

React Homecare Ltd

# React Homecare Ltd

## Inspection report

29 Fairfield Road  
Buxton  
SK17 7DN

Tel: 0129827437

Website: [www.reacthomecare.co.uk/buxton/](http://www.reacthomecare.co.uk/buxton/)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

React Homecare Ltd is a domiciliary care service. They support people with personal care in their own homes. At the time of this inspection there were 75 people receiving this support.

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

Staff had not always completed training to enable them to carry out their role effectively. Where staff had completed training, many of them had not completed the required refresher courses when the qualification date expired. Some people told us staff were not competent to support them with moving and handling.

Governance systems were in place but had not always been used effectively.

We recommend the provider review the information recorded within monthly audits to ensure it has always been reflective of events that have happened.

Risks to people's safety were assessed and mitigated. However, some people told us there were times they did not feel safe because only one staff member had arrived when there should have been two. People received their medicines as prescribed. Staff followed safe infection prevention and control practices, such as wearing Personal Protective Equipment (PPE). New staff were safely recruited and subject to necessary pre-employment checks.

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.

The provider carried out detailed assessments of people's needs and provided clear and accessible guidance to staff about how to support people in the way that met their needs and preferences. People told us staff knew them well and understood any cultural or personal beliefs they held.

People told us staff were kind and caring. People and relatives were involved in care planning and reviews of their care. People were supported to take part in activities and maintain relationships with important people in their lives.

People and staff told us the company welcomed feedback and they felt involved in the running of the service. External professionals gave positive feedback about the communication they received about

people's care.

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

This service was registered with us on 12 November 2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published August 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# React Homecare 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and two 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### 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.

#### What we did before the inspection

We reviewed evidence we held about this service, including contact we had received from people who used the service in the past. We sought feedback from professionals who commission care from this service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We visited the office location on 4 May 2022 where we reviewed documents relating to the running of the service, this included people's care plans, staff recruitment records and records relating to governance. After the site visit we reviewed other documents including staff training records and rotas. We spoke with 21 people and eight relatives to receive their feedback. We spoke with 10 staff including the registered manager, manager and care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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

- Risks to people's safety were assessed and reviewed.
- The information in people's care plans contained clear guidance for staff about risks to people's safety and how staff should ensure they protected people as much as possible.
- However, three relatives told us there had been occasions when staff had arrived alone and tried to complete moving and handling tasks that should be completed with two staff. They told us their relatives did not feel safe at this time.
- One relative said, "One staff member turned up alone and tried to hoist [Name], I had to stop them, I rang the office, but no other carer came, and I had to support [Name]". A different relative said, "There have been two or three times when I have had to do the second person role because only one staff member arrived." Another relative said, "Very occasionally only one person turns up when there should be two, they just get on with it on their own."

### Learning lessons when things go wrong

- When people had experienced accidents or incidents there were generally investigations and lessons learned documented in people's care plans to reduce the risk of the same thing happening again.
- However, we found one incident where the provider had failed to document an investigation. This meant there was a risk of this person having an unexplained injury and appropriate lessons not being learned to ensure the same thing didn't happen again. This is explored further in the well-led section of this report.

### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place.
- Staff told us they felt confident they could recognise signs of abuse and would feel confident raising this with the provider.
- When safeguarding referrals were raised there were records of investigations and open communication with people, relatives and safeguarding professionals.

### Staffing and recruitment

- There were enough staff to meet people's needs safely.
- People told us staff generally arrived on time and stayed long enough to complete the tasks required during their calls.
- Staff were safely recruited. The provider ensured necessary pre-employment checks such as criminal records checks and references from previous employers were reviewed.

#### Using medicines safely

- People received their medicines as prescribed.
- One person said, [Staff] give me my tablets, always on time, never missed."
- Where people took medicines on an as and when basis [PRN] there was guidance in their care plans guiding staff how and when people should be supported to take these medicines.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us staff followed good infection prevention and control techniques. They told us staff always wore face masks when supporting people with personal care and regularly washed their hands.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- New staff did not always complete training in line with the care certificate. The care certificate is a nationally agreed set of standards for people working in health and social care.
- Some people told us they felt staff were not well trained. One person said, "I've had to teach them [Staff] how to use the hoist because they didn't know what they were doing." A different person said, "No I wouldn't say the staff are well trained, but they are nice enough."
- Staff training records showed there were staff who hadn't completed training in infection prevention and control and dementia care.
- Where staff had completed training, many had not completed the required refresher courses, this meant their training had expired. The provider's staff training matrix showed many staff had training that was out of date and must be completed as a high priority. For example, the training records showed 20 staff members safeguarding training had expired, 15 staff member moving and handling training had expired and 14 staff members infection prevention and control training had expired.

The provider had not always ensured staff were supported to complete training in line with the care certificate. This was a breach of regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider told us they were aware the staff training had fallen behind. They felt this was due to the effects of the COVID-19 pandemic and were in the process of prioritising staff training to ensure staff were supported to complete this as soon as possible.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- People's needs, choices and life preferences were assessed and recorded in their care plans.
- Staff were provided with clear and concise information about how people preferred to be supported. This included information about how to respect people's wishes in relation to cultural and personal beliefs.
- The information in people's care plans was reviewed regularly to ensure staff always had access to the most up to date information.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people and eat and drink the things they enjoyed.
- People told us they enjoyed the food staff prepared for them. One person said, "They [Staff] help me with

my meals and it's always been nice."

- There was information in people's care plans about any allergies and food and drink they enjoyed. This meant staff knew people's likes and dislikes even when people were not able to express this themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured timely referrals to healthcare professionals and social workers were made.
- Where external professionals had given advice about a person's care, there were clear and accessible records in people's care plans. This meant staff had easy access to the most relevant information about a person's care needs whilst they were supporting them.

Ensuring consent to care and treatment in line with law 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in line with the MCA.
- The provider ensured people's ability to make choices for themselves were assessed with mental capacity assessments. They also ensured that where staff made decisions for people there were records demonstrating how the decisions were considered to be in people's best interest.
- Where people were deprived of their liberty under the Court of Protection, staff understood the conditions relating to this and how to support people in their best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People were supported by staff who were kind and caring.
- However, a number of people told us they would prefer to only be supported by female care staff and were sometimes supported by male care staff. The provider told us they did try to respect people's wishes but could not always guarantee female care staff due to challenges with recruitment at the time of the inspection. The provider did show us evidence this was explained to people and commissioners.
- The feedback we received about the interactions people had with care staff was all positive. One person said, "Care staff are very good, I would describe them as kind." A different person said, "I would recommend the [staff] they go above and beyond, they genuinely care."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were encouraged to express their views and design how care would be delivered.
- The provider carried out regular reviews of people's care. People and relatives we spoke with were aware of this and told us they were involved. One relative said, "I was part of the meeting to decide what we wanted and do get the care we requested." A different relative said, "I have always been part of discussions about my care. We have meetings and I'm pleased with what is agreed. There are reviews once a year."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and promoted by staff who knew people well.
- The guidance in people's care plans instructed staff how to do this in the way people chose.
- People were supported to be as independent as possible, where people did have restrictions on their liberty, these were with the appropriate legal authorisations and reviews were carried out to ensure these remained in people's best interest.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care planning was based on people's whole life, including their aims and goals.
- Staff knew what activities people enjoyed and supported them to do this where appropriate.
- People were supported to maintain relationships that were important to them.
- The provider knew what activities were available in the local area and ensured this information was available to people and relatives.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments were carried out to find out the best way to communicate with people in ways they could understand.
- Staff were guided as to the most appropriate communication methods to use with people.

### Improving care quality in response to complaints or concerns

- Complaints were reviewed and responded to as per the providers complaints policy.
- Where complaints were received they were used to recognise where improvements may be required.
- People and relatives knew how to make complaints and told us they felt confident they would be listened to if they did. One relative said, "No I haven't ever needed to complain but I would call [Manager] if I needed to and I'm sure they would take me seriously."

### End of life care and support

- There were no people in receipt of end of life care during this inspection. The provider did ensure people could express their wishes for their preferences for care if they were to become seriously unwell or approach the end of their lives.
- Where people had Do Not Resuscitate Orders [DNACPR], the provider ensured this information was displayed prominently in people's care plans so staff had access to this information should they require it.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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

- The provider operated effective governance systems that reviewed people's care and identified themes and trends of incidents in order to identify where improvements may be required.
- However, there was one incident that had not been reviewed or closed and this had not been recognised by the providers governance systems. We discussed with the provider that the system had not been operated effectively on this occasion.
- After the inspection we asked the registered manager to carry out a further review of this incident. They did so but failed to recognise that the person had sustained the injury two days before it was recorded by staff which meant the staff who had supported the person over the two days had not noticed a visible injury. Therefore, there was a missed opportunity to support staff to improve their practice.

We recommend the provider review the information recorded in the monthly audits to ensure it is always reflective of events that have happened.

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

- We received mixed feedback about how well-led the service was.
- One person said, "The manager is spot on, no complaints but they don't always pass information on." A relative said, "It's the office that cause all the stress for the staff, it upsets me when I think of the good care staff that have left due to the management."
- A different relative said, "The manager has been to see me when they are short on staff, that is good." Another relative said, "The manager has been to help when we had a problem, I couldn't cope, and it was great of them to come."

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 worked within the duty of candour. They were open and honest with people, relatives and professionals.

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

- People, staff and relatives felt involved in the running of the service.
- People and relatives told us they filled out questionnaires and believed their responses helped to drive forward improvements within the service.
- Staff told us they attended meetings and received emails informing them of any changes. One staff member said, "We always know what's going on, any of us can contact the office and request changes or suggest things should be done differently, it's a nice company like that."

#### Continuous learning and improving care

- There was a culture of continuous improvements and drive to ensure people received high quality care. The manager and registered manager received support from the provider and good practice was shared between their different services.

#### Working in partnership with others

- We sought feedback from professionals who work with the service, including those who commission the care. All told us there were no concerns and they felt the provider communicated effectively with them.

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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not always ensured staff were supported to complete training in line with the care certificate. Where staff had completed training, many of the modules had passed their expiry date and staff had not completed refresher courses.</p>