

Reflections Community Support

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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 took place on 7, 12 and 13 September 2017 and was announced on the first day. This was because we needed to make sure someone would be available to support with the inspection.

The service was last inspected in July 2016 when it was found to be in breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were gaps in staff training and the systems in place to monitor and assess the quality and safety of the service were not effective or robust.

At this inspection we found improvements had been made to address the above breaches of regulation and the service was now compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Arrangements had been made to ensure care staff were provided with a range of training and supervision of their work to enable them to carry out their roles. A new computerised office system had been obtained to enable the quality of the service people received to be safely assured.

Reflections Community Support is a domiciliary care agency that is registered to provide personal care to people living in their own homes in the community. It primarily provides a service to older people to assist and support them in maintaining or improving their independence. The office is situated in a central location in Guiseley, which is an outer suburb of Leeds. At the time of this inspection there were 24 people using the service.

There was a registered manager for the service. 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. Throughout this report we have referred to the registered manager as 'the manager'.

People who used the service were supported by care staff who been provided with training to ensure they knew how to recognise and report incidents of potential abuse. There were suitable numbers of care staff available. Care staff had been safely recruited to ensure they did not pose an identified risk to people. Assessments about potential risks to people had been completed to ensure care staff knew how to keep people safe from harm. Training had been provided to care staff to ensure they knew how to administer medicines safely and additional training on this was planned to be delivered. People told us care staff did not rush and provided them with a consistent and reliable service.

People were consulted and involved in decisions about their support; their consent was obtained by care staff to ensure this was in line with their wishes and preferences. Care staff encouraged people to maintain a healthy diet and medical professionals in the community were involved when this was required.

Care staff had developed positive relationships with people and treated them with consideration and kindness. Care staff maintained people's personal dignity. People told us that care staff supported them to be as independent as possible and respected their wishes for privacy. People's support plans contained evidence of assistance provided to ensure their health and wellbeing was maintained.

People were encouraged to maintain their involvement in the community to ensure they were not at risk of social isolation. People told us they were happy with the service they received and were confident any concerns they might have would be appropriately addressed.

Recording systems had been developed to ensure the quality of the service could be effectively monitored. A range of audits and checks were carried out to enable potential trends and patterns to be analysed with action taken when this was required to help the service to learn and develop. People feedback and suggestions were welcomed to help the service continually improve. People told us that management was open and approachable and worked in partnership with them to help meet their needs. Care staff told us that management was supportive and that they enjoyed working for the service.

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.

Care staff had been provided with training to ensure they knew how to recognise and report incidents of potential abuse.

Suitable numbers of care staff were available and they had been safely recruited.

People's medicines were managed safely by care staff and plans were in place to provide additional training to them on medicines support management.

Is the service effective?

Good 

The service was effective.

The range of training provided to care staff had been developed and improved to enable them to effectively support people's assessed needs.

People were consulted about their support to ensure they consented to their personal care.

People were encouraged to maintain a healthy and balanced diet and medical professionals were involved where this was required.

Is the service caring?

Good 

The service was caring.

People's personal dignity was respected by care staff who understood the importance of maintaining their independence.

People were supported by care staff who were considerate and kind.

People were involved in making decisions and choices about support and their personal preferences for this were respected.

Is the service responsive?

Good ●

The service was responsive.

People participated in decisions about the planning and reviewing of their care and support to ensure their changing needs were upheld.

People were encouraged to maintain their involvement in the community to ensure their health and wellbeing was promoted and the risk of social isolation was reduced.

A complaints policy was available to ensure people were able raise concerns and have these addressed and resolved wherever this was possible.

Is the service well-led?

Good ●

The service was well-led.

Systems had been developed and improved to ensure the quality of the service people received could be effectively monitored.

The service had an open and inclusive culture and care staff told us they were provided with good support and enjoyed their work.

People had confidence in the provider and were able to provide feedback about the service to help it to continually improve.

Reflections Community Support

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 checked 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 took place on 7, 12 and 13 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support with the inspection.

The inspection team consisted of an adult social care inspector and an expert-by-experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second and third days of the inspection were carried out by an adult social care inspector to follow issues up.

Before the inspection, we asked the provider to complete 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 also looked at details we held about the provider on our systems and looked at notifications submitted by them about significant issues affecting the people who used the service. This showed us how they had responded to incidents that concerned the people who used the service. When planning the inspection we contacted the local authority safeguarding and quality performance teams to obtain their views about the service.

At the time of this inspection there were 24 people using the service. During the inspection we made a visit to the provider's office and met the manager, a training manager, a care coordinator, an office administrator, as well as two care staff who were visiting the office.

We looked at the care files belonging to six people who used the service and a selection of documentation relating to the management and running of the service. This included staffing records, quality audits, minutes of meetings and performance reports.

During the inspection we made a visit to one of the people who used the service to ask them about the quality of provision they received. The expert by experience contacted four people who used the service and seven relatives by phone in order to obtain their views. Following our inspection visit we subsequently spoke with a further four care staff by telephone.

Is the service safe?

Our findings

People who used the service told us they were supported to make choices about their lives by care staff who ensured they were protected from potential abuse and neglect. They and their relatives told us they trusted their care staff and felt safe with them.

One person said, "I always feel safe with my care worker." Another commented, "I am very happy, when the care workers come I feel absolutely safe." Relatives confirmed they had confidence in the care staff and that their members of family had developed positive relationships with them. Relative's comments included, "There are no issues about safety for my relatives", "My relative is 100 percent safe, I feel safe to leave [Name of person] with the care workers" and "We have no issues about safety."

Speaking about the reliability of care staff, one relative told us, "Oh goodness, they are brilliant, I have the reassurance I can go away and leave my relative. I know my relative is always safe." Another commented, "My relative has to have medicine every 12 hours. The care workers come on time: they ensure [Name of person] is given their medication on time." Two other relatives stated, "I always know who is coming in advance. If on the odd occasions they are late, they always contact me. The care workers always stay for the time, sometimes they stay longer" and "They [Care staff] are rarely late but when they are, they always ring to let me know."

People told us care staff carried out the personal care tasks that had been agreed and that their time keeping was good. They told us if care staff were likely to be delayed; they were contacted by the office to let them know about this. People told us their service was delivered by a generally consistent set of care staff that had never missed a call. One person said, "I have complex care needs. Care staff come on time, they are good. They stay for the whole time."

There was evidence safe recruitment practices were followed to ensure new staff were appropriately checked before offers of employment were made. We saw these included checks of personal identity and past work experience, together with clearance from the Disclosure and Barring Service (DBS). The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. We found employment references had been appropriately followed up. Care staff confirmed they were not allowed to start work until their references and DBS check had been received and worked alongside more experienced staff before working alone, to enable them to learn about what was expected of them. The manager told us new care staff were introduced to people before they delivered care which, enabled them to get to know people's needs.

Systems were in place to enable the quality of service to be monitored and ensure support was delivered by appropriate numbers of care staff with the skills needed to meet people's needs. We saw evidence of on-going recruitment for new care staff to ensure people's care needs were safely delivered by satisfactory levels of staff. The manager told us, "We will not accept new clients if we do not have the right ratio of staff to meet our contractual responsibilities." We found a new computerised system had been obtained to enable

the service to monitor care staff visits to people and ensured important information to be relayed to them when this was required.

We found safeguarding training had been undertaken by care staff to ensure they knew how to recognise potential abuse and report concerns about this. Policies and procedures were available about the protection of vulnerable adults that were aligned with the local authority's guidance on this. Care staff confirmed they were aware of their responsibilities to ensure people who used the service were protected and understood their duty to 'blow the whistle' about concerns or incidents of poor practice. Care staff told us they would report issues of potential concern to the manager and were confident appropriate action would be taken, with disciplinary procedures implemented if this was required.

There was evidence the service adopted a positive approach to the management of risks, whilst enabling people to be stay safe from potential harm. People's care files contained assessments about known risks. These were completed with people before their service commenced, to ensure care staff knew how to support them safely and minimise restrictions on people's freedom, choice and control. We saw people's risk assessments focused on their personal strengths and abilities to carry out tasks of daily living. They included details about their nutritional and hydration needs, moving and handling, together with issues concerning their domestic environment and health and safety issues. We saw people's assessments were monitored and updated on an on-going basis and where changes in people's needs were noted action was taken to involve professionals in the community, such as social workers, district nurses and GP's.

People told us they received their prescribed medicines in a safe way, with support from care staff. We found people who used the service were encouraged to take responsibility for managing their own medicines where possible and care staff provided assistance or prompts to people with this when required. One person told us, "They always prompt me to ensure I have taken my medication."

Care staff confirmed they had completed training on the safe use and handling of medication and we saw evidence of this in their personal files. We found that daily records and medication administration records (MARs) were completed, where people were assisted to take their medicines by care staff, to ensure people received their medicines as prescribed. We saw competency checks and observations of care staff skills were carried out by senior staff to ensure their practice was safe.

People's MARs were audited on a monthly basis and where medicine errors were identified, action was taken to minimise them from occurring again. We found a safeguarding alert had been raised following a medication error that had occurred earlier on in the year. We saw this issue had been investigated and that additional training was in the process of being rolled out to all care staff.

Contingency arrangements were in place to enable people to make contact with the provider in case of emergencies. There was an on call system to ensure people and care staff were supported should an emergency occur. Policies and procedures were available to ensure care staff were safe when working alone. Care staff confirmed they were issued with uniforms and identity badges for use when attending people's homes, together with personal protective equipment, such as aprons and gloves to enable them to promote positive infection control measures. Care staff demonstrated a good understanding of people's needs and received training on a range of issues to ensure people's health, safety and welfare was appropriately promoted.

Is the service effective?

Our findings

At the last inspection we found the service was in breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found there were gaps in staff training, including updates of courses considered mandatory by the provider. At this inspection we found the provider had developed the training and support provided for staff and the service was now compliant with this regulation.

We saw evidence that since our last inspection the service had taken action to improve and update the training and development opportunities provided to care staff. We saw they worked with an external training provider to enable care staff to undertake nationally recognised work based qualifications.

We found that links had been strengthened with a local college to enable a programme of training to be delivered to care staff and that additional e-learning had been sourced on a range of topics. This helped to ensure care staff had the skills needed to perform their roles. We saw evidence that training was regularly monitored to ensure care staff updated their skills when this was required.

There was evidence newly recruited staff undertook an induction that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Staff training records contained evidence of completed courses on a variety of topics, including safe handling and administration of medicines, safeguarding, moving and handling, emergency first aid, health and safety and infection control. Specialist training on the specific needs of people who used the service such as dementia had also been completed. The manager told us about plans to further develop the training available, with additional training on the Mental Capacity Act 2005 (MCA) to ensure people's human rights were promoted.

Since the last inspection an additional member of staff had been recruited to carry out assessments of people and provide care staff with regular supervision and appraisals to enable them to develop their careers. We saw evidence this included working with new care staff to complete work books for the Care Certificate, together with regular observational assessments and professional supervision to ensure care staff were competent to carry out their roles.

We found the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England had been discussed in meetings and copies provided to care staff. The Code of Conduct sets the standard of conduct expected of all adult social care workers and healthcare support workers in England. It helps workers provide high quality, safe and compassionate care and support and outlines the behaviours and attitudes that people who use care and support should expect.

Care staff told us they enjoyed their work and confirmed they received training to help them carry out their roles. One told us, "We are always doing training and I regularly go through to college in Shipley. I have an NVQ 2 [A nationally recognised award, now known as the Qualification Credit Framework - QCF] and am

working to complete my NVQ 3." Another member of care staff advised us they had recently had an appraisal, in which career progression had been discussed with them.

People who used the service told us care staff helped improve their quality of lives and supported them to live their lives in the way that they choose. They told us care staff communicated with them well, were well trained and ensured they were happy with the way their support was provided.

One person said, "They certainly know what they are doing, I have no problem with the care workers with regards to training or skills." Others commented, "I am happy how they handle me" and, "Yes the regular carers are brilliant."

Relatives were equally positive about the quality of care staff. One relative stated, "My relative cannot talk, but the care workers have the skill to speak to [Name of person]; they react, they [Care staff] understand, it's great to watch." Others said, "I am really pleased with the service we receive; their treatment with my relative clearly demonstrates that they are skilled and trained" and, "They handle my relative with care. It's excellent, their safety is spot on, it's clear they have received all the training and have the skills. We are looking to increase the care; we will be using this company."

People who used the service said the service was adaptable and fitted around their lifestyle choices. People told us their care staff listened and did not rush them. They told us care staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. Care staff demonstrated a good understanding about the importance of gaining consent and agreement from people about their support. We saw people's care plans had been signed to demonstrate their consent and agreement to their support.

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.

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. For people living in the community the application process for this would be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted. During discussions it was clear the manager had a sound understanding of their responsibilities in relation to, the MCA.

People's care files contained evidence of a range of support plans that had been developed to address their needs and medical conditions. We saw evidence of liaison and involvement with health and social care professionals in the community when this was required. Care staff told us they encouraged people to maintain a healthy diet to ensure their nutritional needs could be met. Care staff confirmed training on nutrition and food safety had been provided to them to ensure they were aware of safe food handling techniques.

Is the service caring?

Our findings

People who used the service were positive about the caring approach of care staff. They told us care staff were courteous and friendly and helped to promote their independence. People said care staff were also considerate and kind and treated them with dignity and respect. One person said, "They make me so happy when they come." Others commented, "They are excellent with me, caring and nice" and "They are brilliant. When my own personal assistant cannot make it, the care workers come and have never let me down."

The manager told us, "We ensure staff have the skills and experience which reflect empathy, a person-centred approach and a personal sense of dignity and privacy. We ensure all staff are trained; spot checked and have regular supervision. This ensures staff have the skills and experience to provide care in a caring and effective manner."

People who used the service told us they were involved in reviews of their support to ensure it was delivered in a way they were happy with. We saw people's care files contained individual plans of care that focussed on their strengths and needs, together with details about how their support was provided. We found people's care records contained assessments about known risks to help staff to protect them from potential hazards, together with liaison and requests for equipment, to maximise their independence and enable their abilities for self-control to be promoted. We were told by a person who used the service, "Our care staff are very good and think about us all as a family unit."

There was evidence the service understood their duties under the Equality Act 2010 to promote people's individual and diverse needs. It was also following the Accessible Information Standard in line with section 250 of the Health and Social Care Act 2012. We found information to help people understand about what to expect from the agency was given to them at the start of their use of the service. We found a copy of this had been provided in braille for people with visual impairments and we were told this could also be produced in different formats, such as large print or tape.

The manager told us how the care staff supported a person from a foreign heritage and how they had embraced working with their individual cultural characteristics and differences.

A relative told us about the way care staff worked in a person centred way and respected people's individual needs. They commented, "They [Care staff] are brilliant, my relative cannot talk, however the care workers have built a relationship with them. They communicate and their skills enable [Name of person] to communicate in their own way. They make [Name of person] laugh; this understanding enables the care workers to know what [Name of person] wants and how they feel. It is absolutely brilliant."

We were told how care staff had worked with a person who had been discharged from hospital on palliative care and delivered end of life support in collaboration with multidisciplinary services to enable them to remain in their own home.

Care staff told us they enjoyed their work and generally provided support to the same group of people to enable continuity of support to be delivered. We found care staff were familiar with people's preferences for how their support should be delivered. Care staff told us about training that focussed on the importance of maintaining people's personal dignity and privacy. We found care staff demonstrated a good understanding about the importance of upholding people's confidentiality and we saw that information about people was securely held by the service.

Is the service responsive?

Our findings

People who used the service confirmed they received a personalised service. They told us care staff listened to them and involved them in decisions about how their support was provided. People and their relatives told us they felt the service worked with them well and recognised their individual needs.

We visited the home of a person who used the service where it had been noticed there had been a change in their needs. We found the service was in the process of arranging a formal review of their care with the person's social worker, to enable changes in their personal support package to be agreed and to ensure their personal wellbeing and independence was promoted. This person told us they had no complaints and were happy with the service they received. They said, "Our care staff work in partnership with us and involve us in decisions about our support."

We saw assessments of people's needs were carried out when they first began using the service, together with development of risk management plans to ensure their needs could be safely met. Individualised plans of support had been developed from people's assessments. People's plans of support covered their needs and abilities in relation to a range of daily living tasks, in order to help staff to maximise people's abilities for self-control. We saw people's plans of support contained information about their preferences and wishes and included information about their nutritional needs, specialist use of equipment, together with details about their routines. For example, how they like to be supported when getting ready to go to bed. We saw people's assessments covered areas of known risks such as skin integrity, mobility and falls, as well as environmental considerations. This helped staff keep people safe from harm and we found these were reviewed and updated as required.

There was evidence the service encouraged people to maintain their interests and hobbies in order to promote their general wellbeing. We found the service had developed links with local community organisations, such as the local library and Otley Action for Older People and sensitively encouraged people to make use of these services if required to reduce the risk of potential social isolation.

People told us they were happy with the service they received and had no complaints. One person commented, "I am very pleased with the service provided." We found a complaints policy was in place to enable people to raise a concern and have these investigated and where possible have these addressed. We saw evidence the provider had responded to formal complaints and provided written responses to people with an outcome of their investigation.

There was evidence that people's concerns and complaints were monitored by the manager to enable potential themes to be highlighted and learning strategies to be implemented. We found a proactive approach to people's concerns was adopted and the service welcomed their comments to help it develop. People who used the service were provided with opportunities to complete quality assurance questionnaires and we found that 'spot check' visits of care staff were used to enable people to provide feedback on the service.

Is the service well-led?

Our findings

At the last inspection we found the service was in breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not effective arrangements in place to monitor the quality of the service that was provided. At this inspection there was evidence the provider had developed their quality assurance systems and that the service was now compliant with this regulation.

We found that since our last inspection a new computerised software system had been obtained to enable care staff visits to be monitored and promote more effective communication with staff. Care staff told us they felt that office arrangements had been developed in the past year. Their comments included, "The office is better organised and things are now a lot better than previously" and "The office is now a lot better than they had been."

We saw evidence that quality monitoring systems included regular audits of different aspects of the service and action was taken to address shortfalls noted from these to minimise them from reoccurring. We found these included monthly checks of people's medication administration records, daily care records and accidents and incidents. We saw that audits of people's care plans, complaints, medicines support, staff training and development and care staff supervision were carried out. This enabled potential trends and patterns to be identified and analysed and helped improvements to be implemented whilst assuring the quality of the service. We saw inconsistencies in the way some audits had been carried out. The manager acknowledged they were aware of these as they were still getting acquainted with the new computerised software, but were constantly working to ensure it was effectively used.

Since our last inspection we found an additional member of staff had been recruited, who was responsible for ensuring care staff were able to effectively carry out their roles. We saw this included monitoring visits to people's homes, together with unannounced spot checks and observations of care staff performance. This helped to promote good practice.

People who used the service, their relatives and staff told us they thought that overall the service was well-led. Comments and feedback received from people and care staff was positive about the service although some care staff felt more consideration should be given to travelling times between visits and an allowance for using their personal mobile phones for work.

People who used the service told us, "I think the company is fine, on the whole do a good job" and, "I am very pleased with the service provided." Relatives' comments included, "I have no issues with management, I have a high standard of care. Everything is fine with this company", "I checked over seven companies, I chose this company, even though at that time there was no manager, I have not regretted it" and "In the past there was a lot of inconsistency, now this has changed. They have had ups and downs but I am fully satisfied with them." However, one relative indicated communication within the office could sometimes be improved. They told us, "They do what they can, sometimes we can ring, they do not pass on the information, we as a family have to then chase them, this is not good."

There was a registered manager in post who had a range of knowledge and experience of health and social care services. They were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. We found the manager was supported by a range of office staff, including a care coordinator, a training manager and an office administrator. The manager told us they maintained their knowledge and experience by undertaking training and attending meetings with care professionals. This helped them keep up to date with developments in the care sector.

We found the management and staff took their responsibilities seriously and aimed to provide a quality service that was personalised to meet people's needs. We found the manager did not take on new work if there were insufficient numbers of care staff available to ensure they could meet their contractual responsibilities. People who used the service were positive about the reliability and consistency of care staff. They and their relatives told us they were consulted about their views, in order to help the service to learn and develop. Care staff said they enjoyed their work and felt the service was well run. A member of care staff told us, "We have regular customers which is good as it means we can get to know them well."

There was evidence the service had an approach that was based on listening to people and working in partnership with them and staff. We found that surveys and spot checks were used to ensure the service was meeting its operational objectives and to enable people to provide feedback on service provision. Care staff told us they felt management was approachable and supportive. They told us they were able to freely speak with the manager about any concerns. One told us, "This place is so refreshing and different. They listen to you and everything is taken on board. If we have any issues we take them to the office and they are sorted." Another member of care staff commented, "They are always on the end of the phone if we need any support."

We found the service placed an importance on the development of an open and inclusive culture that encouraged staff to question their practice and ensure communication was constructive. Care staff told us the manager listened to them and was fair. We were told there was a staff recognition scheme for work that was considered above and beyond expectations. We saw evidence of monthly meetings and observations of care staff, to enable their behaviours and attitudes to be monitored and their skills to be appraised. A whistleblowing policy was in place that enabled and encouraged care staff to highlight issues of poor practice or potential abuse. Care staff told us they had confidence the manager would follow issues up when this was required.