

React Homecare Ltd

React Homecare Ltd

Inspection report

57 Beckett Road
Doncaster
DN2 4AD

Tel: 01302590590

Website: www.clarityhomecare.co.uk

Date of inspection visit:
25 March 2021

Date of publication:
30 April 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

React Homecare is a domiciliary care agency providing support for people in their own homes. It has previously operated under the names Clarity Care and Second 2 None.

Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting around 80 people at the time of the inspection.

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

Everyone we spoke with was positive about their experience of receiving care, and told us care staff were friendly and respectful. One person said: "I look forward to them coming every day." And another said: "They are good as gold, I couldn't want for better."

The provider had only begun asking staff to take regular COVID-19 tests in the two weeks preceding the inspection. We asked the registered manager why they had not implemented this earlier, and they acknowledged this should have been done to ensure they were taking all possible steps to ensure people's safety.

There was limited information available to people who required material in alternative formats. We have recommended the provider reviews this.

Staff told us they were proud to work for React, and told us they felt treating people with dignity and understanding their individual needs was the most important part of their work.

Medicines were safely managed, and staff told us they had received training regarding safe medicines management. We noted that the provider did not have appropriate arrangements in place when people were prescribed medication to be taken on an "as required" basis. Following the inspection the provider implemented appropriate protocols.

People told us they would be confident in making complaints should they need to, and there was a complaints policy in place. However, we found the provider had not followed their own policy when dealing with complaints. We have recommended the provider reviews their practice in relation to complaints.

Staff told us they felt well supported by the branch manager, and said communication was good.

Audits used by the provider to oversee quality within the service had not always identified areas for improvement, meaning that some shortfalls went unaddressed.

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

Rating at last inspection

This service was registered with us in August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with CQC's inspection programme.

We have found evidence that the provider needs to make improvement. Please see the Safe section of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 programme. 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings below.

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 24th March 2021 and ended on 31st March 2021. We visited the office location on 25th March 2021 and made telephone calls to people using the service, their relatives and staff after this visit.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We did not request a 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, four people using the service, one person's relative and six staff.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- The provider had not taken all steps possible to keep people using the service safe during the COVID-19 pandemic.
- Staff had started taking COVID-19 tests in the two weeks prior to the inspection. This facility at been available to social care staff for several months. We asked the registered manager why they had not commenced testing earlier, and they acknowledged they could have begun this programme much earlier to manage this risks people were exposed to.
- Staff told us they had received training in relation to infection control. They said they understood how to use personal protective equipment (PPE) and said supplies were plentiful.
- The provider's staff induction programme covered infection control, and every staff member we spoke with confirmed they had undergone an induction.
- An infection control audit had been undertaken, but it lacked substance and contained some inaccurate information. We asked to see a risk assessment specifically relating to the office environment but this was not provided.

Risks were not effectively minimised within the service, putting people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Medicines were safely managed, although we identified an area which required improvement.
- Staff told us they had received training in medicines management, and the provider's training records confirmed this.
- We looked at a sample of people's medication records, but found they were lacking in some areas. For example, one person required staff to apply a medicated cream but this was not recorded on the person's medication administration record (MAR). Where people were prescribed medication on an "as required" basis, often referred to as PRN, there were no protocols in place for this. We discussed this with the registered manager who appeared unsure what was required, but following the inspection the branch manager researched and completed PRN protocols.

Assessing risk, safety monitoring and management

- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place.

- Staff told us they were familiar with people's risk assessments and said they had time to read these prior to providing care to someone.

Staffing and recruitment

- Staff were safely recruited.
- We looked at four staff files and found appropriate background checks had been undertaken. This included Disclosure and Barring Service (DBS) checks.
- Where staff had previously worked with vulnerable adults their reason for leaving had been identified.
- Staff told us they received a suitable induction and told us they felt fully equipped to do their job. They were provided with a range of training, and said they found the training helpful.
- People told us they felt staff were suitably trained. One said: "They know how to do all the things I need, I am sure they get good training."

Systems and processes to safeguard people from the risk of abuse

- The risk of abuse was safely managed.
- People using the service told us they felt safe when receiving care, and told us they had not had any concerns in this respect.
- Staff knew the procedures for reporting any concerns they had and confirmed they had received training in this area. CQC records showed that when suspected abuse had occurred the provider had made appropriate notifications and referrals.

Learning lessons when things go wrong

- The provider had systems in place for learning lessons when things went wrong.
- Staff told us they would report any incidents or accidents directly to the branch manager.
- Records we were provided with showed audits monitored untoward incidents and analysed patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was complying with the MCA.
- We found the provider obtained consent from people when carrying out an assessment of their initial care needs.
- One care plan we checked related to a person who the registered manager told us lacked capacity. There was no evidence of any best interest decision making. The branch manager said this was because the person had the capacity to make day to day decisions, but a formal best interest decision would be recorded should one be required. They provided us with a copy of a best interest form that would be used in such circumstances.

Staff support: induction, training, skills and experience

- Staff received a good level of support and training.
- Staff told us they had received a good induction. One staff member we spoke with described how they had received a "really informative induction" and then shadowed other staff for two weeks when they started to carry out care tasks
- The provider's training records showed staff had received a wide range of training in addition to their induction. One staff member told us they felt the training offered was "great." People using the service said they felt staff had the skills and knowledge to meet their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed.

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Managers within the service monitored care plans to ensure they met people's needs, and they were regularly reviewed.
- There was an electronic visit monitoring system; visits we checked took place at the planned time and for the planned duration. People using the service confirmed this was their experience of receiving care calls.

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

- People's nutrition and hydration needs were met.
- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed, and where required risk assessments were in place.
- People's care records showed where staff were required to provide them with food and drink, it was in accordance with their assessed needs.
- People using the service said staff knew their food and drink preferences, and confirmed staff always provided them with food they liked.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked effectively with other agencies.
- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- The registered manager described working with other agencies to meet people's needs, including social workers, GPs and occupational therapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were asked for their views and were encouraged to be involved on their care.
- A survey of people using the service had taken place, although an action plan had not yet been devised as the survey was very recently completed.
- People's views and decisions about care were incorporated in their initial assessments, and following this their feedback was regularly sought by way of review meetings and phone calls.
- People told us they recalled the initial assessment, but some of the people we spoke with weren't sure if they had a copy of their care plan. One person said they definitely didn't and asked us to raise this with the provider.

Ensuring people are well treated and supported; equality and diversity

- People were treated well and their rights were upheld.
- Staff told us treating people with respect was a very important part of their role. One staff member said: "You have to treat people as if it's your own loved one or relative, and understand their views and thoughts."
- Care assessments we checked showed information about people's cultural needs.
- People spoke positively about the care staff. One person said: "I look forward to them coming every day." And another said: "They are good as gold, I couldn't want for better."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy, dignity and independence was recognised.
- Staff we spoke with told us they understood the importance of upholding people's privacy and spoke with pride about how they did this. One said: "We are privileged when we go into people's homes and we have to remember that."
- People using the service confirmed they always felt treated with dignity. One person said: "This is the best [care provider] I've ever known."
- When managers carried out monitoring of care visits, by way of unannounced spot checks, they looked at whether staff were treating people respectfully and with dignity. Records of these spot checks demonstrated staff were respectful in their approach.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider did not assure us they were complying with the AIS.
- We asked the registered manager how the service complied with the AIS. They were not familiar with this. When we explained what it was, they said large print documents were available. They did not describe any other formats or methods of communication.
- People we spoke with said they would get someone else, such as care staff, to explain anything in their records that they didn't understand.

We recommend the provider reviews their procedures in relation to the AIS.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was personalised to meet people's individual needs.
- Each care plan we looked at held information about people's preference in detail
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits, they obtained the input of people using the service, which supported people in having control over their care.

Improving care quality in response to complaints or concerns

- It was not clear that complaints were well managed.
- The provider's policies and procedures relating to the receiving and management of complaints were clear, with the intention that complaints improved the quality of care people received. However, we found the provider did not always follow their own policy.
- We checked the complaints the provider had received in recent months. We noted that where one complainant had received a written response, this did not direct the complainant to the correct route of external remedy. Another complainant had not received a written response, which the branch manager stated was the complainant's preference. This meant it was unclear whether they had been advised of how to complain externally.
- People using the service told us they would feel confident to complain if they needed to, although none had felt the need to do so.

We recommend the provider reviews their practice in relation to managing complaints.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Governance arrangements within the service were comprehensive but did not always identify areas to be addressed.
- We looked at a sample of audits. We saw one had identified that additional information was required in the person's medication records, but this had not been actioned despite the audit being undertaken 13 months earlier. Another audit identified no action was required, when in fact the records audited were missing some information.
- The provider had conducted a mock CQC inspection, which identified some areas to be addressed. The action plan arising from this did not identify whether any action had been taken or whether the shortfalls had not been addressed, meaning the process was incomplete.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People we spoke with told us their care met their needs and said they felt involved in decisions about how their care was provided.
- Staff we spoke with said they enjoyed working at the service and felt well supported by the management team. One staff member said: "Anytime you need help, out of hours, whatever, she [the branch manager] is always there for you."
- The provider had recently conducted a survey of staff, which indicated a number of staff did not feel the culture was positive, but this view was not shared by any of the staff we interviewed. The branch manager told us this survey had been taken by staff across the organisation, not just those working this branch. No action plan had been devised to address the concerns raised in the survey. The registered manager told us they hadn't seen it.
- Complaints we checked showed that when things went wrong, the provider took action to address shortfalls and improve practice, although the provider hadn't always followed their own complaints policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service and staff were engaged and involved with the service.
- Staff told us contact with the branch was good, and said they felt involved in decisions about how the

service was provided.

- People told us they were confident to change things about their care if they wanted to. One said: "They ring up and check everything's all right, and if I want things done differently I tell them."
- The provider worked in partnership with other agencies to ensure people's care met their needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken all required steps to minimise the risks presented to people using the service by the COVID-19 pandemic.</p> <p>Regulation 12</p>