

The Reynard Care and Support Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 7 and 8 June 2016. It was the first inspection of the service which was registered in April 2013. We gave the provider short notice of the inspection as we needed to make sure they were available so that we were able to access records, talk to staff and gain permission from people who used the agency to visit or talk to them.

Reynard's Care and Support Agency is registered to provide personal care to people in their own homes. Currently they provide support exclusively to learners at the independent college Foxes Academy based on the seafront in Minehead. Foxes Academy is a specialist catering college and training hotel for young adults with learning disabilities. (Rated as Outstanding when inspected by Ofsted in 2013.) Foxes emphasises the importance of learners developing independence whilst at the college and progressing into work or further training.

This inspection was of the care and support agency and not any other work of the academy which is not regulated by us.

Staff at Reynard's Care and Support Agency work with the teaching and residential staff to enable learners to maximise their potential and obtain maximum benefit from the time they spend at Foxes. Care and support staff provided daily support with people's daily personal care routines and supported them if they became unwell. They also undertook regular health monitoring designed to promote healthy living and assist people to manage their own health. Staff accompanied people when they visited the GP or hospital appointments if this was required.

There was a registered manager in post. 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. The registered manager had been in post for three years. The responsible individual for the service was involved with the service on a daily basis and was responsible for safeguarding and quality assurance aspects of the service.

The registered manager showed enthusiasm for wanting to provide the best level of care and support possible. Staff had the same ethos and enthusiasm and this showed in the way they spoke about people and interacted with them.

People told us they felt safe with staff who supported them. Reynard's staff communicated and co-operated with residential and teaching staff to protect people from bullying, harassment and avoidable harm.

There were sufficient staff employed to ensure people received care according to their assessed needs. People told us staff were reliable and arrived at the correct time and were able to give them their specified support. Staff told us the system of allocation of staff and rotas worked and they had enough time with

people.

Staff knew and understood people and provided the right balance of support and promotion of independence. Staff told us their aim was to help prepare people for the time when they would leave the academy, so assisting them to develop their ability to care for themselves as much as possible was important.

People were supported to take medicines when appropriate. There was an emphasis on people being as independent as possible and the understanding that people who initially needed prompting and guidance may eventually be completely self-managing with regard to their own medicines.

The provider's staff recruitment procedures helped to minimise risks to people who received a service. Thorough staff induction and on-going supervision ensured people received effective care and support. Staff said the registered manager was approachable and always willing to listen to them. They said they "wouldn't worry or hesitate about discussing anything."

Staff had the skills and knowledge to meet people's needs. Staff were well trained and competent in their jobs. Training was linked to the needs of people receiving support and the development of individual staff. Staff said the manager was "keen to teach new things" and encouraged staff to look at new sources of information.

People benefitted from staff who had a caring approach to their work and were totally committed to providing high quality care. All staff spoken with were highly motivated and inspired to offer care which was kind and compassionate. They worked flexibly and would stay on beyond their shift times to support people in emergencies such as accidents or hospital admissions.

People received care and support that was responsive to their needs and personalised to their wishes and preferences. Staff told us the service was completely person centred. They said each person was seen as an individual. Care plans gave information about people's likes and dislikes as well as their physical needs. This made sure staff knew how people liked to be supported and the things that were important to them.

There were systems in place to make sure high standards of care were delivered. The service was committed to continuous improvement. Plans and targets for future developments and completed projects showed where this had been achieved. There was a quality cycle and quality checks were completed to challenge ideas and systems in place.

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 was safe.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were very caring and supported them with kindness, understanding and humour.

People were supported by a small team of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them

and took account of their preferences.

Care plans had been reviewed with people's participation to ensure they reflected people's current needs.

There were systems in place to support people to make a complaint. People receiving a service and staff felt any concerns raised would be dealt with

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor and improve the quality of the service provided.

The Reynard Care & Support Agency

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 was announced and took place on 7 and 8 June 2016. We gave the provider short notice of the inspection as we needed to make sure they were available so that we were able to access records, talk to staff and gain permission from people who used the agency to visit or talk to them.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

This was the first inspection of the service since they registered with CQC in 2013. The service was established to provide personal care and support to young people with learning disabilities. The service is registered independently of Foxes Academy and able to provide support to people in their homes, on holiday and in the learning environment if they wish to.

At the time of this inspection there were 65 young people receiving support during their training and education at Foxes Academy. Most people were very independent but required some prompting with their personal care routines or with their medicines. Some people needed assistance with personal care. A few people required complex support to enable them to access the education and training facilities at Foxes. We met six people at the service office and visited one person in their home. We spoke to three relatives. We

requested and received feedback from two health and social care professionals. We met with the registered manager, the responsible individual, three support staff and six members of care staff.

We looked at a sample of records relating to the running of the agency and to the care of individuals. These included the care records of seven people who used the agency and three staff personnel files. Other records included those which related to health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe with staff who supported them. Reynard's staff communicated and co-operated with the house and education staff to protect people from bullying, harassment and avoidable harm. Staff told us they helped to keep people safe because as a team they visited all the houses where people lived and met all the learners. They said people were able to talk to them and they listened on a one to one basis. People were therefore able to mention any issues of concern in a private and safe environment.

People told us they always knew the staff who would be visiting them. There was a small constant team of staff and people said they knew them all well. A relative told us "The support provided by the agency is essential to the functioning of the academy." They were able to explain the importance of the support provided to their relative and how reassuring they found this to be.

Staff understood people and worked hard to provide the right balance of support that kept people safe and promoted their independence. One person told us it was helpful to have staff accompanying them to appointments. Staff told us some people found it worrying going to and from health appointments which could be some distance. A member of staff told us how they offered people choices when accompanying them so they could be as independent as possible but still feel safe. One person told us they liked "talking through things" with staff and this made them feel more relaxed about any health issues they might have.

Staff were able to talk about the many ways in which they contributed to people's safety. Staff knew how to recognise and report abuse. They had received training in safeguarding adults and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns. They felt confident allegations would be fully investigated and action would be taken to make sure people were safe. They talked to us about the importance of working together with other teams of staff to ensure any incidents were reported and acted upon. Concerns were reported to the manager and the responsible individual who was the safeguarding lead. The responsible individual, manager and staff were aware of the safeguarding policies and procedures of the local authority and other external agencies.

There were sufficient staff employed to ensure people received care according to their assessed needs. People told us staff were reliable and arrived at the correct time and were able to give them their specified support. Staff told us the system of allocation of staff and rotas worked and they had enough time with people. Rotas were well organised to meet people's needs. Most people needed a small amount of regular support. For example people were prompted to shower or given guidance on oral care or shaving. There was flexibility to ensure everyone received the care they needed so if someone who usually required minimal assistance needed more on a particular day this could be organised immediately. In emergencies senior staff at the agency were available to provide cover at short notice.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Staff completed an application form which detailed their employment history and experience. Staff told us they had attended an interview. We saw records of the interviews conducted. Employment commenced after satisfactory references had been received and a satisfactory check had been received from the Disclosure

and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's diet including food allergies, mobility and any risks to the person using the service. People were able to mobilise independently but if they used a stick or occasionally accessed a wheelchair this was recorded.

People who required support to take their medicines received this from staff. Most people required only prompting to take their medicines and monitoring to ensure they had been taken as prescribed. The manager and staff emphasised the importance of people learning to take responsibility for their medicines. This began with remembering to take the medicines but would extend to ordering and collecting them. Staff confirmed in the daily record sheets people had taken their medicines. Some people needed additional assistance and this would be recorded in the medication risk assessment. There were arrangements to store medicines safely in people's homes and staff monitored the storage arrangements. Staff had received training in medication support. Senior staff took the responsibility of administering some medicines requiring extra care. There were policies and procedures in place in the event of any medication errors occurring.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said the staff were well trained and competent in their jobs. They said "They all know what they are doing. They can help us with anything we need."

Staff told us they always received the training they needed to meet people's needs. All the agency staff told us they had received regular appropriate training. In addition to essential training such as safeguarding, first aid and medication safe handling and awareness staff were offered specialised training related to the support of individual people. When new people were joining the academy the manager reviewed their needs and assessed whether staff needed any additional specific training. Staff gave us examples of the training they had received and how this had enabled people to be a learner at the academy.

The service worked with the GP surgery to access training from community nurses. The nurses had assessed staff as being competent to carry out specific care procedures. This meant staff were able to offer daily support to people with complex care needs enabling them to live more independently and access training opportunities.

Staff told us they were supported to gain National Vocational Qualifications and had continuing professional development files. A range of training delivery was used. Some training was "on-line" and a member of staff told us how they had been helped by the manager and deputy manager to access the computer. Staff were supported to attend external training events. One member of staff had been able to attend some training to promote people's sexual health. Another person was working towards a Level 5 qualification in Leadership and Management and attended college. They told us the manager had supported and encouraged them in this. Staff told us they had discussed their training needs as a team and identified subjects areas they would like more training in such as diabetes, eczema and epilepsy.

One newly appointed member of staff talked to us about their induction. They told us an initial week of training had been followed by shadow shifts where they worked alongside more experienced staff. They said they had a named "buddy" to work with and had been supernumerary while they got to know learners and staff. They said it had been easy to ask their buddy and other staff questions. Another newer member of staff said during their induction they had been helped "every step of the way."

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). 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. The registered manager told us there was nobody using the service who was not able to make their own decisions about the care or support they received.

Staff knew people were able to make decisions and respected their wishes regarding the support they

received. People were always asked for their consent before staff assisted them with any tasks. Some people did refuse support at a particular time. Staff would leave them and go to other people. They would return later to that person who would usually be ready by then. Staff said "We do our best but we have to have their agreement."

People were able to make choices about the staff who supported them. All people made different choices for example choices regarding the gender of staff supporting them with some aspects of personal care. Some people "got on" particularly well with some staff and enjoyed their support.

Staff played a key role in monitoring people's health and ensured any concerns were passed on. They undertook regular health checks with people. They assisted people to make or attend appointments with healthcare professionals where needed. During the individual meetings people were able to raise any health concerns in a safe and private environment. Occasionally a person would not like attending a medical appointment. A member of staff told us how they were supporting the person to overcome their fear and anxiety.

People eat meals chosen and prepared with their house staff. Reynard's staff supported people to maintain a healthy weight by weighing them regularly and discussing healthy food choices in their health check appointments. If people were losing weight they were supported to make an appointment with the GP when required. Occasionally people needed additional specialist support with nutrition. One person received nutrition through a special tube called a PEG tube. Staff had been trained by community nursing staff and had been assessed as competent to assist this person.

Is the service caring?

Our findings

People benefitted from staff who had a caring approach to their work and were totally committed to providing high quality care. All staff spoken with were highly motivated and offered care and support which was kind and compassionate. The manager told us staff would stay on with people after their shift had ended if they were needed. For example when a person had an accident the staff member had remained with them whilst they had hospital treatment to reassure them.

All the people and relatives we spoke with were complimentary about the staff team. One person said "They are kind. They make us laugh." Another person said "they know us well. They help us."

One member of staff said "We take an interest in everyone. Always speak to people nicely. We meet some really interesting young people. Sometimes they need someone to sit and have a cup of tea with. We can give that one to one support that makes a bit of a difference. We can help them to become more independent. Set them up for when they leave. It is a good place to work."

Staff worked with people to achieve the delivery of care in a kind and caring way. They understood their role in increasing people's independence. One person needed support to shower. Staff understood that if the person was to become more independent with personal care they had to enjoy the experience. They had found ways to make the experience enjoyable by singing with them. They had begun by assisting the person but had moved to giving visual prompts. One member of staff told us "We know [person's name] we work with them consistently. We notice if anything is even slightly wrong." We met this person and saw they were happy and relaxed with members of staff.

The service encouraged and valued the views of the people they supported. People told us staff always asked them if they were happy with everything or if they wanted anything changed. There was an effective formal care review system. Every six months people were helped to complete a form about the agency with a member of house staff. They were invited to come to a planned meeting with a member of the Reynard's team to discuss their support plan. They were encouraged to say what was working well and to note anything that could be improved. Records of these meetings were kept in files and those seen confirmed people were happy with their support.

The results of a recent satisfaction survey showed a high level of satisfaction with the service provided. 63 people were surveyed. 58 said they were treated with politeness. 60 people said the service improves their life. 62 people said overall they were satisfied with the service. Staff assisted people in ways which maintained their dignity and respected their privacy. Care plans emphasised the discussion with people about the amount of care they required. When a person was able to partially shower themselves just the required amount of assistance was offered to maintain their independence and dignity. One person told us "They always knock at the door. They don't come in until we tell them to."

People's confidentiality was respected and personal information was appropriately stored. Staff were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way. Staff told us information is shared on a "need to know basis." One member of staff said

"We support young adults. They have a right to their privacy."

Is the service responsive?

Our findings

People were able to talk to us about the care and different support they received. They told us about the general support they received in the mornings with getting up and preparing for their day and the individual attention given to them during healthcare checks.

Each person had their needs assessed before they began to use the service. Information was sent to the service before people commenced their placement at Foxes Academy. The manager checked to see what support the person would require. The first six weeks at the academy was a settling in period when Reynard's staff got to know people and finalised their care plan.

People received care and support that was responsive to their needs and personalised to their wishes and preferences. Staff told us the service was completely person centred. They said each person was seen as an individual. Care plans gave information about people's likes and dislikes as well as their physical needs. This made sure staff knew how people liked to be supported and the things that were important to them.

From the initial assessment the plan gave staff information about the person and what they wanted assistance with at each visit. The plans contained information from parents, medical records and therapists when appropriate. One member of staff said "We stick to the care plans. They are our bibles. They need tweaking sometimes. We make sure they are up to date." The plans we saw were very varied and when we met people they told us about aspects of their care that had been contained in the plans confirming their accuracy. Care plans were signed by the person.

The staff responded to changes in people's needs. This often meant people became more independent and needed less or different support. Sometimes people were unwell for a short time and needed additional care. Occasionally someone had an accident and needed hospital treatment and additional support while they recovered. One person told us how Reynard's staff had looked after them during a short illness by providing more regular visits. They told us how they had been served food in bed and had been checked on regularly. They said "They kept coming into my room and saying "are you alright? It was really nice."

In addition to being able to raise issues about their care on a daily basis with staff there was a formal system of review. Every six months people completed a review sheet (with independent help if required) and were invited to attend a meeting. This encouraged people to communicate their needs, wishes and views individually.

A relative explained how the agency had recognised and responded to a change in health. Staff responded quickly to any concerns identified during their visits to people. Staff told us they discussed how people were feeling with them and agreed a course of action. This could be a visit to the GP, rest and care at Foxes or as a last resort going home or to hospital. Staff said they always involved people in these decisions but knew they were responsible for getting a person seen and treated in a timely manner.

The service had a complaints policy and this was seen in people's homes. People said they knew they could

make a complaint. They knew who the manager was and that they could raise any issues with them. No formal complaints had been received.

Is the service well-led?

Our findings

The agency was managed by a person who had been registered by the Care Quality Commission. The registered manager had been in post for three years. The responsible individual for the service was involved with the service on a daily basis.

The registered manager showed enthusiasm for wanting to provide the best level of support possible. Staff said the registered manager was approachable and always willing to listen to staff. They said they wouldn't worry or hesitate about discussing anything. They said the manager was "keen to teach new things" and encouraged staff to look at new sources of information.

Staff had the same ethos and enthusiasm and this showed in the way they spoke about people. Staff felt involved and able to influence the development and operation of the service. One member of staff said "Team meetings are important. Everyone can contribute." The registered manager told us there was a system to ensure issues raised in the meetings were addressed. Minutes with actions were emailed to people. There were checks to ensure actions had been completed at the next meeting. This approach covered all aspects of the service from introducing a new handover sheet to ensuring all staff had accessed their appropriate vaccinations.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Staff told us they were able to take problems to the manager knowing they would "deal with them and move on."

The agency's mission statement was stated as "to provide the highest quality care and support service to meet individual needs of young people with learning disabilities in a dignified and respectful way." All systems and ways of working within the agency were designed to support this mission statement. Staff appreciated the values of the agency and the way it was run. A member of staff told us "I love working here. I have never had a day off sick. This is just the best agency I have worked for. They not only care about the clients, they care about the staff too."

One newer member of staff was very positive about the support they had received during their induction. They went on to say "Nothing has changed. The support network is as strong. Someone is at the end of the phone or email. We have regular supervisions, and are appraised each year. We can always just ask if we need a meeting. The manager will find time."

People who used the service, their relatives and staff thought the agency was well run, efficient and flexible. Health and social care professionals and relatives told us they could rely on the support provided by the agency. One person said "I know all the staff. They never let me down." The service had effective systems to manage staff rosters, match staff skills with people's needs and cover changes in the demand for support. For example in the event of an outbreak of illness amongst the learners there were plans in place to increase the number of staff available.

The Provider Information Return (PIR) stated the service was committed to continuous improvement. There was a quality cycle and quality checks were completed to challenge ideas and systems in place. The development plan 2014-2017 showed there was a clear structure for the development of staff and the operation of the agency. Dates showed when some objectives had been achieved whilst others had target dates in the future or were on-going.

There were systems in place to make sure high standards of care were delivered. The agency had a computerised system which provided detailed information about the planned dates, times and duration of all visits to the people they supported. Records were clear and up to date, they reflected the care set out in care plans and commented on by people and staff.

All staff received supervision every month. Supervisions were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. One member of staff told us "The manager is very approachable. If you make a mistake they tell you what you have done wrong but they help you change. You always learn."

The registered manager told us they operated an "open door" policy where staff and people who used the service could pop in whenever they wished. We saw during the inspection this was the case. Staff and learners knew the manager well. Interactions we observed were very open and positive.

The agency had comprehensive up to date policies and procedures. This ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were written specifically for the service and were informative and clear.

The manager knew they had legal responsibilities to notify the Care Quality Commission of all significant events. There had been no significant events that we needed to be informed about.

The service worked really well with other teams within Foxes Academy and with health and social care professionals in the community.