

Stockport Metropolitan Borough Council- Opportunities Together

REaCH

Inspection report

Hollins House
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Stockport
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28 February 2023
08 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Reablement and Community Home Support (REaCH) service is a multi-disciplinary team providing care and support in people's own homes. The service provides short-term support for people who need help to regain their confidence and independence. At the time of the inspection the service was supporting approximately 49 people

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

People spoke positively about the service and felt they were safely supported and well cared for. Clear assessment processes had been introduced and there were systems in place to ensure lessons were learnt if things went wrong. There were enough staff to meet people's needs and suitable recruitment processes were followed.

New processes for the management of medicines and risk had been implemented following our last inspection and these were having a positive impact to keep people as safe as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

New processes for the management of people's care had been introduced since our last inspection. Staff spoke positively about the processes and felt involved and informed regarding changes and improvements within the service. The registered manager was enthusiastic and keen to provide good quality care. New processes and systems for oversight had been developed and embedded within the service. There were a variety of forums for stakeholders to feedback into service development.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 22 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for REaCH on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

REaCH

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 February 2023 and ended on 8 March 2023. We visited the location's office on 28 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and other members of office staff including resource managers and customer lead advisor workers. We spoke to 3 home support workers who provide support directly to people. We reviewed a number of records including 5 people's care records, policies and systems for governance. We visited the provider office and reviewed 3 staff recruitment records

We obtained feedback from 7 people and their families who were currently using, or had previously received support from REaCH, to understand their experiences of receiving support.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the service was no longer in breach of regulation 12.

- People's needs and risks were assessed prior to the service providing support. A range of risk assessments were in place, with guidance for staff on how to mitigate risk. This included management of falls, eating and drinking as well as moving and handling.
- Systems were in place to investigate any shortfalls or incidents regarding the delivery of care. Where errors had occurred regarding medicines, these were investigated, and action taken to ensure lessons were learnt. A system for the oversight of accidents and incidents including falls was in place.

Using medicines safely

At our last inspection we found people had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the service was no longer in breach of regulation 12.

- People received the support they needed to take their medicines safely. The service had introduced a new electronic care recording system which flagged any missed tasks. This had positively impacted in reducing instances of medicine omissions and errors. The management team had immediate and ongoing oversight of this to ensure that any shortfalls were quickly identified and addressed.
- A new medicine policy and procedures to ensure people were supported to take their medicines safely and in line with their preferences was in the process of being implemented. Staff were receiving training in relation to the changes.
- Guidance was in place for medicines people required occasionally, and clear information about how and where prescribed creams should be applied, including body maps were in place.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training and understood their responsibilities to keep people safe. There were

policies and procedures to underpin this.

- People and families spoke very positively about the staff as well as the care and support they received. One person told us, "I always knew who was coming. They were very efficient and very good. I can't fault them." A relative told us, "When REaCH took over it was like a warm cosy blanket being wrapped around us."

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. Where people were deemed to lack capacity, this was appropriately assessed, and best interest decisions made with the relevant representation. Staff we spoke with understood the importance of gaining consent to provide care and support and told us they always asked permission before assisting someone. People had been involved in the assessment and care planning process and had signed their consent to care.

Staffing and recruitment

- There were enough staff in post to meet the needs of the people accessing support from REaCH. Staff had a clear understanding of their role in supporting people. People told us they were supported by the same staff and these staff members knew them and their needs well.
- Suitable recruitment procedures were followed. Checks were carried out on all staff prior to starting their employment, including Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. Staff received training in infection prevention and control. Personal protective equipment (PPE) was readily available for staff, and people told us staff were using this appropriately.
- The provider's infection prevention and control policy was suitable and staff were clear on procedures to follow.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection we found systems were not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the service was no longer in breach of regulation 17.

- The registered manager was continuing to review where improvements could be made and identify any areas of shortfall. They used a range of systems for checks and audits.
- People spoke positively about how care was delivered and told us the assessment process was thorough and staff had a clear idea of how to safely support them. One person told us, "Staff knew what I needed, and when to encourage me. Everything was done very efficiently and safely."
- Relatives also spoke very positively about the service and told us they felt involved and were kept up to date by staff. One relative told us, "They kept me involved and informed. All the staff were very helpful and if there was anything I needed to clarify or raise, I felt I could. They did a great job working with my [family member] following a fall."
- The action plan submitted by the service following our last inspection had been implemented. This had included some changes in the way of working and introduction of new care planning systems. Staff spoke positively about the changes and improvements.

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

- New systems for the management of people's care had been introduced since our last inspection. Feedback from staff was that this had streamlined the service and all the teams worked well together to provide good outcomes for people.
- People and relatives spoke very positively about the service they received from REaCH. One person told us, "I felt very involved. They explained how they could support me and would encourage me to do as much as I could for myself. I was very happy with how they supported me."
- Staff were all very clear about the ethos of the service and how to deliver person centred support which promoted independence.

- The registered manager understood their legal obligations under the duty of candour. Information was being shared with CQC, safeguarding teams and other services as needed. They were responsive to feedback from a variety of sources and keen to drive improvements across the service.

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

- People were encouraged to feedback about their experiences through a variety of processes including regular quality assurance calls and surveys. We saw that overall people's feedback and experiences were very positive.
- Staff spoke positively about how they were involved in the service. One staff member told us, "I feel very positive and optimistic. Things are more streamlined now. The manager makes sure we get the information we need, and we all support each other. You can share and feedback any ideas you have."