

Reedsfield Care Ltd

# Reedsfield Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Reedsfield Care Limited is a domiciliary care service that was providing personal and nursing care to 25 people within their own homes. The service supported older people, people with physical disabilities, learning disabilities and mental health conditions.

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

People told us they felt safe and well treated by staff. People told us they received their medications on time and trusted staff to manage them when needed. Some people chose to manage their own medicines or had assistance from family.

The provider had made improvements with how they monitored and recorded staff call times. The provider had a system in place to be able to show when staff started and ended calls with people. Although this was an improvement it also highlighted that staff were often late to calls. We found this had very little impact with people and did not put anyone at risk of harm as four of the five people we spoke to had been happy with call times. One person did tell us they would like more consistent calls times.

The provider had made improvements around their risk management. People had detailed risk assessments in place within their care plans which were reflected in their pre-assessments. People had their needs fully assessed including any environmental risk prior to any care packages starting.

The provider had made improvements with the management and auditing around people's medicines. We found that the provider had a robust audit process in place to check for any errors. The provider had moved back to a paper only medicine administration record (MAR) which meant there had not been any duplicate recording issues.

The registered manager had made improvements with regards to the monitoring and auditing of the service. They had introduced regular medicines audits alongside regular updates around governance to show that issues had been reviewed and actioned. As the registered manager had paused most of the monitoring during Covid-19 they stated this would now be resumed. Improvements seen would need further time to embed across the service to be more consistent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (report published 21 May 2019).

### Why we inspected

We undertook a targeted inspection to follow up on a warning notice we issued the provider following the previous inspection. This report only covers findings in relation to care which people received, safe care and

treatment, medicines, staffing, safeguarding people from abuse and management of the service.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report. Although the provider has made improvements and met the legal requirement to comply with the warning notice they still need further time to embed the changes across the service more consistently. We will check for further improvement at the next comprehensive inspection.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question

The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

#### Follow up

We will continue to monitor information we receive about the service until we 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Reedsfield Care Ltd

## 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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a specific concern we had about management of risk and quality auditing.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Reedsfield Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

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.

#### Notice of inspection

We gave 24 hours' notice of the inspection. This supported the provider and us to manage any potential risks associated with Covid-19. It was also to ensure the registered manager would be in.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications and safeguarding concerns we had received from the service. We also reviewed information sent to us in the Provider Information Return (PIR). Providers are required to send us a PIR which contains key information about their service, what they do well, and improvements they plan to make. Services are required to send

these through to CQC as part of their requirements of registration. 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 three members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included four people's care records. A variety of records relating to the management of the service, policies and procedures, incidents and accidents, quality audits and governance.

#### After the inspection

We continued to seek additional information from the registered manager with regards to additional supporting evidence. We also spoke to two staff members and two relatives via phone and email.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to follow up on concerns that related to the management of medicines, risk and staffing.

Staffing and recruitment:

At our inspection in March 2019, we identified shortfalls relating to staff not being deployed in an appropriate way to ensure care was provided when needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection to ensure the provider met the legal requirement and the provider was no longer in breach of regulation 18. The impact on people was minimal.

- At our last inspection we found concerns relating to call times not being recorded or monitored. We found that the registered manager had not been able to monitor the timings of calls being made to people and so had been unable to take any further action to improve this.
- The registered manager had now implemented a system to monitor call times. This was an improvement from the last inspection as previously the registered manager had not been able to record when staff had arrived and left calls. However, this had only been in place until the Covid-19 pandemic and was then put on hold.
- Although improvements had been seen with recording and monitoring of call times it highlighted that staff were arriving at calls late. Although the impact on people was minimal as most people we spoke to had been happy with their call times and the delays had not impacted upon people's safety. However, one person told us, "Today they should have been here at 12/12.30, but they didn't turn up until quarter past three. Usually [carer] is on time and spot on but he is on leave at the moment."
- The registered manager told us that staff should attend the call within 30 minutes of the agreed time with the client. We found that call times were regularly going over the 30 minutes. In March 2020 there were 61 instances where staff had arrived late and gone past the 30 minutes. In February we found there had been 22 instances. We have considered the impact of Covid-19 during these times and that the monitoring has been paused since March 2020.
- The registered manager had been acting when late calls had been reported. We saw from records the registered manager had been obtaining a response from staff about the reason for being late and then following this up with further supervision and an apology to the person and family.
- The registered manager spoke to us about monitoring staff calls and said this would be reinstated now that the Covid-19 pandemic has eased. Although there have been some improvements made in terms of

monitoring staff call times more time is needed to resume and fully embed the system following the Covid-19 pandemic to see what further improvements can be made and to address the issue around late calls.

Using medicines safely:

At our inspection in March 2019, we identified shortfalls relating to medicines and risk assessments and planning. Records of medicine administration lacked accuracy and records of plans to reduce risks that people faced were not robust. 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

- People told us they received their medications and felt staff knew how to support them safely. One person told us, "They [staff] are always asking if I have remembered to take my medicines, a lot of the time I've already taken them before they get here but it's nice to be reminded as on the odd occasion I forget." Another person told us, "I try to stay as independent as I can, but they can support me to get them out of the bottles sometimes and they always remind me."
- People's medicines had been managed safely. We found improvements had been made since the last inspection. The registered manager had switched to a paper only system having identified issues when using the electronic system.
- People's medicine administration records (MAR) had been accurately recorded. We reviewed people's MAR charts and observed there were no unexplained gaps and staff had signed to show that people had received their medicines. MAR charts had also been audited by management to ensure they had been completed accurately. We found this was an improvement from the previous inspection and ensured people received their medicines safely.
- People's medicines had been administered by staff who were trained to do so. We saw from records that staff had received medicines training and had also been required to undergo competency checks prior to being signed off to safely administer people's medication.

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff understood their needs and managed any known risks well. One person told us, "No issues, they all know me well." Another person told us, "They know everything I need and everything about me." A relative commented they got on well with the carer and that they knew her husbands needs.
- People had appropriate pre assessments in place prior to commencing a package of care. At our last inspection we identified an issue where people were not always having all pre assessments including environmental risk assessments for their home prior to receiving care. At this inspection we found people had detailed pre assessments in place. This then enabled any risk to be identified and planned for in advance.
- Risk's to people had been identified and robustly managed. Improvements had been made around identifying risk and ensuring care plans reflected individual risk for people. For example, one person who is living with epilepsy has a detailed risk assessment about their epilepsy and to guide staff around what to do if the person had a seizure.
- Improvements had been made to mitigate risk around people's mobility. Where people had been identified at risk of having a fall their care plan contained detailed guidance to support staff to manage any falls risk. For example, one person had a falls care plan in place which gave detailed information around how this person likes to mobilise and how staff should check equipment to ensure it's set at the correct

height. Another person had a falls care plan which gave staff equally detailed information on how to support this person to reduce the risk of falling.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff in their home and receiving support. One person told us, "The staff are very good to me. I've always been happy with them." A relative told us, "I feel very safe with [staff] to the point where I can stay in bed and [staff] will come in and get on."
- People were protected from the risk of abuse. The registered manager understood safeguarding procedures and had followed them. We saw from records that the registered manager had liaised with the local authority as and when required.
- Staff had received training in safeguarding adults and understood how to recognise abuse and protect people. All staff we spoke with demonstrated an understanding of their safeguarding responsibilities.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our inspection in March 2019 we found that the provider's systems to check and audit the care that people received were not sufficient to address the areas of concerns found during that inspection. This was a breach of Regulation 17 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 17

- The registered manager had developed a governance system to enable auditing processes to take place. The registered manager had recorded and reviewed any incident, accident or concern raised and taken appropriate action. For example, an issue had been identified with staff recording their visits on separate devices which resulted in duplicate and unclear notes. Action was taken with staff to ensure a lead carer writes up the notes which has avoided any further duplication.
- The registered manager had taken on board feedback received from the last inspection and from the local quality assurance team. The registered manager had implemented their governance audit based on this feedback to ensure they were able to record and review people's care plans. For example, from care records we observed people's details were up to date with the individual risks identified.
- The registered manager had identified through feedback and a new medications audit, areas for improvement. The registered manager had acted on medication errors and identified the root cause. This resulted in switching to a paper only system which meant there were no longer any duplication errors or recording errors.
- Although enough improvement had been made to ensure the legal requirements had been met. Further time would be needed to establish these changes across the service to evidence consistency and to ensure all areas are actioned.

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

At our inspection in March 2019 we found that the provider had failed to notify CQC of an allegation of

abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found all reportable incidents had been sent to CQC.

- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.
- The registered manager had notified the CQC of all required incidents. It is a legal requirement for the provider to ensure they notify CQC of all reportable incidents. We checked records the provider held which showed they had notified CQC as and when required.