

React Homecare 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

React Homecare Ltd is a domiciliary care agency providing support for people in their own homes. Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was supporting 70 people at the time of the inspection.

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

Staff were recruited safely and knew how to keep people safe from harm and abuse. People described staff as caring and friendly.

People told us they received a better service from the directly employed staff rather than staff from an agency. The service had recognised this and had put plans in place to recruit and retain more staff.

People had plans of care in place which were reviewed with family members and health and care professionals where appropriate.

There were quality checks in place to monitor the quality of services provided.

People felt comfortable and safe with the staff and had confidence that any concerns or requests were listened to by carers.

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The service maximised people's choice, control and independence. People were supported to have maximum choice and control of their lives. Policies and systems did support least restrictive practice. Where people needed support with their medication, this was managed safely.

Right Care: People told us that they felt comfortable and safe with the staff. Care was person-centred and promoted people's dignity and privacy.

Right Culture: People told us they were confident to raise a complaint or a concern about the service and that it would be put right. The service's management team had a clear vision and plan about how the service would develop and continue to improve. This included confirmation of investment in resources, staff and employee benefits.

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 30 April 2021) and there were breaches of regulation. 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 service was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider 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.

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

This inspection was carried out 'using remote technology'. We used electronic file sharing to gather information and phone calls to engage with people using the service as part of this performance review and assessment. We also visited the service's office to have a conversation with the management team.

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.

React Homecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

This inspection was carried out 'using remote technology'. We used electronic file sharing to gather information and phone calls to engage with people using the service as part of this performance review and assessment. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. We visited the service's office to have a conversation with the management team.

Inspection team

This inspection was carried out by an inspector and an Expert 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

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

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

This inspection was announced. We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 24 January 2023 and ended on 3 March 2024. We visited the service's office on 28 February 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This inspection was carried out 'using remote technology'. We used technology such as video calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We also visited the service's office to have a conversation with the management team.

We spoke with 3 people who used the service, 14 relatives, 2 members of staff who provided care and support and 2 members of the management team for the service.

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.

Preventing and controlling infection

At our last inspection the provider had not taken all required steps to minimise the risks presented to people using the service by the COVID-19 pandemic. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to record and monitor COVID-19 Lateral Flow Tests for staff in line with national guidance. The information was reviewed by managers of the service.
- Learning and training about how to prevent and control infections was available to staff but not all staff had accessed it. Where staff had accessed training, they were able to demonstrate good knowledge about infection prevention and control. The service had put a clear plan in place to improve access to training for staff.
- Staff told us they had access to supplies of personal protective equipment (PPE) to use when they provided personal care to people. Managers carried out comprehensive spot checks on how staff used infection prevention and control practices which confirmed that staff maintained good hygiene practices.
- Staff told us how they maintained good hygiene practices to prevent and control infection when delivering care in people's home, "We wash our hands and sanitize when entering a service user's property. We put on all PPE - mask, gloves and apron. Once personal care is given, we remove all PPE and dispose of it. Food prep is the same procedure again with clean PPE to avoid contamination."

We recommend the management team ensures staff training is kept up to date in line with the provider's policy.

Staffing and recruitment

- The service had appropriate employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us that staffing levels were not always appropriate. One person told us, "I think they have a shortage of staff and send agency people. The thing is that when the service initially started, we used to get 2 people regularly and [relative] was familiar with their faces."

- The Provider had a comprehensive plan in place to reduce the need for agency staff. They had appointed an external company who led on recruitment and selection of staff to ensure delivery of consistent care.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt comfortable and safe with the staff. One person said, "[Relative} has been getting the service for more than 6 months. Two care workers visit 3 times a day. [Relative] is very happy with them and they use the hoist safely."
- There was a safeguarding policy and procedure in place and staff told us that they received safeguarding training.
- Staff knew how to report any concerns about safety. They told us, "[If I suspect someone is at risk or being harmed] I would report it to the office and the local safeguarding team."

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

- Systems were in place to track accidents and incidents. This included safeguarding alerts and concerns. Where incidents had occurred there were clearly recorded actions and deadlines to learn lessons from these and mitigate risks to people.
- Risks associated with moving and handling, accessing community activities and the home environment were identified during the initial assessment of a person's needs and appropriate risk assessments were put in place.

Using medicines safely

- Where people needed support with their medication, this was done safely. One person told us, "The care staff help [relative] with food and medication, I am so satisfied." Another person said, "They give me my medicines and food if it is ready."
- Medication checks and observations of staff competency were carried out by their manager. This included checks that staff gave medicines safely and that they had completed medicines training and read medication policies.
- The service had appropriate policies and procedures to support the safe administration of medicine. There was evidence that medication recording sheets were reviewed regularly and where errors in recording had been identified, action was taken to embed learning.

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.

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

- There was positive feedback from people regarding if the service was well-led. One person told us, "Yes I know how to contact the manager if the carers are stuck in the morning. It happened a couple of times because of the weather or something else. I have a direct number to the manager and they are very helpful." Another person told us, "I do have a contact number [for the manager]. They notify me about anything then I notify [relative]. [Relative] is happy with the everyday routine."
- The service's own satisfaction survey identified that 66% of clients said that their carers arrived on time and that the staff were friendly and caring. One person said, "Some carers go above and beyond to make sure that I am happy even on the days when I am having a bad day. They all do a good job." Another person said, "I mostly have the same carer which works for me because I can communicate with one person and let them know what I can and can't do."
- Staff demonstrated a person-centred approach to care and support. One member of staff told us, "Before you do anything, you must introduce yourself and be friendly and compassionate. Always ask the service user if they are able to do something themselves before you do it."

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 management team encouraged an open and honest culture in the service. The registered manager understood their responsibilities in relation to their duty of candour.
- When accidents or incidents occurred, appropriate records were kept and relevant organisations, such as CQC and local Safeguarding teams, were informed.

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

- People told us if they raised a complaint or a concern about the service that it would be put right. One person told us, "Yes, I have made a complaint. It was over a year ago and there was a satisfactory outcome."
- Managers completed spot checks of staff during care visits which helped ensure people received consistent high-quality support.
- Staff told us, "We have had different management continuously throughout the years and this has caused a lot of unfinished paperwork and files not being up to date." The service recognised this and had put into a place a clear action plan with timescales to review care plans, risk assessments and reviews. The service demonstrated that they had completed actions ahead of the planned timescales.

- The service identified how complaints, compliments and lessons learned would be cascaded throughout the service via staff supervisions, team meetings and wider organisational communication.

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

- The service sought feedback from people and relatives through surveys and regular conversations. One person told us, "They came to us a couple of weeks ago and asked for feedback."
- The service worked in partnership with social workers, community nurses and family members to support people when their care plans were reviewed.
- The management team had a clear vision and plan about how the service would develop and continue to improve. This included confirmation of investment in resources, staff and employee benefits.