

Home from Home Care Limited

The Reeds

Inspection report

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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 Reeds is a residential care home providing accommodation and personal care to up to 8 people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 8 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff supported people with their medicines in a safe way. The digital records system did not always show accuracy of medicine amounts in stock, but the provider was aware and making changes.

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.

Staff communicated with people in ways that met their needs. The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted in the least restrictive way and only if there was no alternative.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment met their sensory and physical needs.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

Staff evaluated the quality of support provided to people, involving the person, their relatives and other professionals as appropriate. We found on 1 occasion, this was not completed in a timely way which risked a delay in improving staff practice and learning.

Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity. The needs and safety of people formed the basis of the culture at the service. Staff understood their role in making sure people were always put first.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Recommendations

We have made a recommendation relating to reviewing information to improve the service.

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

Rating at last inspection

The last rating for this service was Outstanding (published 21 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Reeds 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.

The Reeds

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

The inspection team consisted of 2 inspectors, a specialist adviser in medicines (SpA) and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Reeds is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Reeds is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced. Inspection activity started on 4 December 2023 and ended on 18 December 2023. We visited the location's service on 4 December 2023 and again on 10 December 2023 for an out of hours visit as part of CQC's enhanced methodology for inspecting services who support autistic people and/or people with a learning disability.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We are improving how we hear people's experience and views on services, when people have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method, and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience of the care.

We also used a combination of speaking with people and observing their responses, gestures and body language. We communicated in this way with 4 people. We spoke with 6 people's relatives and 4 professionals who work with the service. We spoke with 8 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records of 4 people including medicines records. We looked at recruitment records for 2 staff and a variety of quality assurance records such as audits as well as reviewing policies and procedures.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

People were supported to receive their medicines safely. People and relatives told us they received medicines correctly and the staff supported reviews with professionals to ensure people were on the correct medicines and doses. A relative told us, "Staff review [all medicine] with me, if the doctor changes the medicine or anything else."

The system used to record medicines management and administration was unable to calculate the expected count of medicines stock correctly. Information expected to be found on the electronic medicines administration record (e-MAR) was not easy to locate. The provider was aware and told us they were continuously reviewing issues as they arose. The provider was able to later evidence no errors had taken place and there had been no negative impact to people.

The service ensured people were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating when medicines were given covertly. These are medicines which given to people without their knowledge as they may refuse to take them.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. The service monitored and reported the use of restrictive practices. Staff recognised incidents and reported them appropriately and managers investigated incidents. Staff were supported to learn lessons when things went wrong. The provider delegated some aspects of review of incidents to their internal PBS team. We found 1 occasion where this had resulted in staff not being supported to learn and improve in a timely manner which risked a repeat incident occurring.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People appeared to feel safe and relaxed in the company of staff.

People told us they felt safe, and 1 person took a picture card about 'being safe' and placed it under a thumbs up card to suggest 'good'. Relatives told us they thought their family member was safe. A relative

said, "[Staff] stay with them and help by being there, just looking after them makes them feel safe." Another relative said, "Knowing [my family member] is safe, and that The Reeds are doing it, I'm so grateful. I want people to know this, as it's so important not to give up on people like [my family member]."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks to people or from the premises. Equipment was regularly serviced and checked. We observed a person who knew exactly what to do and where to go when the fire alarm went off unexpectedly. Their facial expression, words and body language suggested they were proud of themselves for keeping safe and remembering what to do.

The service helped keep people safe through formal sharing of information about risks. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom and staff supported people to take positive risks where safe to do so. Relatives told us they were included in decisions about how to safely support risks to their family members.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff to meet people's needs.

The provider operated safe recruitment processes. The numbers and skills of staff matched the needs of people using the service. Staff recruitment, induction and training processes promoted safety. Staff knew how to take into account people's individual needs. Relatives told us they felt there were enough staff. A relative told us, "I would say they have enough staff."

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic. People and relatives told us staff helped them to keep their bedrooms clean and tidy.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. A relative told us, "[Staff] make you feel welcome when you go."

Is consent to care and treatment always sought in line with legislation 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. For people that the service assessed as lacking mental capacity to make certain decisions about their care, staff clearly recorded assessments and any best interest decisions. Staff knew about people's capacity to make decisions through verbal or non-

verbal means, and this was well documented. Relatives told us they were also involved in the process. A relative told us, "[For] best interests [staff] always involve me. They ring me plus give me an e-mail update."

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 Outstanding. 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

The provider had an effective senior management structure and monitored the quality of care provided in order to drive improvements. There was good provider level oversight of the service and processes were in place which helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Systems of delegation and digital records at the service meant there was little evidence of registered manager oversight of the service and information was not always accessible at the time it was needed.

We recommend the provider reviews digital and human support systems at the service to ensure information is accessible, accurate and reviewed in a timely manner and reflect registered manager oversight.

The provider has been responsive throughout the inspection in addressing any concerns raised or providing further evidence to show actions taken.

Relatives felt the staff and provider did a good job. Staff understood and demonstrated compliance with regulatory and legislative requirements and were able to explain their role in respect of individual people without having to refer to documentation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. The provider sought feedback from people and those important to them and used the feedback to develop the service. People were supported using various methods of communication to give their views about their care.

Feedback from relatives about communication from staff and inclusion in the service was good. A relative said, "I don't know about questionnaires. I was asked something on the phone but [I received] regular communication which covers it 100% definitely." Relatives and staff said they were happy to raise any concerns with staff and the registered manager but not all relatives and staff were aware who the registered manager of the service was, confusing them with other staff members. This meant there was a risk concerns would not be raised to the correct people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. Staff told us the management team were approachable and took a genuine interest in what people, staff, relatives and professionals had to say. Staff felt respected, supported and valued by senior staff which supported a positive culture. Information in relation to continuity of approaches and outcomes of support given were documented but not easily located at the time they were needed.

People were happy with the support they received and told us about places they like to go such as walking, the gym, meals in cafes and swimming. We observed staff interacting positively with people, respecting choices for food and how they spent their time. Staff were patient and explained everything to people in ways they could understand.

Relatives were also happy with the support provided. A relative told us, "[Staff] are very professional but also so friendly. Almost like they're [my family member's] friends. They make sure they're safe and comfortable. They work at [my family member's] pace so there's not so much anxiety now, they're relaxed and calm."

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

The provider understood their responsibilities under the duty of candour. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care

The provider kept up to date with national policy to inform improvements and invested sufficiently in the service. Staff told us they followed a coaching culture to support less experienced staff and could ask for additional learning and development if required.

Working in partnership with others

The provider worked in partnership with others. The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system. Professionals gave positive feedback about the service and said they had no concerns. A professional told us, "Health and care needs are currently being met within the placement. The placement management team actively engage with [other professional teams] in order to ensure all health needs are met and appropriate advice and support is accessed in a timely way."