

Mrs Sonia Rani

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

This inspection took place on 22 December 2016 and was announced. 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 three people receiving support from the service. This was the agency's first inspection since registration.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had a good understanding of how to protect people from harm and knew how to report any concerns about people's safety and well-being. Risks were assessed and managed by staff who used detailed guidance gathered at assessment to protect people from avoidable harm. People received support from a consistent staff team. The provider carried out recruitment checks to ensure staff employed were suitable to work with people. People received their medicines as prescribed.

People were supported by staff who had the skills and knowledge required to meet their needs. Staff received support from the registered manager who worked alongside them to offer practical support. People were asked for their consent before care was provided and people were supported to make their own decisions. People received food and drink they were happy with which helped them maintain their health. People were supported to access healthcare service when required.

People were supported by staff who were friendly and caring. People received support from staff who understood their cultural needs and provided tailored support to suit each individual. Staff supported people in a dignified way, by respecting their wishes and feelings and promoting people's independence in a caring supportive way.

People and their relatives had contributed to the assessment and planning of their care and support. People received care that met their individual needs and preference and staff had a good knowledge of their likes and dislikes. People knew who to contact if they were unhappy about the service they received and the provider had systems in place to encourage feedback and manage complaints.

People and their relatives were happy with the service they received. People and staff felt the service was well managed. Staff received support from the provider which helped them in their role. People, relatives and staff were asked for their views on the service they received. There were systems in place to monitor the quality of care people received and these were used to drive improvement.

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.

People received support from staff who understood their responsibilities in keeping people safe from harm and knew how to report any concerns. Risks to people were assessed, managed and reviewed to protect people from avoidable harm. People received support from a consistent, reliable staff team. People were happy with the way they were supported with their medicines and received them as prescribed.

Good ●

Is the service effective?

The service was effective.

People received support from staff who had the skills and knowledge required to care for them. People were asked for their consent before care was provided and staff supported people to make their own decisions where possible. People were happy with the food and drink they received and were supported to access healthcare professionals when required.

Good ●

Is the service caring?

The service was caring.

People received support from staff who were caring and compassionate. Staff were aware of people's cultural requirements and supported people in a way that took account of their diverse needs. People were supported by staff who upheld their dignity and privacy and promoted their independence.

Good ●

Is the service responsive?

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support. Staff were aware of people's individual needs and preferences. People and their relatives knew who to contact if they were unhappy with the care

Good ●

provided and there was a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff spoke positively about the service and felt it was well managed. Staff felt supported by the provider.

People and relatives had been asked to give feedback about the service they received. There were systems in place to monitor the quality of care provided which identified areas for improvement.

Revelation 22 Care

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 22 December 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the registered manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we spoke, by telephone, to one person and two relatives of people who used the service. We also spoke with two staff members and the registered manager who was also the provider. We looked at records relating to the how the care was delivered for people who received support from the service. This included three people's care records, three staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

Our findings

People and relatives we spoke with told us they felt safe with the staff who supported them. One relative said, "[Person's name] is definitely safe. They get on well with the carers and this helps." Another relative said, "[Person's name] feels safe, they are always supported by the same person, so this reassures them." Staff we spoke with told us they had received training in how to protect people from harm and report any concerns. One staff member said, "If I was concerned for a person's safety I would contact the manager immediately. If they didn't give me the response I needed I would contact the local authority or the police." We spoke with the registered manager, who was also the provider; they demonstrated a good knowledge of their responsibilities in keeping people safe from harm. Where concerns had been identified they had contacted the relevant authorities and they had systems in place to report allegations of abuse and protect people from harm.

People were supported by staff to manage their risks. Risks were identified when people were assessed at the start of receiving support and risk management plans were implemented to minimise the potential risks to people's safety and well-being. Staff we spoke with told us, "We are given information about risks before we visit people. The manager explains them to us and if we identify anything new we speak to the person, their relatives and the manager." We saw care records contained relevant guidance for staff to follow in order to reduce risks. For example, one person's records contained a risk assessment of the home environment, giving staff information about how to maintain the person's home so the risk of trips or falls were minimised. Staff knew how to care for people safely and were able to explain how they supported people to manage risks, for example, to their fragile skin.

People we spoke with told us staff were on time for their support calls and stayed with people for the required time. One person said, "The carers arrive when they should, and sometimes they stay longer than they have to." Relatives also expressed positive views about the time staff arrived and stayed with people. One relative told us, "Since we have been having support they have not missed a call. Once the staff were late, but they called and let us know and that was fine." Two of the relatives we spoke with told us they were pleased their family members were supported by a consistent member of staff, as this helped people feel safe. One relative said, "[Person's name] has got to know the regular carer, so they feel comfortable."

We discussed recruitment checks with the registered manager and looked at their recruitment processes. We saw they had conducted appropriate recruitment checks prior to staff starting work at the service. References checks, identity verification and Disclosure and Barring Service (DBS) checks had also been completed. DBS checks help providers reduce the risk of employing unsuitable staff.

People told us they were happy with the way they received their medicines. A relative said, "Staff prompt [person's name] to take their medication. I have been pleased because when additional medicines have been required, separate to the usual ones, staff have checked to make sure they are taken." Staff told us they had received training in administering medicines and were able to share with us examples of how they supported people to take their medicines. One staff member told us, "One person I support isn't always keen on taking their medicines, so I give them time, explain the benefits of them to the person. After a while they will take them, it's just about encouragement." We discussed medicines with the registered manager who told us all staff had received training in medicines. They told us, and records confirmed, they carried out checks to ensure people were receiving their medicines as prescribed. This included auditing medicines administration records. The registered manager also carried out competency checks with staff to ensure they were competent to support people with medicines.

Our findings

People and their relatives felt that staff were competent to provide them with the care and support required. One relative told us, "I think staff understand [person's name] well. They are always pleased to see the staff and get on very well with them." Another relative said, "When the carers first came in I watched to make sure they were doing what they should be. I saw the manager sharing information with staff, explaining how things should be done." Staff told us they felt the training they received equipped them for their roles. One staff member said, "Recently I have completed training in health and safety and moving and handling. I'm currently doing some further training in medication. If I need any further support I can ask my manager."

Staff told us they received an induction when they first started working at the service, which helped them to understand their role. One staff member told us, "The induction gave me clear information about how to care for people, what was expected of me and how to handle situations. It was helpful." Staff told us they felt supported by the provider and had been given opportunities to gain the skills and knowledge required to support people.

People told us staff asked for their consent before they supported them or provided care. One relative said, "Staff always ask [person's name] before helping them with something. They check [person's name] is happy with what they are about to do." Staff we spoke with understood the importance of gaining people's consent and shared examples with us of how they assured themselves people were happy to receive their support. One staff member told us, "I always talk to [person's name], ask them everything. It's important they are happy so I ask before I do anything."

We looked at information about consent in the care record we reviewed and found the person and their family had been involved in making decisions about their care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA. Staff we spoke with had a clear understanding of people's capacity and understood the importance of involving people in decisions about their care and support. We discussed the MCA with the registered manager and they demonstrated to us that they understood their responsibilities to assess people's capacity and ensure any decisions made were in people's best interests.

People and their relatives told us they were happy with the food and drink provided. One person's relative told us, "We have a call specifically for cooking. The carers cook Punjabi food which is great, because they understand [person's name]'s tastes. They now enjoy their food and are eating more; they've put weight on, which is a good thing." Some people received support to prepare meals while others only required staff to heat up prepared meals. In both cases people gave positive feedback about the meals they were offered. Staff understood people's individual tastes and preferences and told us they encouraged people to eat and drink sufficient amounts to maintain their health. One staff member said, "I offer people a choice of meals. [Person's name] will tell me what they want and I'll prepare it." Where people required their meals to be prepared in a specific way to reduce the risk of choking, staff were aware and were able to explain how they prepared food in accordance with the person's care plan. This ensured people received sufficient amounts of food and drink.

People did not receive specific support from staff to maintain their health as this was provided by their family members or other healthcare professionals. However, relatives spoke positively about how staff had supported their family members when they were unwell. One relative told us, "If [person's name] is under the weather the carers will call me and let me know. Carers even notice if their mood changes, as they know this can indicate more serious health issues." Discussions with staff showed they knew how to respond to people's specific health needs. Staff told us, and we saw people's care records detailed their health needs, conditions and any prescribed medicines. One staff member told us, "We follow advice given by healthcare staff, for example, by checking [person's name]'s skin on a daily basis. This means if there were any issues we would pick up on them straight away." This demonstrated people were supported to access healthcare services when required.

Our findings

People and their relatives told us staff were friendly and caring. One relative told us, "I think staff are really caring, they take time to listen to how we want things." Staff we spoke with told us they enjoyed their roles and spoke with compassion about the people they supported. One staff member told us, "I think we show we are caring because we have taken time to understand what's important to people. I always say to [person's name], take your time, there's no rush." Another staff member shared with us examples of when the registered manager had responded to calls from people during the night and travelled to support them to attend hospital or simply offer reassurance. Relatives shared examples with us of how a staff member's approach had meant the person was receptive to receiving support. For example, staff encouraging a person to do their daily exercises in a light hearted yet supportive way.

Where people had specific cultural requirements we saw these had been included in the assessment and planning of people's care. Staff were aware of people's cultural requirements and the provider had ensured people were supported by staff who spoke their language and had an understanding of people's cultural needs. Relatives told us this had a positive impact on people who they felt could better relate to staff who spoke their preferred language.

People were supported to express their views and were involved in making decisions about their care and support. Relatives told us their family members were involved in making decisions about their support. Staff shared examples with us of how they involved people in decision making. One staff member told us, "I always offer people a choice when it comes to their clothes. We discuss options and [person's name] will always tell me what they prefer. I then record the choices offered." Care records included guidance for staff on how to involve the person in their support and staff told us they had read these before meeting people. One staff member told us, "I was given the care plan and the manager gave me background information, but [person's name] makes their own decisions."

People and relatives told us staff supported them in a way that protected their privacy and dignity. One relative told us, "If visitors arrive the carers will ask them to wait if [person's name] is not ready. [Person] needs to feel they are being respected and their dignity is kept." Staff shared examples with us of how they maintained people's dignity when supporting them with personal care. One staff member told us, "I always ensure family members are not around, ask people to wait if they try and enter the room and keep the curtains closed." We saw one person's care records gave guidance to staff about keeping a person's legs covered when they had visitors. Staff we spoke with were aware of this, and had a clear understanding of how the person wished to be supported. Staff also shared examples with us of how they promoted people's

independence. For example, by encouraging people to mobilise as much as possible and eat and drink on their own.



Our findings

People and their relatives told us they were involved in the assessment, planning and review of their care. One relative told us, "The manager visited and did a detailed report. We were able to specify all of the dos and don'ts likes and dislikes." People and relatives told us they were regularly contacted by the registered manager to ensure the support provided was still appropriate and met the person's needs. One relative said, "[Name of registered manager] regularly asks if we are happy with the support and is [person's name] getting what they need." Staff we spoke with felt they had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs.

Records we looked at were individualised and contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. People's care needs were regularly reviewed and any changes were recorded. Staff told us, and we saw, they reported any changes in people's needs to the registered manager; care records were then updated and other staff informed. A staff member told us, "If I notice any changes I record them and always contact the manager. They then update the care plan. I also contact relatives and other staff to make them aware." This ensured people received care that was responsive to their needs.

People and relatives knew who to contact if they were unhappy about the care and support they received. One relative told us, "We are in regular contact with the manager, if we were unhappy I would speak to them." Another relative told us they regularly contacted the manager with questions or requested changes to the calls their family member received and was happy with the responses they were given. They said, "I can call, text or leave a message for the manager, they always return my call." One relative told us they had been anxious about the support their family member received as they had poor experiences in the past. They told us that being able to easily contact the manager gave them reassurance and this meant they could leave the person in the care of staff without worrying. Although there were no current outstanding complaints, the provider had a complaints policy in place. The registered manager confirmed that people were given details of how to complain when they started to receive a service. This demonstrated there were systems in place to appropriately manage complaints.



Our findings

People we spoke with were happy with the care and support they and their family member received. Relatives told us they felt the service was well managed. One relative said, "This agency seems golden, it's clear the manager sets the standards." Another relative told us, "I would recommend the service, in fact I already have. The care is good." Staff we spoke with all expressed confidence in the provider and told us they felt a "good standard" of care was provided. One staff member said, "I would recommend this service to others, staff have a lot of empathy; it's not just a job."

Staff we spoke with understood their role and responsibilities and told us they felt supported by the provider. They said they were always able to contact the provider if they needed to and were able to discuss any concerns. One staff member said, "I think [provider's name] always goes out of their way to help. You can contact them anytime and ask for advice." Staff told us support from the registered manager included one to one meetings, where they received feedback on their performance in their role. One staff member said, "There is a family atmosphere working here, I don't feel like an outsider, the manager is helping me."

We found the provider had systems in place to audit the quality of care people received. The registered manager worked alongside staff members on a regular basis to ensure they were working to the required standard. The registered manager told us, "I am working with staff, so I can give guidance. If anything happens, staff let me know so I can put things right straight away." People's views and those of their family members were sought on a regular basis. We saw records of meetings the registered manager had held with staff to discuss the care people received and ensure all staff were working in a consistent way. Relatives told us they were regularly asked to give feedback about the care their family received. The registered manager told us they planned to improve the systems used for gathering feedback and were looking to gather people's view in a more formal way. Records also demonstrated the provider kept a log of significant events which enabled them to respond to any issues of concern and identify any trends in incidents, so they could then take appropriate action. This showed the provider had systems in place to monitor the quality of service people received.

The registered manager had a good understanding of the people who received support and had a positive working relationship with people and their relatives. People and their relatives knew who the registered manager was and told us they found them approachable. The registered manager was aware of their responsibilities to notify CQC when certain events occurred, such as allegations of abuse. They told us they enjoyed working within the service providing support to people and planned to keep the service small so they could maintain positive relationships with people and their relatives.

