

Reach Healthcare Solutions Limited

Reach Healthcare Solutions Limited

Inspection report

Unit111i, Business Design Centre
52 Upper Street
London
N1 0QH

Tel: 07375376972

Date of inspection visit:
23 May 2022

Date of publication:
22 June 2022

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

Reach Healthcare Solutions Limited is a domiciliary care service. People are supported in their own homes so that they can live as independently as possible. At the time of our inspection there were 12 adults and children receiving nursing and personal care.

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

We received very positive feedback from the people receiving the service and parents of children receiving care. Professionals working with the service praised the skills of staff and the management of the service.

The service supported people and children with complex health and social care needs. People and their relatives described the staff and management team as very kind and compassionate. The management team took time to match staff with the people they supported. Before people or their children started to use the service, their individual needs and preferences were discussed and recorded for nursing and care staff to follow. The clinical lead ensured that all care and nursing staff had received training to meet people's needs and were familiar with the differing equipment required to keep them safe.

Care records were person centred, and risk assessments provided detailed advice to both nursing and care staff on how to support people and minimise risk of harm.

People had support to prepare their meals and drinks where they needed this, and where required people, including children were supported with intravenous feeding.

The provider had measures in place to protect people from infections. The management team reviewed any accidents or incidents involving people who used the service, in order to learn from these.

The management team and nursing staff worked effectively with community health and social care professionals to ensure people's education, health and social care needs were met.

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.

The management team promoted a person-centred culture within the service. People's care and support was very kind and caring. People and their relatives were encouraged to provide feedback about the service they received, so any improvements could be identified.

Staff spoke very highly of the support and training they received from the management team. They valued the clinical knowledge and experience of the management team, who were always on-call.

The service had quality assurance systems and processes in place to enable them to monitor and improve people's care. The management team was passionate about care and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

Recruitment processes were safe. The service carried out checks on the suitability of staff before they started work.

People had the support they needed to manage and take their medicines safely.

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

Rating at last inspection

This service was registered with us on 12 November 2020 and this is the first inspection.

Why we inspected

We inspected this service because it has not had an inspection since registration and does not have a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Reach Healthcare Solutions Limited

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection. A specialist nurse advisor reviewed specific nursing care records and spoke with nursing staff. An Expert by Experience spoke with people and the relatives of children using the service. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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 or registered manager would be in the office to

support the inspection.

Inspection activity started on 23 May and ended on 27 May 2022. We visited the provider's office on 23 May 2022.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority and commissioners.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection-

We spoke with the management team, which consisted of the registered manager, the clinical lead and the care co-ordinator. As part of the inspection, the CQC specialist nurse spoke with five registered nursing staff, to evaluate their understanding of people's complex health conditions, and the training they had received to carry out their roles.

We reviewed a range of records. This included five people's care records and risk assessments. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records, staff competencies, accident and incident analysis, the complaints log and quality assurance records.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We received feedback from three professionals and 11 people and their relatives who used the service.

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 since registration. 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

- Arrangements were in place to minimise the risks of harm. People and their families told us "Yes, definitely. Yes, they provide a safe service," and "Yes, she is safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. All staff had received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. The service supported people and children with complex medical conditions. Detailed records provided guidance to staff on the measures needed to reduce potential risk. One member of staff told us, "You can see clearly in the plans that risks to the child's individual health and wellbeing are identified and care is planned to minimise the risks, while promoting independence as much as possible."
- If anything changed or concerns were identified, staff were able to immediately alert the management team, and make adjustments to the care package. Nursing staff appreciated their contribution to risk management was encouraged. One staff member told us, "If I go into a package and I find that there should be changes in the plan, I can call up and say this."
- We saw risk assessments were reviewed and audited by the management team on a regular basis. At the time of the inspection, each person's care package was reviewed by a visit to the home setting, in person, by a member of the management team on a monthly basis. The management team understood the importance of effective communication with people and their families to ensure their needs and risks were met.

Staffing and recruitment

- People were supported by regular reliable nursing and care staff. Comments included, "We have three carers. They are on the same page and routine" and "Two each night, regular team." The management team were aware that providing care to people with such complex care needs required skilled consistent staff to meet people's care needs.
- We asked people and their families if staff were late or missed any visits. They told us, "If it's late, carers will call me. No missed calls" and "Normally let me know [if running late]. No, never miss a call."
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit to support them. In addition to a number of checks, Disclosure and Barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Staff were very positive about the staffing levels. They told us, "We really care about these vulnerable

children. You can see that because the managers only take packages that we are skilled to work with" and "They do not overburden us with packages so we cannot do the job and have to cancel."

Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they needed to manage their medicines safely.
- Care and nursing staff received annual training in the provider's medicines procedures, and their competence in this area was checked during unannounced spot checks.
- Care and nursing staff maintained accurate and up-to-date medicines records to confirm people had taken their medicines as prescribed. Medicine administration records were audited regularly.

Preventing and controlling infection

- We had no concerns regarding preventing and controlling infection. We asked people and their families if they were happy with infection control. Comments included "Yes, always wear masks" and "Masks and gloves are worn when they attend." One family member said, "No PPE, it would freak her out." This had been risk assessed by the management team.
- Staff received training on their role in protecting people from the risk of infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team could show us how they shared learning from any accidents or incidents involving the people who used the service.
- The management team reviewed accident and incident reports to identify any actions needed to keep people safe and reduce the risk of things happening again. They communicated effectively with staff in a number of ways to ensure information was shared.

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 since registration. 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

- Prior to starting using the service people's needs and choices were assessed by the clinical lead to ensure the provider could provide the care and support they wanted. A detailed evaluation of the skills required by each staff member was made and then the care co-ordinator ensured they had appropriate staff for the caring role.
- People and their families were very positive about the support provided by the service prior to the care starting. We were told "Yes, they know how best to help. The clinical care manager came to see me" and "Yes, they know. We did a meet and greet on zoom before they came to my house." Where possible, staff were introduced to people before they visited.
- Assessments were thorough and looked at people's physical and mental well-being as well as communication needs, social circumstances, dietary requirements, mobility/independence and their personal preferences. This care plan focused on people's desired outcomes and aimed to overcome barriers presented. One relative summed it up as, "Yes, a good thorough care plan. Good assessment. Proactive in providing training, got physio to do training. Well documented and they are aware of risks."

Staff support: induction, training, skills and experience

- People and their families praised the nursing and care staff, and we saw they were sufficiently qualified, skilled and experienced to meet people's needs.
- People and their families told us, "Yes, they are very good. Yes, they know about the equipment" and "Yes they understand his condition and how best to help him" and "They are very interested in things and any new literature." One family member told us the management team were very proactive. They told us, "[Clinical manager] suggests to the clinical commissioning group things he needs. They take a proper interest." The equipment used by staff varied from hoists, to suction and oxygen equipment to intravenous feeding systems.
- We saw there was an ongoing schedule of training in place, to ensure all staff kept up to date with good practice. Staff told us, "I am given all appropriate training and support to do my job."
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training. Specialist training was provided both on and off site to ensure staff were competent in their role.
- Regular supervision and support was provided to staff. One staff member told us, "I get supervision and appraisal. I even get supported with Nursing and Midwifery Council validation."
- Several nursing staff appreciated the skills of the management team. They told us, "I love working here" and "The manager is very supportive, and I am happy they are nurses as they understand. I feel absolutely supported." We were also told, "The fact that the managers are nurses means they fully understand and

support us."

- The clinical manager told us "'My nurses are working extremely hard to learn new skills to assist care for individuals effectively." We found the clinical lead knew their staff very well and had extensive experience as a nurse. . One staff member said, "The managers are always willing to listen, and they help us learn new guidance and practice. They are always communicating with us. We have a data base and What's app group."

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

- We could see that the staff and management team worked very effectively with associated health professionals including hospice staff, occupational therapists, GP's and other specialist staff.
- People's care files set out how care and nursing staff should support them to manage their health and medical conditions and access the services they needed such as the GP, District Nurses, occupational therapists and paediatricians. One person told us, "Yes they support my health and well-being."
- Care records showed how one child was supported to attend school. The nurse accompanied the child ensuring all the emergency equipment was in place for percutaneous endoscopic gastrostomy feeding (PEG), intravenous line care (PICC line), suctioning and medication for epilepsy are checked and packed ready to go with them on the school trip.
- A health and social care professional praised the service in how they worked with them. They told us, "Yes, their report is second to none and they provide constant and up-to-date information on all packages they manage for the CCG." Another professional said, "[Registered manager] has been the key person linking parents , school and health team."

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

- People were supported by nursing and care staff to keep healthy and well. Guidelines were available for staff to follow and to ensure food and drinks were available for people they supported. Where nursing staff were using PEG feeding systems, care records and risk assessments were in place to guide staff. This ensured people were protected from the risk of malnutrition and dehydration.
- Where people required specialised diets, care plans set out these needs so staff had appropriate guidance.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff employed had completed training in relation to the MCA.
- Relatives confirmed care and nursing staff always asked for their family members consent before providing care and support. Comments included, "Yes, they ask permission," and "They always let him know what they are doing."
- Care plans involved people and recorded where their consent had been discussed with them.

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 since registration. 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 benefitted from a caring management and staff team. People and their relatives praised the care and support given. Comments regarding the service included, "100%, very kind and caring, very loving" "Yes, all very good" and "Definitely. We could not have more kind and caring people."
- People and their relatives told us that staff understood them well. For example, "Yes, [they understand] when to leave him alone and give him space."
- People and their families told us staff were sensitive to their cultural and religious needs. We were told, "Yes, we talk about our culture. I feel comfortable with them and we make them feel comfortable" and "Yes, they understand culture and religious needs."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The management team helped people to express their views so that all staff understood their views, preferences and choices.
- People and their family members told us, "Yes, we sat down with Reach. His [person using the service] needs, routine, what we want to be included in plan", "Yes I was involved" and "Yes, I was involved. Very much so. What the hospital would allow the carers to do, the timing and other tasks."
- Another family member told us, "I would say so. Importantly, they have a relationship with her. They look after her holistically [taking into account both their medical condition and social factors]."
- We asked people and their relatives if staff treated them with dignity and respect. We were told, "Yes, definitely. They are respectful. They say hello, interact with him. They ask how he has been at school, at night handover." Relatives praised the way the staff showed dignity and respect towards their family members. A family member added, "Yes, [they show] privacy and dignity" and "I think they do. If she does not want to do anything, they respect that."
- People and their relatives told us their independence was encouraged. They told us, "Yes, they encourage my independence" and "They try." One relative told us, "Yes, [they encourage him to] brush his teeth."
- Care records set out what people could do for themselves, and staff understood people's abilities well.
- The management team respected people's independence and took proactive actions to enable their independence. We saw they had made referrals to health professionals for specialist equipment and supported people to regain their mobility where possible.
- Respect for people's privacy and dignity was at the core of the provider's culture and values. All care and nursing staff were trained in dignity and respect to ensure they were supported to care for people appropriately.

- People's right to confidentiality and privacy was respected, with people's private information securely stored.

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 since registration. This key question has been rated 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 and their relatives told us they had care and support from a reliable, regular care and nursing staff, they trusted. People were involved in the care planning process to ensure their individual needs were identified and could be met. The majority of people had very complex health conditions, and we saw that very detailed care plans and risk assessments were in place to provide guidance to staff.
- The equipment suppliers made regular checks to ensure that the premises and equipment were safe to use.
- The service worked in conjunction with a range of health, education and social care providers to provide person-centred care.
- Care was provided at a time that suited the person. We asked if care fitted in with the person's schedule or the service's schedule. Comments included, "Fit into mine", "They fit in with me" and "I do specify a time, they have been flexible around us. More than I would expect."
- The service discussed the gender of staff with people. We were told, "We don't mind," and "Yes, they offered both, but I wanted females."
- Care and nursing staff utilised the handheld technology to instantly up-date any changes the person required, so care and support was person centred to meet their needs. Where necessary, paper records were also kept in the home, so other professionals could view information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for care and nursing staff to offer choices and support.
- One person's family told us, "All the staff learned Makaton" to communicate with their relative. Another said, "Yes, they use the [electronic tablet] with him, to talk to him."

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

- A number of people using the service were babies and young children with complex health conditions. The role of supporting them with social stimulation sat with their parents or family carers. Where commissioned,

and risk assessed, nursing and care staff could support parents in accessing community resources.

- For people using the service as adults, staff understood and supported people's interests. We were told, "Yes, indeed. Offers him newspapers and treats. Helps him to use the computer. They both love football."
- One family member told us the staff fitted in so well, "Yes, part of the family."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and were known to people and their family members. The registered manager reviewed all complaints to identify ongoing concerns and put actions in place to resolve these.
- The complaints record showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes.
- People and their families confirmed they knew how to make a complaint. One person told us, "No. Never wanted to [complaint]. If I had a problem, I would talk it out. Relatives said, "I know how to escalate. I was a little frustrated, had a conversation. Things are much better. They came back to me straight away. More feedback than complaint. They took on board and emailed straight away" and "I know how to make a complaint. No complaints."

End of life care and support

- We saw where relevant people's care plans detailed their end of life wishes and preferences. All the appropriate palliative care and nursing staff had been involved in the plan, and it was widely distributed and understood by all.
- The provider also worked in partnership with the local CCG and hospice staff to support people receiving end of life care. We saw complimentary feedback from people who thanked the service for their sensitive, loving and kindly 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.

This is the first inspection since registration. 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 their relatives were all complimentary and spoke enthusiastically about the quality and culture of the service and their positive experiences. For some children, the level of intensive nursing support received enabled them to remain at home, under the guardianship of their parents.
- Care and nursing staff were proud to work for the organisation. They told us the management team were committed to providing clients with a safe, high-quality service. They appreciated their employees and encouraged them to grow. Both care staff and the management team shared the same vision.
- The management team promoted a positive culture within the service, based upon transparency, inclusiveness and respect for people, their relatives and care and nursing staff. They worked closely with staff, and staff confirmed there was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. The management team listened to feedback from people and their relatives to ensure care and nursing staff were working in line with expectations.
- We found the management team very open and transparent, and the enthusiasm and commitment to providing good quality care was evident throughout the inspection. The management team were keen to take on board suggestions for improvement.
- CQC and local authorities were notified appropriately when issues of concern arose.

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

- The management team made clear their expectations for high quality care and understood their role in supporting staff to achieve this. The detailed assessment process prior to taking on a care package showed they understood the degree of risk and all regulatory requirements in the provision of intensive nursing care in people's homes.
- Management completed audits and checks to monitor and identify potential improvements in the safety and quality of people's care and support. These included audits on key aspects of the service, such as people's care records, record keeping, medicines records, safeguarding issues and accident and incident reports.
- The registered manager told us they conducted unannounced spot checks on care and nursing staff to ensure they were upholding the care and support standards expected.
- The management team worked in a cohesive way. They told us they were establishing systems and

processes to embed the auditing of quality. This was especially important as they grew as a service. They also understood each other's, and could cover for each other when necessary.

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

- It was clear the management team worked in co-operation with people and their families, and was viewed as a well-managed service.
- We asked people and their relatives if they were happy with the service. They spoke highly of the service provided. Family members told us, "Yes, I am very happy. I am so glad I moved to the service. Best decision I have made" and "I am really happy. We moved to them early in the year. They worked hard. We were really stressed before."
- We were also told, "As far as I can tell, I can't complain. Well-managed. They are doing their best", "Yes, 100% well-managed" and "Yes, it is well-managed. Communication is good, [it's a] compassionate service."
- Staff spoke highly of working for the service, and in particular the management team. Regular staff meetings took place, and there were online groups for the team of staff supporting specific individuals. Good communication was praised by the staff team.
- A recent survey by the service found that professionals, staff and people using the service were happy with the service. We saw the responses received were very positive particularly agreeing the service had a strong culture of good quality care. The service had an action plan to continually make improvements, and address any issues raised.

Continuous learning and improving care; Working in partnership with others

- The management team strived for continuous learning and improvement. This was especially important as the service began to grow and there was a need for robust systems to be embedded. Care staff and the management team highlighted the critical and effective role provided by the administrative staff in developing and maintaining the systems.
- The service had recently introduced an electronic care system and this was being rolled out for staff and for families and people to view care given.
- The management team were liaising with external organisations to gain additional support and guidance as their service grew so they could continue to provide a high quality of care to people with very complex health conditions.
- The management team worked with a vast range of professionals involved in people's care and support including occupational therapists, safeguarding teams, GPs, paediatricians and the local hospice.
- We received praise from a number of health and social care professionals who worked with the service. Comments included, "Yes, they are well led and would not have the quality of service they provide without good leadership", "The service is well led and managed" and "[Registered manager] has demonstrated an exemplary professional manner in what has been a very sensitive situation."