

React Homecare Ltd

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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

React Homecare Ltd is a domiciliary care service which provides support with personal care, domestic tasks and companionship to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 31 people were using the service.

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

Risks to people were not always fully assessed. People and their relatives told us they felt safe receiving care from the service. Staff had received training to keep people safe from avoidable abuse and followed clear guidance to report concerns. People were supported by staff who had been safely recruited.

People's care plans were detailed and contained information with regards to people's likes, dislikes and preferences for support. Staff had received appropriate training and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

People received caring and compassionate support from the staff. Staff referred to people in a respectful way. People were complimentary about staff and the positive relationships they had with them.

People and their relatives were involved in developing their care plans.

The service was well-led by a dedicated registered manager. After period of instability with the senior management, Staff told us improvements had been made, they enjoyed working for the service and felt respected and valued.

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

Rating at last inspection

This is the registered provider's first inspection.

Why we inspected

This service was registered with us on 4 September 2018 and this is the first inspection.

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?

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 ●

React Homecare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 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.

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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 December 2020 and ended on 19 December 2020. We visited the office location on 17 December 2020.

What we did before the inspection

We reviewed information we had received about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at 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 seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, the registered manager, team leader and care workers.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures, and staff training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, the provider's policies and procedures, and quality assurance records.

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.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed to reduce the risk in relation to their health conditions. For example, we identified that one person who suffered from epilepsy did not have risk assessment in place to inform staff what to do in the event of the person having an epileptic seizure. However, staff knew the risks associated with this person health needs and they knew what to do to reduce the risk. We raised this issue with the registered manager who ensured that the risk assessment will be put in place following our inspection.
- Where risk assessments were in place, they were detailed and covered care needs such as bed rails, moving and handling or environmental risks in the persons home.
- People who behaved in a way that challenged others had risk assessments in place. Staff had the skills and knowledge to manage these situations in a positive way to protect people's dignity and rights. Relatives told us, "I feel my relative is safe with staff, my relative can get agitated with strangers, but staff are very good with them and my relative is calm with staff".

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from risk of abuse. The provider had effective systems and safeguarding procedures in place.
- Staff had been trained in safeguarding adults and were aware of their responsibilities to escalate safeguarding concerns internally and to external organisation. Staff could describe what actions they would take if they felt someone was at risk of harm or abuse.
- People told us they felt safe. Comments included, "I have the same carer every day, I feel totally safe with them, they would do anything for me".

Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experienced staff. Safe recruitment processes were in place and followed
- Staff told us they did not always get their rotas with enough notice; however, this is now improving, and they get their rotas with at least a week's notice.
- Most people we spoke with told us staff arrived on time. There were a few occasions where calls were missed. This resulted in people not receiving their care as planned. The registered manager and the provider told us there were plans in place to update their electronic call monitoring system to alert management of any missed calls.
- Other people also told us staff remained at their home for the agreed length of time. One person said, "They are very good at time keeping and come regularly three times a day", and one relative said, "The

carers come twice a day and always stay the full time; I live here as well so am aware of their coming and goings".

Using medicines safely

- Medicines were managed safely. People and relatives were happy with how their medicines were managed. People who were supported with their medicine by staff told us, "On a good day I can get the tablets out of the blister pack, on a bad day I can't, and the carers are happy to help me if I ask".
- Staff who administered medicines had undertaken training and had their competency assessed by a senior staff member. The care coordinator and the team leader completed spot checks to ensure staff followed medicine administration procedures.
- Staff knew what to do in case of medicine errors. Medicine errors were reported to the registered manager and the care manager and appropriate actions were taken. This included contacting health professionals and providing additional training and competency assessments to the staff who made the error.

Preventing and controlling infection

- People were protected from the spread of the infection. Prior to the inspection we received information of concerns about staff not wearing correct personal protective equipment (PPE) during their calls. All the people and relatives we spoke did not have any concerns about staff not wearing PPE. One person told us, "The staff wear masks, aprons and gloves, it couldn't be better, I know I am safe from the virus in their hands". A relative said, "I used to check it all the time as I worried, they might not wear PPE but they have it on every occasion, so I have relaxed now".
- There was good supply of PPE available to all staff from the office. Staff told us they were trained on how to correctly put on and take off their PPE.
- Staff told us they had received regular COVID -19 updates from the provider . This ensured staff had the knowledge and knew what to do to reduce the risk of the spread of the infection to keep people safe.

Learning lessons when things go wrong

- When something went wrong action was taken to ensure lessons were learnt to help prevent the risk of recurrence. For example, following an incident where one person suffered a skin tear, the registered manager sent a memo out to all staff to remind them to keep their nails short and to remove jewellery when delivering personal care.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and delivered in line with current guidance and best practice. People's care plans were detailed and included people's preferences for support. One person said, "[Carer's name] just knows how best to help me".
- Risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had the knowledge and skills to carry out their roles. One relative told us, "The staff seem to know how to work with someone with Alzheimer's, so there are no battles".
- Staff received comprehensive induction training prior to starting work. Newly recruited staff had completed the Care Certificate programme, which is a nationally recognised induction process. Staff told us they found the induction training to be very intensive, but it helped them to develop their skills.
- New staff had to complete number of shifts with senior member of staff to ensure they were fully competent and were introduced to the people they would offer care to. One relative told us, "The staff are particularly good and if there is something new to learn the senior teaches/shows them how to do it".
- Staff supervisions were not always carried out on a regular basis. Supervision are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. This was partially because of the changes to the management and temporary closure to the office due to flood damage. The registered manager showed us plans to ensure regular supervisions were planned. Other forms of supervision took place with staff in the community, such as spot checks on caring skills.

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

- People received support with eating and drinking where they had needs in this area. Some people told us they could make their own meals, or they had family support with this.
- People's care plans included information about people's preference around their food and drinks. One person told us, "The carer comes three times a day and prepares me my meals, and always checks I have a bottle of water to hand before they go".

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

- Staff understood people's healthcare needs and communicated changes in people's needs with the management and relatives to provide consistent care and treatment. One person told us, "I have a lot of

medical needs and most staff know how to support me or are happy for me to tell them what to do".

- People were supported to access external healthcare professionals to monitor and promote their health.

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.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- People's consent was obtained prior to staff supporting them. Written consent records were in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the caring attitude of staff and felt that staff really cared about them.
- People told us staff knew their preferences and how they wanted and needed their care to be provided. One person told us "They [staff] help me with personal care as I can't manage, but it's not embarrassing as they are so kind and professional".
- Staff member told us "I always talk to people during my calls, it's always a two-way conversation". One person told us "Staff just pop in for a chat, it's lovely to see them. They are always getting me to drink".
- Staff told us if they had any concerns about peoples changing needs, they would report it to the registered manager or care manager.

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

- People were involved in the development of their own care plans. People were asked their views and opinions about the care and support provided through annual surveys and spot checks completed by the team leaders.
- People were given information on how to access sources of advice, support or advocacy about their care and support.
- Staff had the information they needed to provide care and support in a compassionate and person-centred way. People's care plans were tailored to their individual needs and included their likes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us they received consistent, timely care and support from familiar staff who understood their needs and got along with them.
- Personal records about people's care and support were stored securely. Electronic care records were accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information confidential.
- People told us "While I can do things myself, they [staff] respect that, they also give me time to try but will help if I need it", and another person said, "I like to shower myself; the carer is always around, discretely, to make sure I am safe, this gives me confidence".

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. This meant people's needs were met through good organisation and delivery

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 not always assessed and recorded as part of the care planning process. Where people needed support with communication, this was not recorded in their care plan. Staff knew how to communicate effectively with them. We discussed this with the registered manager and the provider who told us they will review this to ensure this information was recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's preferences had been discussed with them and then care and support plans were put in place to reflect this. People's records contained person-centred information such as people's preferred time of calls and what type of support they wanted with personal care. Information about people's cultural or spiritual needs was also included in their care plans.
- People told us staff knew their needs well. One relative told us "I have seen the care plan and have a copy; it's been reviewed as well". The care plans we reviewed were easy to follow, person centred and regularly reviewed. People told us the information given to them was in a format they could read and understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and told us people were given information on how to contact the office or how to make a complaint when they started using the service. Relatives told us they could not remember being given a handbook or information about the complaints policy. However, people and their relatives knew how to raise concerns.
- Relatives told us "I would contact the office if there was a problem, but I haven't had to". Another relative told us "I would bring any concerns up with the office, there has only been one carer we didn't get on with, I spoke to the manager and they were removed from the list of carers attending"
- Staff understood the importance of supporting people to raise any concerns and these were taken seriously. A staff member said, "If anyone wanted to make a complaint, I would support them to do so. I would support them to make a phone call to the office or team leaders. Management is really good, and they would deal with it".

End of life care and support

- Staff had undertaken training and were aware of good practice and guidance in end of life care.
 - People and relatives were encouraged and supported to discuss end of life plans where it was needed.
- One relative told us, "My relative came home at the start of the year and I was told they were now at end of life, but they are still here that in part is due to the staff".

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 overall management systems were mostly effective in ensuring the quality of service. However, these had not identified the issues we found about additional risk assessment or communication care plan. The register manager said they would address these issues immediately.
- Staff told us that prior to the changes in the management the service lacked effective governance and management. Staff had reported that the appointment of a new care manager had resulted in positive change and staff were confident in their leaders and managers. Staff performance was monitored during spot checks and discussion with people
- The registered manager had informed CQC of any incidents using the statutory notification process.
- One person told us "After I rang up to complain about being left in my chair all night, the manager phoned up to apologise. She asked me would I be happy to have the carer who did not turn up back again. I said no and I haven't seen them again".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team demonstrated a commitment to providing good quality care.
- Staff praised the support they received from the management and told us, "Things are now starting to improve, there have been a lot of changes with the management but now the registered manager is great, takes things on board and gets things done". Another staff said, "New care manager is fantastic, there are a lot of things to do but they are getting on with it".
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.
- Staff had told us that the managers were available and led by example. The provider had an out of hours on call system. Staff reported the on-call manager was always very responsive. This meant that staff were able to report any concerns about people's well-being or changes in their needs to the management without delay at any time during the day.

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

- Regular team meetings and supervisions were not always happening due to recent management changes. The registered manager told us there were plans in place to make sure each staff receives their supervision.

This will mean that staff can get feedback on their care practice and discuss any concerns or issues about people support and care with their line manager.

- Systems were in place to gather feedback regarding the service. These included regular reviews to gather views from people receiving support.
- Staff told us they raised concerns with the care manager about not having enough travel time between their calls. Actions had been taken and rotas were reviewed to allow enough travel time.
- Another staff member told us "It is a brilliant company to work for – I just wish we had more clients to support".

Continuous learning and improving care

- The provider had implemented electronic care plans and systems to improve record keeping and smarter ways of working for staff. This meant staff had an up to date and accurate information about people's needs and this allowed staff to have more time to provide care and support to people. The registered manager had instant access to the care records to make sure staff arrived and left their calls at agreed times.
- The registered manager and the provider had a strong focus on continuous learning at all levels of organisation. Concerns had been investigated and lessons were shared and acted on.

Working in partnership with others

- The provider worked with relevant organisations and professionals when needed.