Reeves Monroe Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 15 March 2016 and was announced. This was the first inspection since the service was registered with the Care Quality Commission.

Reeves Monroe Limited provides personal care to people in the London borough of Redbridge and Waltham Forest. On the day of our visit there were eight people using the service of which 50% were paying for their care privately. They also provide reablement and end of life care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 and trusted the staff who looked after them. They were supported by staff who were aware of the procedures to protect them from abuse. Staff were enabled to support people effectively by means of training, regular spot checks and supervision.

The service ensured that there were enough staff available to cover for emergency, absences and other leave in order to ensure that there were no missed visits.

Staff were aware of the procedures to follow to ensure that medicines were handled safely. Risks to the environment were regularly assessed in order to protect people from avoidable harm. However risks to people were not specific and did not always outline how to mitigate the risk.

There were robust recruitment checks that included the necessary criminal checks to ensure that staff were suitable to work in the health and social care environment.

Staff demonstrated an understanding of how they would obtain consent to care. They had an awareness of how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards applied in practice.

People told us that they were treated with dignity and respect and that their wishes were respected.

People told us that they were supported to eat and drink a balanced diet according to their tastes and preferences. Staff were aware of the procedures to refer people to other healthcare professionals when required.

The service had a positive culture that was open and inclusive. People and staff thought the management team were approachable and open to suggestions made in order to improve care delivery. They were aware of how to make a complaint and thought that their complaint would be listened to and resolved by the registered manager.

Quality assurance checks were completed by the managers in order to monitor and improve the quality of care delivered.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments for people needed to be specific and their environment were completed and acted upon in order to minimise harm.

People told us they felt safe and could trust staff. When allegations of abuse were made, action was taken in line with procedures to keep people safe.

People told us they were supported to take their medicine safely.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Staff were aware of the procedures for handling incidents and medical emergencies.

Is the service effective?

Good

The service was effective. Staff were supported by effective induction and training. An appraisal system was in the process of being implemented as the service had only been fully operational for ten months.

People told us that staff sought their consent before delivering care. Staff had knowledge about the Mental Capacity Act 2005 and told us they would always seek advice from the appropriate professionals if they thought a person's capacity to make decisions was impaired.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect and they usually had the same staff for continuity of care.

Staff knew the people they cared for, were aware of their preferences, which enabled them to provide an individualised service.

We found that people were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive. People told us they received care that was responsive to their needs. Staff were aware of people's preferences and were innovative about how to deliver care and activities particularly for people living with dementia.

People and their relatives had compliments about the staff. We saw written compliments sent in by people, their relatives and housing managers.

The complaints system ensured complaints were investigated and responded to within defined timescales.

Is the service well-led?

Good

The service was well-led. There was an open and honest culture where staff and people were able to express their concerns without fear of discrimination.

People told us they could get through to the main office and confirmed staff rang to inform them if they were running late.

There were robust systems to monitor the quality of care delivered. This included obtaining feedback from people and staff and carrying out regular spot checks to ensure care delivered was appropriate.

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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 15 March and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service and the provider. We reviewed the 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 also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we looked at five people's care records, seven staff files and records relating to the management of the service. We spoke with the registered manager, the responsible individual, and one staff.

After the inspection we spoke with six people who used the service over the telephone two relatives and three care staff.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and reassured by staff that came to care for them. They told us that their care was delivered in a consistent, reliable way, which enabled them to feel safe, and confident. One person said, "They make me at ease. They always make sure I have my drinks within reach and shut the door behind them." Another person told us, "I trust the girls that come to me." A third person said, "Yes, I feel safe. No concerns about the staff at all."

We saw that risks to people's home environment were assessed and updated when people's conditions changed or deteriorated. However risks related to people's support needs such as behaviours that challenged, reduced mobility, falls, and skin integrity were not completed. For example one care plan said the person was unsteady on their feet and used a mobility aid but there was no risk assessment for falls or for reduced mobility on their file. Another person was hoisted but there was no risk assessment or vital information such as sling size. A third person needed encouragement to eat but there was no nutrition risk assessment on file. This meant that potential and actual risks to the health and safety of people receiving the care were not always assessed. There was no documented guidance to instruct staff to do all that is reasonably practicable to mitigate any such risks.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider ensured people were protected from avoidable harm or abuse. Staff underwent training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff members told us they had attended safeguarding adults training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding training. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. We also reviewed safeguarding reported in 2015 and found appropriate procedures had been followed to keep people safe. Therefore procedures were in place to protect people from abuse.

People, staff and relatives told us there were enough staff to meet people's needs. There were no missed visits in the last three months and only a few of the visits were outside of the agreed visit times. However, people said they always received a call if staff were running late and where possible a suitable alternative time was agreed. The registered manager had a contingency plan which to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences. There was a pool of staff who could be relied upon to cover last minute visit reschedules.

Recruitment practices were comprehensive as necessary checks were carried out, so that only staff deemed suitable for working with people in their homes were employed. These checks included but were not limited to proof of identity, work history, references, health checks, disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

Medicines were appropriately managed. People told us staff helped them to take their medicines on time. One person said, "They help me pop out the tablets as I can no longer do it myself." Staff told us they received training on medicine administration. They were aware of the procedure to follow if a person was refusing medicine or if they found any medicine errors. We looked at staff files and saw that staff who gave medicine had received training and were aware of the precautions to take when giving medicines. One staff member said, "We encourage people to take their medicine and only sign after they have taken their tablets." We checked and found that medicine administration records were completed correctly and clearly highlighted the dose, time and how the medicine was to be given.

There had been no recent incidents. Incidents and accidents had been reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from avoidable harm.

Staff were aware of the procedures to follow in an emergency in order to get help for people. They told us in an emergency their priority would be the safety of the person. They would wait until an ambulance came before leaving and would inform the office and relatives. Similarly they were aware of the procedure to follow if they knocked on someone's door and got no response. There were procedures in place in the event of adverse weather such as snow to ensure people's service was not disrupted.

Good

Is the service effective?

Our findings

People told us that staff understood and met their needs. They said staff knew what to do and that they were kept informed of visit times on a weekly basis. One person said, "I get the same staff every week. They are used to me, know what I want and they stick to my requested time." Another person said, "I get a consistent and reliable service and have requested the same staff."
People were cared for by staff who understood their needs and were able to respond appropriately.

People told us that staff always asked for their consent before care and support was delivered. Staff told us and gave us examples of how they sought people consent before delivering personal care. They were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily practice. They told us that capacity could be variable and were aware of the need to involve other health care professionals where best interests decisions were required in order to ensure people's human and legal rights were respected. The 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.

Staff told us they were supported by the management team and were enabled to continue learning. We found that most staff either had a level two or a level three qualification in social care or were studying to gain more knowledge and understanding of the support needs of people under their care. Staff training records showed the new Care Certificate standards (minimum core skills training that all care staff should have) were incorporated within the training and induction programme. Training consisted of practical and theoretical training and which included but was not limited to food hygiene; health and safety; effective communication; infection control and equality and diversity. External training had been sought for 2016 with a training plan in place to ensure staff were up to date with practice. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people.

Staff told us they had received a comprehensive induction including shadowing more experienced staff until they were confident and assessed as competent to deliver care independently. Supervision (discussions with staff to check how they were getting on in their role) and spot checks were regular and used as an opportunity to reflect on practice. Staff told us that the supervisions and spot checks were completed in a supportive manner and that both positive and areas of development were highlighted to enable them to improve people's experience. An appraisal system was in the process of being implemented as the service had only been fully operational for ten months and only a few of the staff had been working at the service for more than six months.

People were supported to maintain a healthy lifestyle where this was part of the care plan. Staff were aware of people on special diets and had attended food hygiene training. They told us how they were conscious of people allergies when preparing food. People told us that staff prepared their breakfast and ensured that they had a drink within reach. One person said, "The girls make sure I eat my meals and ask what I want before preparing it." Referrals were made to dietitians, speech and language therapist and the GP when staff

noticed any concerns relating to nutritional intake.

Staff told us they had a good working relationship with other professionals involved in care. They had contact details of all professionals involved such as GP, district nurses, pharmacist which enabled them to help people contact them when needed. Staff told us that they quickly noticed when people were not feeling well and would either contact the office or call the GP to come and assess.

Good

Is the service caring?

Our findings

People told us staff behaved in a caring, kind and appropriate manner. One person told us "My girls are very good." A second person said "They are very reliable. Kind and polite too. Nothing is too much for them. All I have to do is ask." Another person said, "Staff are very good. They listen to me and help me sort out my things."

We reviewed written feedback sent into the service by people and their family members. Relatives made positive comments about the staff, especially relating to support received during end of life care. One relative said ".Care is excellent. My mother is so content with her new "girls" as she calls them and so are we." Another relative said, ".In the final few months of her life. My mum had the most excellent care. They were here on time and were caring and capable of supporting mum and the family as a whole." A relative when asked about the staff said, "Mum is well looked after. She likes having [staff] who has a great understanding of mums needs." People and their relatives were happy with the care and support received.

Staff told us that they received training and support to enable them to deliver end of life care. They told us how they supported both the person and their family members during the last few weeks of life. They told us that they supported people to achieve as much as they could such as talk to loved ones over the phone, have their favourite meal if possible. They told us and we saw evidence in records that they worked closely with district nurses and Macmillan nurses to ensure people remained comfortable. People were supported to have a pain free and dignified death in their home when it was their wish to do so.

People told us they were treated with dignity and respect and that their wishes were respected. One person said, "Yes they listen to my instructions and respect my wishes when I decline to do certain things." Another person said, "Staff are always polite and respectful. They explain what they want to do and ask for my opinion." Staff told us that they respected people's wishes and would not invade their privacy. They gave examples where they would leave someone to use the toilet and wait outside if it was safe to do so. They told us that they received training on dignity and respect and understood the need to respect people's choices.

Staff were aware of the need to remember they were working in people's own homes and were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

People were supported to maintain their independence. Staff told us that they encouraged people to be as independent as possible by encouraging them to do as much as they could. For example they encouraged someone to take a few steps every day using their mobility aid. They also told us they encouraged people to wash their face and top half if they were able and to comb their hair.

Support plans we reviewed demonstrated involvement of people and their relatives. People's likes and dislikes, hobbies and preferences were clearly documented and staff we spoke with were aware of people's

preferences. Staff told us that they were flexible as people sometimes changed their mind on things like when they liked to have a shower.

Staff were able to tell us how they supported people and how they would inform the office if there was any change. On the day of our visit we heard a staff member inform the office that a personal care visit was now taking more than the contracted time as the person was getting slower. The registered manager said they were aware and would reassess and update care records in order to decide an appropriate visit length that would enable the persons needs to be met.

People were provided with a copy of the service user's guide which held detailed information about the services offered. This meant that people and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Good

Is the service responsive?

Our findings

People received a reliable service from staff who knew and understood their needs. One person said, "They listen and are flexible when I need them to be." Another person said, "I can change my visit time as long as I call the office then it is all arranged."

Care needs were assessed before people started to use the service and reassessed every six months or as and when people's condition changed. Follow up home visits were completed six to eight weeks after a package started to ensure that peoples care packages were meeting their needs and expectations. Where issues were identified these were rectified immediately. Care plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals.

Care plans were detailed and specified how people liked their tea, when they wanted their hair washed and people religious and cultural preferences. They also detailed how people preferred to be addressed. Peoples, physical, emotional and communication needs were outlined. For example where people did not speak English the registered manger ensured that only staff who could communicate in a language understood by the person were assigned to deliver the care. Where medicines were in use clear explanations for why the person needed the medicines. Staff told us that where possible same gender care staff were always offered to deliver personal care and we confirmed this in the care records we reviewed. We saw that preventative measures such as two hourly turns were implemented for a person who was receiving 24 hour care in order to reduce the risk of developing pressure sores.

People told us that staff listened to them, and gave them time to express their views and preferences about the way care is delivered. Nobody felt rushed by staff. Staff according to people we spoke with always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving. One person told us, "My [staff] are simply the best. We have a good laugh while they get the job done."

People were aware of how to make a complaint. When their care package began, they were given a "service user's guide", which outlined how the service operates and how to make a comment or complaint. One person said, "I can a call the office or write if I have any concerns." Another person said, "No complaint so far, but I have the managers number and can call at any time if I have any issues." Staff were aware of the complaints procedure and told us they encourage people to feedback about care delivered to the office. We reviewed complaints and comments made and found that issues such as timekeeping were resolved. We also saw where people requested for staff to be changed this was respected and alternative staff were offered who better matched people's needs.

People were supported to live a meaningful life and pursue and engage in activities of their choice. Care plans outlined people past and present hobbies. One person liked colouring and this was left with them, others liked having conversations about current affairs, staff were aware of this and said they always tailored conversations to suit people's interests during personal care. People told us that staff helped them gain their confidence and gave them a sense of purpose.

Good

Is the service well-led?

Our findings

People told us that the service was well managed and that the quality of service they received was monitored in person and via telephone to ensure on the care provided was meeting their expectations. One person said, "I get regular calls and visits from [manager]." Another person said, "The manager and the staff are very good. They always check if I am happy with the service. I can't fault them at all, will highly recommend them." People told us that they were happy with the service and would recommend the service based on their positive experience from management and staff.

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager had from records viewed notified the CQC of events that, by law, they are required to do so. The registered manager was supported by the nominated individual who was mainly in charge of recruitment. Senior care staff helped by mentoring new staff during induction and shadowing visits. Staff told us that they received support from the registered manager in and out of hours and that there was an on call system where they could call for assistance out of hours.

We saw and were told by staff that senior management had an open door policy where all staff were encouraged to contact them at any time. Staff thought there was an open, honest supporting culture where learning was encouraged among staff. Staff felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience.

Staff were aware of the services vision and values. They told us that it was all about putting the person first in all they did. One staff said, "The people we look after are what keeps us going. We try our best to help them and support them according to their individual preferences." People told us that they felt staff listened to them and put their needs and feelings first. One person said "They know me so well and can tell if something is bothering me."

The quality of care delivered was monitored regularly. These included regular monitoring checks by senior management to ensure that people's care records, staff records, training and supervision were up to date. Training was being reviewed and an external accredited training company was going to start training staff from the first of April 2016 in addition to the current methods of training.

People's views were gathered regularly during spot checks, annual satisfaction questionnaires and over the telephone. We reviewed questionnaires sent to people and they were mostly satisfied with the service. Where there were issues such as punctuality these were rectified by speaking to staff and the people concerned to ensure realistic and achievable visit times that met people's needs and preferences.

Staff also completed questionnaires which they were able to return anonymously if they chose. We reviewed eight of these and found staff were happy with the training provided and were aware of the complaints, safeguarding and whistleblowing policy. Staff said they were happy to work for Reeves Monroe and told us they felt supported and would not hesitate to whistle blow should they have any concerns about how care was delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Potential and actual risks to the health and safety of people receiving the care were not always assessed. There was no documented guidance to instruct staff to do all that was reasonably practicable to mitigate any such risks.