of the duty of candour and to share information when concerns are raised or when things go wrong.

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

- The registered manager had oversight of the service. The service underwent a variety of quality performance checks of the service delivery.
- The registered manager completed audits on medicine, care records and staff recruitment records. These checks enabled the registered manager to identify areas for improvement and shared these with staff, where required, to drive the development of the service.

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

- People and their relatives were encouraged to provide their opinions of the service and the care and support they received. Records showed people gave positive feedback about their experiences of receiving care and were happy with the care worker that visited them.
- There were arrangements for staff to receive feedback and updates about the service. Staff attended team meetings which were used to share information and for staff training.

Continuous learning and improving care

- The registered manager described the changes in the service which involved streamlining all care documents, to fully implement the electronic care record systems, to have a paperless service and reduce paper waste wherever possible.
- The registered manager completed training and attended engagement meetings with the local authority. This helped the provider to gain knowledge and share ideas to improve the service and care people received.

Working in partnership with others

- The registered manager and staff had developed working relationships with health and social care professionals, so people received consistent and coordinated care across services.
- The registered manager had developed working relationships with local voluntary services. This support benefitted people using services because they were also able to access this support.