

Reed Care Services Limited

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Inspection report

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26 February 2018
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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 was the registered provider's first inspection since being registered with the Care Quality Commission on 9 February 2015.

Reed Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service primarily for adults living with a mental health diagnosis. The domiciliary care agency office is situated on the outskirts of Colchester and within the Colchester Business Park.

This inspection was undertaken on 22 and 26 February 2018 and 13 March 2018. At the time of the inspection 24 people were receiving a domiciliary care service from Reed Care Services Ltd.

A registered manager was in post. 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.

Suitable arrangements were in place to safeguard people using the service from abuse and harm. Appropriate checks were completed to recruit staff safely. Newly appointed staff received a formal induction and received regular opportunities for formal supervision.

People felt confident that if they complained, their concerns would be taken seriously and these would be addressed. Complaint management arrangements at the service were comprehensive and robust.

Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and when things go wrong.

Staff had the right competencies and skills to meet people's needs and received regular training opportunities. People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have choice and control of their lives.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Care plans were in place to reflect how people would like to receive their care and support, and these

covered all aspects of a person's individual circumstances. People were supported by staff to participate in social activities of their choice both 'in house' and within the local community.

Arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

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 not consistently safe.

Improvements were needed to make sure the management team followed the service's and Local Authority's safeguarding policies and procedures to ensure people's safety.

Improvements were required to ensure recruitment checks for staff were robust and in place.

Risks to people were identified and recorded, detailing how these were to be mitigated to ensure people's safety and wellbeing.

The service ensures there are enough staff so that people receive a consistent, reliable and flexible service.

Staff work effectively with people using the service and other agencies to make sure they take their medication.

Is the service effective?

Good 

The service was not consistently effective.

Improvements were required to ensure all staff received a comprehensive induction, particularly where they did not have previous experience within a care setting.

Staff receive appropriate training to carry out their role and responsibilities. Staff are supported and receive regular opportunities for formal supervision, however minor improvements are required in relation to these records.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

Is the service caring?

Good 

The service was caring.

People received appropriate support and treated with care, dignity and compassion. People are supported to make

decisions about their care and support and their independence is respected and promoted.

Is the service responsive?

Good 

The service was responsive.

Minor improvements were required in relation to the registered provider's complaint management arrangements. However, people felt confident that if they complained, these would be addressed.

People's needs are met through the way the service is organised and delivered. People's care and support needs are identified and staff understand these.

People were supported to have their social care needs met and to be supported to maintain a presence within their local community.

Is the service well-led?

Good 

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the service and office manager.

Appropriate arrangements were in place to ensure that the service was well-run. Quality assurance arrangements were in place to enable the registered provider and service manager to monitor the service provided and to act when improvements were required.

Reed Care Services Ltd

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 was planned to check 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 22 and 26 February 2018 and 13 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure that the registered manager would be in. The inspection site visit activity started on 22 February 2018 and ended on 13 March 2018. We visited the office location on 22 February 2018 and 13 March 2018 to see the service manager and office manager; and to review staff personal information, people's care records and the service's policies and procedures. We spoke with people using the service and staff on 26 February 2018.

The inspection team consisted of one inspector.

We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the domiciliary care service, four members of staff, the office manager, service manager and registered manager/provider. We reviewed four people's care files and five staff recruitment and support records. We also looked at the service's quality assurance procedures and processes, the management of medication, staff training records, and complaint and compliment records.

Is the service safe?

Our findings

People spoken with told us they were safe and had no concerns about their safety when staff from the domiciliary agency provided support. Staff were verbally able to demonstrate an understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission without hesitation if they felt their concerns were not addressed or taken seriously by the service manager or registered provider.

During the inspection, when we spoke with the service manager they told us no safeguarding concerns had been highlighted since the service was registered in February 2015. Nonetheless when we reviewed the service's complaint records we found evidence to indicate significant concerns about a member of staff's conduct with a person using the service had been highlighted. The service manager and office manager confirmed the person's social worker was made aware of the issues. A social worker is a professional person who works with individual people to help improve their lives by arranging to put in place the things they need. Although the concerns highlighted were not initially raised as a safeguarding concern on the advice of the social worker, information provided demonstrated the service took immediate action to respond to the issues raised and to safeguard the person using the service. An internal investigation was commenced and the staff member involved withdrawn from providing support to this person. Supervision and support was provided to the member of staff. The manager was advised to retrospectively complete a safeguarding alert and forward this to the Care Quality Commission and Local Authority. This was completed without delay.

The manager provided further examples of how the service supported people using the service and staff were to be kept safe. For example, arrangements were made by the management team to withdraw staff where they were deemed to be at risk of harm by a person using the service. Furthermore, the service had escalated concerns relating to one person's premises to external agencies as it was judged to pose a health and safety risk. The above demonstrated a proactive approach to managing risk and keeping people safe.

Staff recruitment records for five members of staff appointed since February 2015 were viewed. Relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been completed. Minor improvements were required to ensure a full employment history had been sought within the staff personal files viewed and gaps in employment identified. Not all references were provided in writing and written references for three members of staff were received after they commenced employment at the service. We discussed this with the service manager and an assurance was provided that these arrangements would be reviewed for the future and made robust.

Risk assessments were considered, identified and assessed relating to people's specific health and wellbeing. For example, where people had a history of being under the influence of drugs and alcohol, where they were at risk of overdosing on medication and where they had suicidal thoughts and were at risk of self-harm. Additional risk assessments were completed in relation to health and safety and environmental

considerations.

On 26 February 2018, staff meeting minutes showed adverse weather planning arrangements had been considered in relation to the impending snow forecast. Staff received a copy of the service's policy and procedure relating to adverse weather conditions and staff were reminded to ensure their winter car checks had been completed. Additionally, staff were requested to make sure people using the service had enough food for themselves and any pets they owned, sufficient supplies of medication and sufficient funds available to heat their homes. Arrangements had been made that should the domiciliary care service office need to be closed as a result of the adverse weather conditions, the service manager would be able to work from home, with full access to staff rosters, people's information and other emergency contact numbers. Safe 'lone working' arrangements were in place whereby staff texted at the beginning and end of their shift to the person 'on call'. Staff confirmed these arrangements were satisfactory and worked well.

People confirmed there were always sufficient numbers of staff available to provide the care and support required as detailed within their support plan. Where staff were assigned regular visits each day and/or week, staff stayed for the time allocated so as to ensure the support required had been completed and to meet the person's needs.

People told us they received a consistent, reliable and flexible service. Care was taken to ensure people were supported by the same staff so they could become familiar with their support needs and routines. The daily notes for one person showed as a result of a pending GP appointment, the usual visit times by staff were amended so that staff could provide appropriate support. One person told us, "I get the same staff as I find it hard to mix with people I don't know." They further stated they had the opportunity to meet any proposed new member of staff before they commenced regular visits to them. The service manager told us care had been taken to 'match' staff with individual people, taking into account people's diverse needs. The care records for one person showed they preferred female staff to support them. Information available showed this preference was accommodated and only female staff allocated to provide support. A member of staff emailed us and this recorded, 'I feel the clients [people who use the service] that I work with, have been well matched to me.'

The service manager confirmed the service was not currently responsible for the management and administration of people's medication. Staff prompted and reminded people to take their medication and this was confirmed as accurate by people using the service. Therefore we were unable to assess this fundamental standard at this inspection.

People were protected by the prevention and control of infection. Staff told us they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance when supporting people in their own homes. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE].

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Our findings

The service manager confirmed training for staff was provided through 'on-line' and face-to-face methods. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed not all staff had attained up-to-date mandatory training in line with the provider's expectations in key areas. However, on the first day of inspection, several members of staff were noted to receive planned and booked mandatory training via an external training provider. We were also aware that further mandatory training was scheduled for 1 March 2018. Specialist training relating to the needs of people using the service had also been identified for February and March 2018, for example, Autism, Diabetes and Epilepsy. Staff's comments about training were very positive. One staff member wrote and told us, "I get ample training." Another staff member wrote, "The training that the company provides is fantastic. The training we receive is never rushed and we take our time to make sure we understand and know what we are doing. This enables us to do our job to an excellent standard."

The service manager confirmed that staff received an induction comprising of training in key areas and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

The staff file for one member of staff confirmed they had no previous care experience prior to being employed at Reed Care Services Ltd and had not attained a NVQ or QCF qualification. There was no evidence available to show that the member of staff had commenced or completed the 'Care Certificate' or had their competency assessed within the core standards following the commencement of their employment in June 2017. Following the inspection, the service manager told us this was incorrect and the member of staff had completed the 'Care Certificate' and this was in the process of being assessed and marked. The staff file for another member of staff showed although they had limited care experience and had not yet finished their QCF studies, they had commenced the 'Care Certificate'.

Staff told us they felt supported by the service manager and office manager. One member of staff wrote and told us, "I get regular supervision. The support I get from the management team is fantastic. Nothing is ever too much trouble. Advice, help and guidance is always there, if and when I need it." Another member of staff told us, "I receive regular supervision and there is on-going support and direction. I receive praise and thanks from the service manager." Records available showed supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice, however minor improvements were required to ensure these were detailed and fully reflected discussions held and where follow up action was required. These comprised of face-to-face meetings and 'spot check' visits. The latter is where the provider's representative calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure they are

meeting their standards and expectations. Prior to the inspection to the office being completed, the service manager had revised the supervision document to better reflect the in-depth discussions held between the supervisor and supervisee.

The majority of people were able to attend to and meet their own nutritional and hydration needs, however support from staff was available.

The service manager told us if staff were concerned about a person's health and wellbeing, information would be relayed to them or the office manager for escalation and action. People told us they experienced positive outcomes regarding their physical health and wellbeing and the service was responsive if they experienced deterioration in their mental wellbeing. Where a person's mental healthcare needs declined, appropriate and timely referrals to other relevant professionals and services were completed and escalated.

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. We checked whether the service was working within the principles of the MCA.

The service manager confirmed that each person who currently used the service had capacity to make day-to-day decisions. The majority of staff had received MCA training and staff spoken with were able to demonstrate a good knowledge and understanding of MCA, its underlining key principles and how these related to the people they supported.

Is the service caring?

Our findings

People told us they were treated with care, kindness and received suitable emotional support as required. One person told us, "I am very happy with the service I receive. Although I do not have much input from them [Reed Care Services Ltd], the staff are nice. They take me out and talk to me, I enjoy the time I spend with them." A second person told us when asked to describe the care and support provided, "It's brilliant. They [staff] help me, take me out, help with shopping and remind me to take my medication. They [staff] should get a medal." Another person told us, "My overall impression of the service, is that they are very good and they do seem to pull out all the stops. It is a flexible service and meets all of my needs so far." People told us they would recommend the service to others.

People confirmed they received good person-centred care and support. They spoke highly of individual staff members and told us they had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. People were satisfied they were treated with respect and dignity at all times; and supported to be as independent as possible. One person told us, "The staff enable me to keep my independence, it is very important to me."

The service was able to demonstrate they were following the Skills for Care 'Common Core Principles' to support good mental health and wellbeing in adult social care. Staff spoken with knew people very well and were able to demonstrate a good understanding and knowledge of people's individual care and support needs. Staff were able to tell us about the 'whole person', including factors influencing a person's mental wellbeing and the things that could improve it, how to signpost a person to any specialist mental health services or emergency services and recognising the importance of 'relationship-building' to help foster trust and confidence. Staff were keen to impress upon us they had a good understanding and knowledge of where people's mental health could be occasional and fluctuating in nature but also experienced periods of good mental health and wellbeing. Staff were aware these required different approaches at different times.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided where appropriate. People told us they were fully consulted and involved in the assessment process prior to the domiciliary care service being agreed and had input in to their care plan.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. For example, care was taken to ensure people were supported by the same staff so that continuity of care and support was provided. The service was responsive as it frequently responded to issues and crisis as they arose for individuals on any given day, often prompting other agencies and services to respond to immediate risk.

The service manager told us that recommendations and referrals to the service were made through the Local Authority and Continuing Health Care [CHC]. An initial assessment was completed by the organisation and the information gathered was used to inform the person's care plan.

Care plans covered all aspects of a person's individual support needs, focussing on the support to be delivered by staff, what was important to the person and their personal preferences. For example, the care plan for one person showed that staff supported the person to get ready for volunteering work twice a week, to assist and support the person with light household duties and provide support for them to attend GP appointments if required. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. This ensured staff had the most up-to-date and accurate information available. Additionally, care plans recorded the support to be provided by staff to ensure people had their social care needs met and were integrated and maintained a presence within their local community.

Guidance on how to make a complaint was given to people when they first started using the service and also recorded within the provider's Statement of Purpose and Service Users Guide. People told us they knew how to make a complaint and who to complain to and felt confident that their concerns would be listened to, taken seriously and acted upon. One person told us, "If I had any concerns I would speak directly with the office." Another person told us, "I definitely would feel confident to raise any concerns or worries with the service manager or office manager. I have already bent their ear and they never make you feel that you are taking up too much time. It has provided me with a lot of reassurance."

Since the service was registered, two complaints had been raised in December 2017 and February 2018 respectively. Although these had not been logged as a formal complaint, information available showed actions had been taken without delay to resolve the concerns in line with the registered provider's complaint procedures.

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was also the registered provider. 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. The registered provider had delegated the day-to-day running of the service to the domiciliary care agency's service manager. The service manager confirmed they had submitted their application to be formally registered with the Care Quality Commission and a 'fit person' interview was scheduled for the end of March 2018.

People told us the service was well-led and the service well managed. Staff were very complimentary about both the service manager and office manager and told us they liked working at Reed Care Services Ltd. One staff member told us, "[Name of service manager] is the best manager I have ever had, they are so understanding." A second member of staff told us, "The service manager and office manager are great, they are very supportive and are there for you. I definitely feel valued by them. They are very good at providing positive feedback, praise and saying 'thank you'."

The service manager told us that information to assess and monitor the quality of the service provided was undertaken in several ways. This referred specifically to ensuring people's care plans were up-to-date; and checking and reading through people's daily reports at regular intervals to ensure these reflected the care and support provided by staff for people using the service. These were also checked to ensure no serious untoward incidents had occurred that the management team may not have been made aware of by staff. The service manager confirmed a records audit had now been implemented so as to ensure these were completed and lessons learned. This provided an assurance that this would pick up the shortfalls identified at this inspection in relation to recruitment practices and procedures, including inductions for staff and training deficits. Additionally, the service manager confirmed lessons had been learned in relation to the issues highlighted at this inspection pertaining to safeguarding and complaints management. An assurance was provided that in future irrespective of discussions with social workers or other professionals, if safeguarding concerns or complaints were suspected, these would automatically be forwarded to the Local Authority or Care Quality Commission and a clear audit trail of actions taken maintained.

Staffs conduct and performance was monitored through the service's formal supervision arrangements and 'spot visits.' The service manager also provided a 'Topic of the Month Questionnaire' to staff for them to complete to assess their understanding of a particular topic and corresponding policy and procedure. For example, in January 2018, staff were given a copy of the service's 'Governance' policy and procedure and after reading the policy were asked to complete a questionnaire, providing examples linked to their practice. Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed. The minutes of the meetings were emailed to staff to ensure they had the information to hand and key information disseminated to all staff.

Arrangements were in place for seeking the views of people using the service and healthcare professionals

and these had been sought in May and July 2017 respectively. Records showed that 18 quality assurance review forms were forwarded to people using the service for comment, with 14 of these completed and returned. The results told us people were happy and satisfied with the overall quality of the service provided. Recorded comments were, "Good company. They [staff] do the stuff I want them to do and help me. I get on really well with my carers and they are easy to talk to." Another comment recorded, "Having the support is good. They [staff] are very nice." All of the review forms confirmed they would recommend the service to others. Healthcare professionals were equally positive about the quality of the service provided. Comments included, "I have found Reed Care Services staff to be highly professional, approachable and mindful of the individual [person who uses the service] and sometimes challenging needs of my client" and "I am very impressed with this organisation, good relationships with service users and their families. They always go the extra mile."