

Request Services Limited

Request Services Ltd

Inspection report

Suites 4 & 5
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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

Request Services Ltd is a domiciliary care agency and provides personal care and support for people living in their own homes in Hampshire and West Surrey. At the time of our inspection there were 59 people using the service, who had a range of physical and health care needs, supported by 145 staff. The service was providing 3546 hours of care per week. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, multiple sclerosis and sensory impairments. The agency also provides what is described as complex care for people who require specific and unique support, for example people with acquired brain injuries.

This announced inspection took place on 25 and 26 September 2017 and 2 October 2017.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Staff understood their role and responsibilities to keep people safe from harm. Individual risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

Staff received regular supervision and the training required to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 which ensured people were involved in making every day decisions and choices about how they wanted to live their lives.

Arrangements were made for people to see healthcare professionals when they needed to. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it.

People received a service that was caring and compassionate. They were cared for by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was tailored to meet individual needs.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. People were supported to have maximum choice and control of their lives and staff supported them to make as many decisions as possible.

The service was well led. There was a clear management structure in place and staff understood their roles and responsibilities. The vision, values and culture of the service were understood by all staff, which they demonstrated when supporting people.

Staff consistently said they had received good support from the management team who were always

available to give advice and guidance. The safety and quality of support people received was effectively monitored to drive continuous improvement of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Request Services Ltd

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 checked 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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This announced inspection of Request Services Ltd survey was completed on 25 and 26 September 2017, with a telephone survey completed on 2 October 2017. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law

During the inspection we spoke with the provider's nominated individual who was also the owner and the new manager. We also spoke with the homecare manager, the provider's nurse specialist, two complex care coordinators, two needs and risk assessors, a family and staff liaison manager, the training manager, and six staff.

We visited six people and three relatives in their homes and also spoke with four staff in attendance. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to mobilise. Following the home visits we spoke with three health and social care professionals and commissioners of the service. We spoke with six people and five relatives on the telephone to find out about their experience of the quality of care provided by the service.

We reviewed 10 people's support plans, including daily records and medicines administration records. We

looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

Is the service safe?

Our findings

People experienced good continuity and consistency of care from staff they knew, which made them feel safe. One person told us, "My carers are wonderful. They treat me so gently to make sure they don't hurt me." A relative told us, "They take such good care of [family member] especially when they're helping him to move, so he doesn't bump his arms or legs."

Staff understood their role and responsibility to safeguard people from abuse. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

People's needs and risk assessments contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Staff understood people's risk assessments and the action required to support people safely. For example, staff knew who was at risk of pressure ulcers and how their skin integrity was to be managed for their safety.

All accidents and near misses were reported and reviewed to identify any themes and trends. Action was then taken to minimise the risk of repetition for the person and others.

The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time.

People and relatives told us they had no concerns regarding the staffing levels. The management team made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff had undergone relevant pre-employment checks including the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The provider had assured staff suitability to support people in their own homes.

The provider's medicines management systems were clear and consistently followed by staff. People told us they received their medicines on time and records confirmed that medicines were administered correctly and within the agreed timescales. We observed staff supporting people to take their medicines in a safe and respectful way.

Is the service effective?

Our findings

Feedback regarding the service was consistently good. People and relatives spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported.

Throughout our inspection we observed people's needs were met. Staff provided the care and support people required when they wanted and needed it. Health and social care professionals confirmed the service was meeting people's needs effectively.

The provider ensured staff completed an induction course and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured new staff had the appropriate knowledge and skills to support people effectively.

Some people being supported by the service had complex needs and required staff with clinical expertise to support them. All staff providing support to meet individual complex needs had focused training tailored to the specific skills and techniques required to meet the individual person's needs. Where staff had to provide support for people with complex needs staff had their competency to use certain techniques and equipment assessed regularly by the provider's nurse specialist. People were cared for by staff who had received appropriate training, supervision and support in their role.

People and relatives consistently praised the skill and dedication of the staff supporting them. All staff held a professional qualification in social care or were currently being supported by the provider to achieve one. Staff training was relevant to their role and equipped them with the skills to provide the care and support people needed to live in their own homes.

In July 2017 the new manager and provider had identified that some staff training needed to be refreshed and that some staff required supervisions. The provider had created a new training post to ensure the required staff training was completed promptly. At the time of inspection the required training had been completed or had been scheduled by the new training manager. All staff had experienced a recent supervision or had one scheduled.

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. We confirmed the service was working within the principles of the MCA.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff demonstrated a clear understanding of people's rights regarding choice which they consistently promoted. Assessments had been conducted to determine people's ability to make specific decisions and staff understood the principles of the Mental Capacity Act.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. Where people had specific dietary requirements staff were able to describe the support they provided. Staff supported people to eat and drink sufficiently for their needs.

People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GPs, nurses, mental health professionals, physiotherapists and occupational therapists. Health and social care professionals consistently made positive comments about the effective way staff had carried out their guidance to ensure people's health care needs were met.

Is the service caring?

Our findings

People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for. Relatives of people being supported with complex needs consistently told us that staff had developed special bonds with their loved ones. One person told us, "They [staff] know me better than friends and family and make me feel that I can ask them to do anything and it will never be too much trouble." A relative of a child with complex needs told us, "They [named staff] are so kind and supportive. I didn't believe we would be able to trust anyone else with [their loved one's] care but they have given us back some of our life."

People told us they received person centred care that was individual to them. Staff had built up relationships with people and were familiar with their life histories and preferences. They felt staff understood their specific needs relating to their age and physical disabilities and met them in a caring way.

Staff were kind and compassionate and treated people with respect. People consistently told us that staff always found time to have a chat with them and were never rushing to get to their next visit, which made them feel valued.

Staff had a good appreciation of people's individual needs around privacy and dignity, which we observed in practice. Staff had received training in treating people with dignity and respect as part of their induction, which was then assessed during their observed practice by their manager. People told us their dignity was promoted by staff because they were treated as individuals.

Staff listened to people and ensured they made their own choices in relation to their daily routines and activities. People's choices and preferences were recorded in their care records which ensured that all staff were aware about how people liked to be supported. One relative whose loved one was immobile and had no verbal communication praised the way staff maintained their dignity by engaging in well informed conversations with them. We observed staff engage in meaningful conversations with the person using their chosen method of communication. The person told us, "The carers are wonderful, so kind and patient. They always ask me about things and wait for my answer. Now I have them I don't feel so lonely and isolated."

Information on how to access advocacy services was available to people who wished to have additional support whilst making decisions about their care.

Is the service responsive?

Our findings

People received person centred care that was responsive to their needs and focussed on them. A person told us, "The carers are always asking me if I am okay and are really good at getting me seen if I am poorly." One relative told us, "When they [the manager and provider's nurse] came to see us we knew from the outset we'd made the right choice. Everything they wanted to know was about what [family member] wanted and how they wanted it.

The provider actively involved people in decision-making about their care. People and their families consistently told us they were encouraged to share as much information as possible to enable staff to get to know people well. A range of assessments had been completed for each person and detailed care plans had been developed with people and where appropriate their relatives. These were reviewed regularly and whenever people's needs changed.

People's care records contained relevant information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person who experienced seizures was provided with more support during the night to ensure their safety and wellbeing.

Health and social care professionals told us staff were responsive to people's needs. Staff provided care that was consistent but flexible to meet people's changing needs. People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required.

The management team sought feedback in various ways such as quality assurance visits and telephone calls. The provider had created two staff roles which acted as family liaison between people and the service. This ensured that any feedback was captured at the earliest opportunity.

People had a copy of the provider's complaints procedure in a format which met their needs, which we observed in people's care records during home visits. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives consistently felt that staff listened to their ideas and concerns, which were quickly addressed. People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to.

Is the service well-led?

Our findings

The service did not have a registered manager. 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.

Since our last inspection the service had experienced two changes of registered manager and an organisational restructure. The previous registered manager resigned in July 2017. At the time of inspection the service was being managed by a new manager who had started the process to become the registered manager. The service also had a homecare manager responsible for less complex care provision, who was supervised by the new manager.

Staff and people consistently told us the new manager was excellent because she had worked at every level within the service and knew all the people and staff very well.

Staff clearly understood the vision, values and culture of the service and were able to explain them. We observed there was an open, person centred culture and a commitment to providing high quality care and support. The owner, new manager and staff spoke passionately about the service and their desire to provide the best possible care people could receive in their homes.

People, staff and health and social care professionals told us the service was well led by the new manager who was effectively supported by their office management team. People and relatives told us all of the management team were approachable, willing to listen and readily available, which was confirmed by staff.

The new manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the management team ensured this was passed on to relevant staff in supervisions and staff meetings. Three members of staff told us how the new manager and owner had sensitively supported them during times of personal crisis and emotional distress.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. Staff had the opportunity to discuss concerns or ideas they had about the service or their own development during supervisions or informal meetings, which then formed the basis of action plans.

Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive continuous improvement. People and family members told us they were given the opportunity to provide feedback about the culture and development of the service and all said they were extremely happy with the service provided.

Quality assurance systems were in place to drive improvements in the service. These included a number of

internal checks and audits which highlighted areas where the service was performing well and the areas which required development, for example; a recent medicines management audit identified a need to implement new procedures to reduce the number of recording errors.

At the time of inspection the new manager was in the process of implementing a new system which they demonstrated would provide the owner with a more responsive capability to identify the service performance on any given date.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website so people could see how the service was performing.