

Reedsfield Care Ltd

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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

About the service

Reedsfield Care Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection the service was supporting 35 people with a variety of health needs and some people living with dementia.

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. Where they do we also consider any wider social care provided.

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

People told us they felt safe with staff. Staff knew how to recognise a safeguarding concern and how they needed to report any concerns.

Risks to people were assessed and monitored. Peoples care plans were detailed and included information for staff on how to care for people. Infection prevention and control procedures were in place and staff were supported to follow these.

There were enough staff to care for people and people were usually cared for by the same care workers. People were supported with their medicines by staff who have received appropriate training.

Assessments were carried out before the agency provided care to people. Details of people's needs were recorded into the plan of care so staff knew how to support people. People were supported with meals and were offered a variety of choice. Where people required a special diet, this was documented.

People told us staff were kind and caring. Care plans and daily records were written in a kind manner and the management team demonstrated a caring attitude. People and their families were involved in care plan reviews and the service actively sought feedback from people about the care they received.

The service carried out a variety of audits to monitor the service and took action to make improvements where needed. People told us that the service was well run and they knew how to contact the registered manager if they needed too.

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.

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 inspected but not rated (published 16 September 2020) and there was a breach in regulation from the previous comprehensive inspection (published 22 May 2019). 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 regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Reedsfield Care 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. This means that they 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, care coordinator and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a care plan audit and further medicine records.

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 inspected but not rated. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "They are fantastic, they will always check if I am ok and if I need anything particular."
- Staff received training in safeguarding and knew what to do if they had any concerns. One staff member told us, "I would call my supervisor or my manager. Our policy is we fill out a chart and report and record"
- A log of safeguarding concerns was kept so the registered manager could monitor each incident and ensure it was being dealt with correctly and action was taken where required.

Assessing risk, safety monitoring and management

- Staff were aware of the importance of risk assessing and safety monitoring. One staff member told us, "Whenever we get to a person's house we assess the area to make sure nothing would cause harm".
- Risks to people were assessed and monitored. One person had a catheter and was at risk of getting an infection. The support plan included information for staff on what signs and symptoms they needed to look at for and what action they needed to take.
- Another person was living with epilepsy. They had a specific care plan in place which gave details on how to recognise the person was having a seizure and what staff needed to do to care for this person.
- The care coordinator worked alongside staff to provide direct care to people, this allowed continuous risk assessment and monitoring to be undertaken by a member of the management team.

Staffing and recruitment

- There were enough staff to support people and people were often cared for by the same staff members. One person said, "I have had one care worker most of the time, on the few times they haven't been able to come the other ladies that have been are really helpful as well."
- People told us the staff arrived on time for their care visits and were flexible in their timings when supporting someone. One person told us, "I went to the hospital last week, they came early to help me".
- The registered manager told us that due to the very low incidences of late visits occurring, they monitored this as it arose and would address each incident separately. We saw evidence that this had been done with one late visit that had taken place.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People were supported to take their medicines safely by staff who had been appropriately trained. Staff members completed online medicine training and then would be supervised by the registered manager to ensure they were giving medicines safely. One person told us, "I think they look after my medicines very efficiently."
- In most cases we found clear medicine administration records (MAR) were kept and these were audited monthly by the registered manager. We did observe one MAR that did not contain clear information on the dose of a medicine. We discussed this with the registered manager who said that this was not in line with their policy and they would discuss this with the individual staff member. The registered manager contacted us after the inspection and informed us that this had now been resolved.
- We spoke to staff members about the correct recording on a MAR for doses of medicine. One staff member said, "The MAR chart is supposed to match what it says on the prescription and on the packet of medicine, If I found something was wrong, I would phone the registered manager and the pharmacy."

Preventing and controlling infection

- People told us that staff wore personal protective equipment (PPE) when providing care to them. One person told us, "They always wear a mask, gloves and apron." The registered manager told us the staff were provided with PPE and this was regularly monitored.
- Staff had received training in infection, prevention and control (IPC) and had been regularly observed by the registered manager carrying out this practice.
- An IPC audit was completed monthly to monitor the effectiveness of the practice that was being carried out and to identify any changes that needed to be made

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated by the registered manager. The registered manager completed a detailed analysis of the incident or accident and recorded the actions taken and lessons learned.
- Lessons learnt were shared with the staff team in staff meetings. We saw in meeting minutes that lessons were discussed with staff members. One person had locked themselves in their house, we saw that the agency had taken action to make the person safe and gave instructions to staff on how to support the person going forward.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last comprehensive inspection, we found the provider was in breach of Regulation 9. We saw at this inspection, improvements had been made and the provider was no longer in breach of regulation.

- People received an assessment of their needs from the agency before care was carried out for the first time. A relative told us, "We had a meeting at home with them and I thought they were very thorough and understanding"
- A detailed assessment of the person's needs, preferences and wishes were discussed, and the plan of care was then created, which was available to staff before they started caring for the person. We suggested to the registered manager that they keep a separate assessment form so they have a clear record of the information that was gathered at the assessment, the registered manager confirmed that this had been implemented after the inspection.
- One person was anxious about receiving care and support due to wanting to maintain their independence. The pre-assessment gave details for staff on how the person may present and what they could do to try and reassure and support the person.
- People were supported to maintain a balanced diet. Care plans contained details of people's food preferences and we saw evidence in the daily notes that a variety of food choices were being offered to people.
- One person was living with diabetes. Their care plan stated that they needed to be encouraged to eat a diet that was low in sugar. The care plan included instructions for staff such as, "Do not put sugar in drinks and offer diabetic juice."
- The service worked with other agencies to provide effective care to people. We saw evidence in care plans of health care professionals being contacted and the contact details were available to staff members.
- One person who was living with diabetes had the telephone number of the diabetic nurse in their care plan. We could see the communications between the specialist nurse and the agency had taken place. The specialist nurse had asked the agency to keep a food chart to monitor the person's food intake, this was being done and reviewed by staff and specialist nurse.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and experience to carry out their roles. One person told us, "I can't fault them at all, they know how to help me, they support me with showering and dressing but also around the house."
- Staff received a variety of training courses that were appropriate for the roles they were carrying out. The staff members that were caring for people with epilepsy had received specific training in this.
- New staff members received an induction where they shadowed the care co-ordinator and was introduced to the organisation and to the people they will be supporting.
- Staff members received regular supervisions where they would have the opportunity to discuss their progression and how they were feeling. The supervisions covered a variety of areas such as communication and recording keeping to help support staff with their development.

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

- We spoke with the registered manager about the MCA and they were aware of the principles. Although they were not currently supporting anyone who lacked capacity they knew what they would need to do if this would arise. They explained that they would arrange for a capacity assessment to be carried out and would have a best interest meeting to support with decision making.
- Care plans were written with a focus on promoting decision making and choice. One care plan included information for staff such as "Ask me what I would like for breakfast"
- Staff received training in MCA and were knowledgeable on how to work within the act. One staff member told us, "Respect the person's choice, explain what you are going to do, check what has already been done but ask the person if they are happy."

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.

At the last inspection this key question was not looked at but had been rated requires improvement at the previous comprehensive inspection. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness. One person said, "The care I receive is fantastic, they are always very willing to help."
- Staff spoke kindly and respectfully about the work they carried out. A staff member said "We sit and listen to people, it's important to spend time with people, we will always have a little chat with them whilst we are helping them."

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

- People's feedback was sought and they were involved in their care decisions. One person said, "The registered manager calls me to see if I am happy with things, they always ask if there anything else I would like."
- Care reviews were carried out to ensure people had the opportunity to contribute to how their care was carried out.
- During the COVID-19 pandemic, calls were made to people to check they were coping with the restrictions and to explain any updates to people if they needed them.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person needed some help with elements of their personal care but was able to do certain things for themselves. This was clearly documented in the care plan and staff would encourage them to remain independent in the areas they were able to.
- A relative told us how the staff had supported their mother after a fall in a dignified way. "They went above and beyond the call of duty, they tidy the house and clear up everything following her accident."

Is the service responsive?

Our findings

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

At the last inspection this key question was not looked at but had been rated requires improvement at the previous comprehensive inspection. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were detailed and contain information around people's preferences. One person had needed support in maintaining their property as this was important to them. This was detailed in the care plan and the service supported them to arrange for areas of their house to be improved.
- One person did not like attending healthcare appointments due to anxiety. The service worked with the person to arrange their appointments and provided them with reassurance. The person has improved and is now more comfortable going to healthcare appointments.
- People were supported when at the end of their life. Discussions were had with people about their wishes in relation to end of life care and these were documented in their care plans.
- Staff received end of life training and were supported by the care coordinator and registered manager during times of caring for someone at the end of their life.

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 service adapted its approach to support people with their communication needs. A staff member told us, "We will communicate it different ways with different people. Some people need us to speak slowly and others need us to use picture aids to help them."
- Care plans included details on how to communicate with people. One care plan stated that they needed support to ensure they had their reading glasses to hand.

Improving care quality in response to complaints or concerns

- Complaints and concerns were monitored, and the registered manager kept a complaints log. Details of the investigation and the actions taken as a result of complaints were recorded.
- The complaints policy was provided to people when they started to receive care from the agency. People told us that they knew how to raise a complaint and that they would be comfortable doing so.
- One complaint involved a carer being late to care calls. This was fully investigated by the registered manager and the staff member was given a different rota to ensure they were able to fulfil their role effectively.

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 inspected but not rated. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the management team. One person said, "They have never let me down, they are always there for me when I need them."
- People and staff could contact the management team at any time. One staff member told us, "We can contact them 24 hours a day if we need too, if someone requires support late in the day they will be there to support us."
- The staff team worked closely with the manager and the whole team would communicate regularly regarding any changes or idea they had. This enabled the team to provide a personalised service to people that was flexible to people's individual needs and wishes.
- Regular staff meetings were held where the registered manager would update the team on any changes or important information they needed to be aware of. They also used this as an opportunity to discuss improvements they wanted to make within the service.
- The service worked closely with other health care professionals and escalated any concerns they had. A person told us, "They have called the GP and the nurse on quite a few occasions for me." We also saw evidence of communications between the service and other health care professionals.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The service received a complaint about the conduct of a staff member. The care co-ordinator went to see the person and apologised for what had happened. They spent time with the person listening to their concerns and took appropriate action.

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

- The management team were clear about their roles and worked well with the rest of the team. The care coordinator and the registered manager would provide care to people when needed and work alongside staff members to support them and monitor performance.

- A variety of audits were carried out to monitor the service such as audits for medicines, records and IPC. Where the audits identified any short falls actions were taken and this was documented.
- The registered manager carried out spot checks to review how care was being delivered and completed review calls for people to assess how their care package was going.