

Stockport Metropolitan Borough Council

REaCH

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Reablement and Community Home Support (Reach) service is a multi-disciplinary team providing care and support in people's own homes. The service provides short-term support for people who need help to regain their confidence and independence. The team is made up of professionals from both the NHS and Stockport Metropolitan Borough Council. At the time of the inspection the service was supporting approximately 110 people.

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

We found the administration and management of medicines was not always safe. Improvements to individual risk management had been made since the last inspection. However, we found the service had not always assessed the individual risks to people's health and wellbeing.

Improvements in audits had been made since the last inspection. However, audit systems and processes were not always robust enough to ensure compliance with the regulations regarding medicines and risk assessments. The report of actions submitted to CQC as a result of the last inspection had not been fully completed.

Staff told us they felt very supported in their role. Training was not always up-to-date due to Covid-19 restrictions. However, staff we spoke with were knowledgeable and passionate about providing good care. People received a person-centred service from staff who felt very supported in their role.

People we spoke with were extremely complimentary about the care and support they received from the service. One person told us, "I have absolutely no qualms. They [staff] will do anything I ask. They are lovely people. I am very happy."

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 requires improvement (published 3 December 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of the regulations.

Why we inspected

We received concerns in relation to the safe management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

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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

The inspection was carried out by one inspector.

Service and service type

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

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. However, the registered manager was absent at the time of our inspection.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 22 September 2020 and ended on 30 September 2020. We visited the office location on 22 September 2020.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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 five people who used the service about their experience of the care provided. We spoke with six members of staff including the head of the service, the interim service manager and support workers.

We reviewed a range of records during the site visit. This included five people's care records and four medication records. We looked at 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 reviewed training data, policies and care documentation sent to us; including newly introduced care assessment plans.

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 rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The service had not always assessed the individual risks to people's health and wellbeing.
- Individual risk assessment for people with specific conditions were not always in place. For example, two people had been identified during assessment they were at a high risk of falls. However, risk assessments and risk management plans were not in place for these two people.
- Staff told us they felt they had enough information available to safely care for people in their homes.

We found no evidence that people had been harmed however, appropriate risk assessments were not always in place. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had recently implemented new care documentation that ensured all people would receive a comprehensive assessment of any potential or identified risks. This new system had been introduced the month prior to this inspection and we reviewed two examples of this new care documentation that had been sent to us after the site visit. The documentation was robust and detailed and included additional safety measures, such as a referral to the falls team where required. Staff had received training on the new documentation, and they confirmed this was now being used. We will review and evaluate the effectiveness of this new system of assessment at our next inspection.

Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always administered and managed safely.
- We reviewed medication administration records (MARs) and found they were not always completed. We found concerns around people not receiving their medicines as prescribed and instances of medication omissions and errors. In one person's care documentation we were unable to ascertain the reasons for repeated missed medications.
- Staff who administered medicines had received training and had their competencies checked by senior staff. Staff told us they felt they had enough training to safely administer medicines. The management team had carried out regular audits of MARs and care documentation and had identified several concerns with medicines administration and management.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had recently introduced a comprehensive and regular system of checking the accuracy and quality of medicines administration and management recordings. Any identified concerns were reported, investigated and actioned through additional training, supervision and potential disciplinary action. The new system was designed to improve the current concerns with the safe administration and management of medicines. We will review and evaluate the effectiveness of this new investigation and audit system at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of potential abuse and neglect and were confident to report any concerns. They were aware of whistle-blowing procedures.
- The service's staff training matrix indicated not all staff had up to date safeguarding training. However, the management team told us they had experienced difficulty since the start of the Covid-19 pandemic in ensuring all staff training was up-to-date. We were assured that staff had demonstrated a good understanding of safeguarding principles and procedures.
- People we spoke with told us they felt very safe with the staff who visit them. One person told us, "The team came in and they were absolutely brilliant; they've been a god send to me."

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work. This recruitment was managed by the local authority.

Preventing and controlling infection

- The service's staff training matrix indicated not all staff had up to date infection control training in place. However, the management team told us they had experienced difficulty since the start of the Covid-19 pandemic in ensuring all staff training was up-to-date. The service had up-to-date Covid-19 guidance in place for minimising the risk of cross infection and this information had been cascaded to staff. Staff demonstrated a good understanding of infection control practice and in the recommended use of personal protective equipment (PPE) when caring for people in different circumstances.
- People we spoke with confirmed staff always wore the appropriate PPE during each visit.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned inspection.

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 as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found the actions detailed in the Report of Actions submitted to CQC by the service in December 2019, in response to the last inspection report, had not been fully implemented.
- A system of additional audits had been introduced since the last inspection. These audits had identified the concerns found on this and the previous inspection regarding incomplete care documentation. However, we found the concerns had not always been effectively addressed to reduce the risks to people using the service and ensure compliance with the regulations. We identified continued breaches and the risks remained.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful and transparent throughout the process. They demonstrated the suite of audits and actions they had recently introduced to mitigate any future risks to people. We will review and evaluate the effectiveness of this new investigation and audit system at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service provided person-centred care. The service aimed to enable people to achieve confidence and independence and the support was tailor-made for each individual person and their preferences.
- People we spoke with told us they received care and support in a way that suited them. One person told us, "They always do extra; make me a cup of tea and I'm happy with everyone who has come here." Another person told us "It's a really good service, and they [staff] are very pleasant."
- There had not been any serious incidents at the service. However, the management team were aware of their responsibility to let people know if something went wrong under their duty of candour.
- 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 management team were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- Staff told us they received a high level of support and guidance from their line managers to enable them to provide a good service to people. One staff member told us, "I have never worked for managers like them; they are fantastic."
- The service valued people's opinions on the quality of the service and each person was asked to complete a feedback form when the service ended. We reviewed a number of these and found people's views were extremely positive.
- The service used effective communication systems to ensure staff were fully up to date with people's current care needs. Staff told us they had enough information to safely and effectively care for people.
- People we spoke with were very complimentary about the service and felt staff knew them well. One person we spoke with told us, "They [staff] are absolutely brilliant; very professional, caring and will do anything for me. They are always cheerful and brighten up my day." Another person told us, "They [staff] are very caring, they are genuinely nice people. You can't bottle that type of kindness."

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always administered and managed safely. Reg 12 (2) (g) Risk assessments were not always in place. Reg 12 (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems and processes were not always robust enough to operate effectively to ensure compliance with the regulations. Reg 17 (2) (a) (b)