

React Homecare Ltd

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Inspection report

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12 March 2021
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09 April 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

React Homecare Ltd is a domiciliary care service providing personal care to 94 people at the time of the inspection. 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.

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

Medicines records and governance arrangements did not assure that medicines were managed safely. We have made a recommendation regarding medicines management.

Whilst the provider had safeguarding procedures in place safeguarding records were not always accurate or up to date to ensure oversight and governance.

The provider's quality systems were not sufficiently robust to identify the concerns we highlighted with medicines and safeguarding records. The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

People told us that they felt safe whilst receiving care and were complimentary about the standard of care and services they had received.

Risks to people's health and well-being were clearly identified and care plans set out what support the person needed in the way they wanted their care to be provided.

People received consistent care from staff who knew them well and they were familiar with. One person told us, "Works like clockwork" and another said "I get used to the (staff) and when they come I don't have to tell them what to do".

Staff rotas were developed using an electronic call monitoring system. This ensured people received care as and when they needed it and reduced the risk of 'missed calls' occurring.

The providers policies and procedures had been revised in the light of the Covid-19 pandemic and staff had received relevant training, and had access to appropriate personal protective equipment (PPE) in accordance with government guidelines.

People who used the service, their relatives, friends and staff were unanimous in their praise for the registered manager. They told us that she was approachable, supportive and always responded effectively to solve problems and improve the service.

Rating at last inspection. The last rating for this service was good (published 13 April 2019).

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of Safe and Well led only.

We reviewed the information we held about the service. No areas of concern were identified in other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified a breach of regulations in relation to governance and record keeping at this inspection. Please see the action we have told the provider to take at the end of this report.

Prompt action was taken by the registered manager after the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection program. 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?

This service was not always safe.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Requires Improvement ●

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

This inspection was carried out by three inspectors including a pharmacy inspector.

Notice of inspection

We announced the inspection visit 24 hours before it took place. This was because we needed to give the manager time to prepare in advance of our visit due to the COVID-19 pandemic.

Inspection activity started on 12 March 2021 and ended on 9 April 2021. We visited the service on 12 March 2021.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and the representatives of a further six people who used the service about their experiences of the care provided. We also spoke with the manager, and eight members of staff including a team leader, a care coordinator, five care staff and the locality trainer. We looked at the recruitment files for two staff employed since the last inspection. A variety of records relating to the management of the service were also reviewed.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these off site and continued dialogue with the manager by telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine records did not always clearly demonstrate that people received their medicines as prescribed. For example we saw electronic medicines records that contained conflicting information for the same person.
- Records were conflicting in the type of the support people were receiving. For example, one person we looked at stated they should have full assistance with medicines however MAR chart records showed they were being 'prompted and observed'
- Care plans were in place however information contained was not always clear. For example, medicines lists contained within these care plans contained no dose or strength. This was not in line with the providers policy.
- Records were not always clear of how much medicine was administered when people were prescribed medicines with a variable dose. Person specific supplementary procedures were not in place as per the providers medicine policy.
- Body maps were in place to guide staff in the application of topical. We found that some creams listed on the medicine administration record did not match those that were listed on the body map.
- We found that written information to support the use of 'when required medicines' was not always correct or specific to each person
- We found no evidence that people had been harmed and prompt action was taken by the registered manager after the inspection to mitigate any risk regarding medicines records.

We recommend that the provider reviews management and audit of medicines in accordance with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager made records of incidents and allegations of abuse but these were not always accurate or up to date. The registered manager took immediate action to improve safeguarding records.
- People were safe and protected from abuse. People and their representatives told us they felt safe with the staff who supported them.
- Staff had received training, understood their responsibilities and felt able to report abuse should the need arise.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out to ensure staff members

suitability for the role.

- There were sufficient numbers of staff employed to meet the needs of the people who used the service.
- People told us that they received consistent care from staff who knew them well and they were familiar with. One person told us, "Works like clockwork" and another said, "I get used to the (staff) and when they come, I don't have to tell them what to do".
- Rotas were developed using an electronic call monitoring system. Call times and duration of the visit were monitored by the registered manager and administrative staff. This ensured people received care as and when they needed it and reduced the risk of 'missed calls' occurring.

Assessing risk, safety monitoring and management

- Systems were in place to ensure risks were managed safely and effectively.
- Risk assessments had been developed to identify hazards and implement safeguards to minimise or eliminate risk of harm. Risk assessments had been reviewed and where necessary revised regularly.
- Records showed and people confirmed that they had been consulted when their risk assessments and care plan were developed.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections.
- The providers policies and procedures had been revised in the light of the Covid-19 pandemic and incorporated government guidance on the provision of safe care in a domiciliary setting.
- Staff confirmed they had access to adequate supplies of PPE.
- Staff had completed training and received regular guidance from the registered manager which helped to ensure to ensure safe practices during the Covid-19 pandemic.

Learning lessons when things go wrong

- Staff understood how to record, manage and report incidents and accidents safely.
- People who used the service told us that they registered manager responded positively when they raised concerns about the delivery of service. One person gave an example as to how continuity of care had improved when they had shared concerns with the registered manager.
- Incidents and accidents were reviewed by the registered manager and records demonstrated actions taken to mitigate risks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's governance systems were not sufficiently robust to identify the concerns with medicines and safeguarding records highlighted on this inspection.
- Individual medicines records were reviewed on a 6 monthly basis. Audits relating to the EMAR system (a system used to record medicines administration electronically) were requested from the service but were not provided. The provider told us that themes and trends had been identified from in relation to medicines management, but we were not provided with any documentation to support this.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their legal requirements to notify CQC about events which had placed people at risk of harm but had not always managed to complete the process. Improvements were made during the inspection to ensure CQC was notified about such incidences in accordance with statutory responsibilities.
- Staff were clear about their roles and responsibilities as detailed in their job descriptions. They told us that they were well supported, had benefitted from training and regular updates which gave them the wherewithal to carry out their duties and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The registered manager promoted a culture of person-centred care by engaging with staff, the people using the service and relevant others such as family members and associated care professionals.
- The views of people who used the service were gathered via annual quality assurance questionnaire and regular care quality monitoring calls.
- Care staff benefitted from spot checks on their practice, supervision and regular updates via email.
- People praised the standard of care they received, comments included; "I am more than happy with the

care and the way they leave my home", "Staff are kind and respectful" and " I have never been refused a change to accommodate my hospital appointments". Relatives and representatives spoke about the positive outcomes for their relatives. One relative said "The staff are lovely, and their attitude is great. The manager is great and very easy to talk to".

- Care staff had received training on equality and diversity and respected people's individual characteristics and needs. A friend of one of the people who used the service told us that their friend "Lived with dementia and how staff were respectful of this".

- Care staff told us that they had good working relationships with associated health care professionals such as district and specialist nurses.

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 registered manager and provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

- The ratings from the last inspection were clearly displayed at the service and on the providers website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were audit systems in place, but they failed to highlight or address all the issues identified by the inspection process.</p>