

Mrs Sonia Rani Nahar

# Revelation 22 Care

## 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

Revelation 22 Care provides personal care to older people and people with physical disabilities in their own homes. At the time of the inspection there were seven people receiving support from the service.

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

People were supported to remain safe by staff who were knowledgeable about the different types of abuse and how to report concerns. People had risk assessments in place which enabled staff to reduce the potential risk of harm.

People were supported to receive their medicines safely. People were supported to maintain a balanced diet and had access to health professionals when they needed them. People were involved in decisions regarding their care and their independence was encouraged by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew them well and understood their backgrounds and preferences. This enabled people to develop strong relationships with the people who supported them. People were involved in planning and reviewing their care along with those who were important to them. This ensured care was person centred and needs led.

People were supported by safely recruited staff. Staff had training which enabled them to support people effectively. People felt able to speak to staff and the provider and knew how to complain. The service acted on feedback to continuously improve the care they provided.

The provider monitored the quality of the service and took action, where required to minimise risks to people. This enabled the service to learn lessons where things went wrong.

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

### Rating at last inspection

The last rating for this service was good (published 22 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Revelation 22 Care

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team 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 homes.

#### 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 would be in the office to support the inspection.

#### What we did before inspection

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

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider and care workers. We reviewed a range of records. This included one person's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service we also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One relative told us, "[Person's name] is safe in their care."
- People felt able to raise concerns with staff. One person told us, "I have never had to raise concerns but [the provider] would listen and is always available if I needed to talk."
- There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which included guidance for staff to manage and reduce the level of risk.
- Risk assessments were recovery focused and promoted the least restrictive options for people's support. For example, one person's risk assessment encouraged staff to give the person time and space if they were feeling distressed.

Staffing and recruitment

- There were sufficient numbers of trained staff to ensure people's needs were met. One person told us, "I never feel rushed. [Staff] always take the time to make sure I feel comfortable."
- Staff were recruited safely and matched with people's preferences and backgrounds. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

Using medicines safely

- People received their medicines as prescribed and staff understood how to administer medicines safely.
- People's medicines were reviewed by health professionals regularly to ensure they remained effective.

Preventing and controlling infection

- Systems were in place to ensure infection control procedures were followed within people's homes. For example, staff used protective personal equipment including aprons and gloves when they were supporting people.

Learning lessons when things go wrong

- Whilst there had been no accidents or incidents at the service, we saw there were systems in place to

ensure learning could be considered when things went wrong.

- The provider understood their responsibilities in relation to whistle blowers and was able to discuss how they would support staff to raise concerns confidentially. Whistleblowing is the term used when someone who works for an employer raises a concern about risk or wrongdoing which creates a potential for harm to people who use the service, colleagues or the wider public.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. The provider told us, "I ask about people's medical history, their medicines, times they'd like their support and their preferences. We really learn about what people need as we work with them."
- The provider sought other professionals' advice where this was required. For example, from physiotherapists and district nurses.
- The provider worked alongside staff to ensure changes in people's needs were recognised and their care plans remained up to date.

Staff support: induction, training, skills and experience

- Staff received an induction which supported them to meet people's needs.
- People were supported by an experienced staff team who told us the training was 'good' and had completed training such as moving and handling. One staff member told us, "The training helps me care for people."
- The provider had an effective system in place to monitor staff training to ensure this was up to date.

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

- People were supported to maintain a balanced diet by staff who understood their preferences. For example, people were supported to eat food prepared in a culturally sensitive way.
- People were supported to access professional support to maintain a healthy diet where required or where risks of weight loss or malnutrition had been noted. For example, one person had received support from speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care

- Professionals we spoke with were consistently positive about Revelation 22 Care. For example, one professional told us, "[Person's name] needs a substantial amount of support. [Staff] were very approachable, professional and understood [the person's] needs."
- People were supported by a consistent staff team who knew them well. One person told us, "I have the same carers. It's always someone I know and if not staff introduce me to the new carer."

Supporting people to live healthier lives, access healthcare services and support

- The provider worked alongside health professionals to support people to access healthcare and support.

People's care records contained information of health professionals involved in their care such as district nurses and their GP.

#### 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.

- The service was working within the principles of the MCA. Whilst no one lacked capacity at the time of the inspection, people's capacity had been explored as part of their care assessment and staff sought consent prior to providing care.
- Staff received training to support their understanding of 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 were treated with kindness and compassion. One relative told us, "All staff are really good with [person's name] and don't hurry them. They are excellent."
- Staff understood equality and diversity. People's religious, cultural and social needs were considered during care planning and delivery. For example, the provider aimed to match people with staff who understood their background and spoke the same first language.
- People were supported in a sensitive way when they became distressed. One person told us, "Staff always listen and have been there for me when I have needed them."

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

- People were encouraged to make choices about their day including what they would like to eat and drink and whether they would like to spend time in their local community.
- People's care plans considered their choices and preferences and staff provided support accordingly.
- The provider involved people in reviews of their care. For example, one person was supported by the provider to evaluate their carers to ensure they continued to effectively meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff promoted people's independence. For example, the provider encouraged people to mobilise where they were able to and engaged with professionals to support this process. One professional told us, "[Staff] were very supportive of [person's name] needs and gave them the time they required. Staff seemed keen to ensure [person's name] had the right support."
- People's privacy was ensured by staff. One person told us, "[Staff] are always respectful and have never made me feel uncomfortable."
- People's right to confidentiality was respected. For example, one person did not wish their personal details to be recorded in their care plan. The provider worked with the person to ensure only their care needs were recorded in line with their wishes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- People were empowered to have as much control as possible. For example, we saw people were regularly consulted about their care.
- People were supported by staff who knew them well. One person told us, "Staff know me well and where things are."

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 were supported with their communication needs relating to sensory loss and physical disabilities. One relative told us, "[Person's name] knows them all well and staff all understand [person's name] communication needs. I can't fault them."
- The provider met the Accessible Information Standard and information was available in formats people could understand.

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

- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing. For example, staff spent time with a person building their confidence in spending time outside of their home. The provider told us this had improved the person's quality of life.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "I have never had to complain but [the provider] would listen and is always available if I needed to talk."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection however the provider was aware of the importance of people being involved in planning their end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- We received consistently positive feedback about the provider and their inclusive, person centred approach. One relative told us, "[The provider] is golden. You wouldn't get anyone better than them." One staff member told us, "The provider is a very good manager, I always feel able to speak to them."
- The provider was passionate about providing a high-quality service. The provider told us, "It's about making sure people are loving their care as opposed to just receiving care."
- Staff meetings took place and were used as an opportunity to share concerns and revisit current guidance.

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 Provider understood their responsibilities in relation to the duty of candour. The provider told us, "It's about being transparent, owning up to our mistakes and putting something in place to learn lessons and reduce any future risk."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly reviewed the quality of the service and worked alongside staff to ensure open communication.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements.
- The service involved people and those important to them in planning their care.
- The provider engaged people in feedback about the service.

Continuous learning and improving care

- The provider worked alongside people, their relatives and staff to promote a culture of learning and improvement. For example, following a person experiencing infections, the provider worked with the person and their family to develop new ways of working to reduce this risk.

#### Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.