

Eagle and Jinnah Partnership

Reagle Home Care Services (RHC)

Inspection report

Cedar House
Sandy Lane
Northwood
Middlesex
HA6 3EZ

Tel: 01923824125

Website: www.reaglehomecare.co.uk

Date of inspection visit:

03 October 2016

04 October 2016

10 October 2016

Date of publication:

09 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Reagle Home Care Services (RHC) on 3, 4, and 10th October 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to assist us with the inspection.

Reagle Home Care Services (RHC) provides personal care and support and live in services to people in their own homes in the Middlesex and Hertfordshire area. At the time of the inspection they were supporting 38 people.

This was the agencies first inspection since they registered with the Care Quality Commission in October 2014. There was a registered manager 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.

People told us they felt safe with the care they received.

Whilst there was a process to recruit and employ people safely we found there was insufficient evidence to show that the process had been followed consistently.

People's consent was sought prior to care being delivered. Staff were clear about obtaining consent from people before offering support.

People told us that staff were caring, kind, and that staff respected and promoted their dignity.

People were supported by sufficient numbers of staff. Staff received regular support and had the opportunity to attend meetings.

People were aware of how to make a complaint should they need to. People and their relatives said they would contact the registered manager and were sure they would listen and act on any concerns.

People and their relatives were happy with how they were supported with medicines.

People we spoke with were positive about the management and the ethos of the service.

There were not adequate systems to monitor and improve the quality of the services provided. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

The recruitment process was not always consistent or robust in the pre-employment checks that were made.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before providing care.

People received care and support from staff who were trained and supported to perform their roles

People supported with food and hydration

People were assisted to contact healthcare professionals if needed.

Is the service caring?

Good ●

The service was caring.

People told us that all staff were kind and caring.

Care was provided in a way that promoted people's dignity and respected their privacy.

Privacy was promoted and staff knew the importance of maintaining people's confidentiality.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs were met. However, care plans did not always give staff clear guidance on how to deliver care or support.

People were aware of how to make complaints if they needed to.

Is the service well-led?

The service was not always well led.

There were not adequate systems in place to monitor the quality of the service and address any issues.

People and staff were positive about the management of the service.

Requires Improvement 

Reagle Home Care Services (RHC)

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.

We inspected the office on the 3 October and telephoned and visited people in their homes on the 4th and 10 October. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available to assist us with the inspection.

Before the inspection we reviewed all the information we held about the service. We also contacted commissioners and social care professional to obtain feedback.

During the inspection we visited two people in their homes, spoke with three people who used the service, seven relatives, six staff members, the registered manager, deputy manager and the provider. We looked at care plans relating to four people who used the service and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe with the care they received. One person said "Feeling safe all depends on the carer and mine is fine. "

The registered manager said they were fully staffed and had enough staff to meet people's needs. Whilst there was a process to recruit and employ people safely we found there was insufficient evidence to show that the process had been followed consistently. Staff said they all had a formal interview before starting work, that the registered manager had requested references and verified their identification. However staff were seen to have had a Disclosure & Barring Service (DBS) check. We found, looking at information sent by the registered manager that a number of staff had not received the clearance until a couple of months after they began working. The registered manager said that staff already had a DBS check within three months prior to their starting with the agency. However the registered manager had not kept a clear record of the date the DBS had been obtained nor the DBS number.

We saw there was no risk assessment or plan to mitigate any risk in place which is required when a person's DBS had disclosures. Although the registered manager and provider were supporting the staff member there was no formalised plan to monitor and review their performance to ensure they were safe to support people. The registered manager said they would formalise the arrangements.

We looked at four staff files and saw that some gaps in employment had not been noted although the registered manager said the reasons for the gaps had been explored with the staff members. Recording that gaps in employment have been explored is an important part of ensuring people are fit to work in a care setting.

Staff had received training in safeguarding people and were able to explain how to identify and report any concerns relating to the risk of abuse. One staff member said "I would report anything straight away to the manager – we must always keep people safe".

All staff spoken with knew of the arrangements for whistleblowing and would not hesitate to report any concerns they had. Staff said they were confident that any concern would be dealt with quickly.

We looked at four care plans and saw that whilst there were assessments for any activity or area that could pose a risk to people these were not always detailed or contained sufficient information to inform staff how to manage situations. For example one person's mobility was dependent on a variety of aids but it was not clear how these were to be used or how to mitigate any risks. Another person used slides on their bed, or another a hoist but the information did not give clear enough guidance for staff to use them safely. This was discussed with the manager who had started to review and further develop the risk assessments with the necessary actions required to mitigate risks.

People and their relatives were happy with how they were supported with medicines. Though one relative said they felt they needed to check when there was a change in medicines as care staff did not always hand over information about medicines. This had been discussed with the manager and action taken to ensure all

staff were competent in supporting with medicines . One person said "They remind me to take my tablets". Staff were clear about their role in supporting people with medicines and confirmed they had received training.

Is the service effective?

Our findings

People told us they felt staff had sufficient skill to support them. One person said "My health has improved due to the excellent care". Another person said "Am happy with carers and they arrive more or less in time."

Staff said they had received training to help them to obtain the relevant skills and experience that they required to deliver effective care to people. The registered manager said staff followed an induction programme and then shadowed a member of staff for between three and five days depending on the new staff member's confidence and experience in supporting people. Training covered Health and Safety, Moving and Handling, Medication, Basic Life Support, Food Hygiene and dementia. One staff member told us "I am pleased I have started the care certificate."

The registered manager said they had yet to put in place a training matrix for all staff and so whilst we received information on staff training it contained partial information. It was not clear from the initial information if everyone had completed their basic training. Three of the relatives spoken with said they felt staff could need more training in hygiene or managing food because of their observations of staff. The observations mentioned were about staff making sure food was in date and ensuring staff washed their hands. We saw that a number of staff had not completed food hygiene courses however the registered manager has since ensured all staff completed the course.

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. 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. There was a section on power of attorney in people's care plans though it was not always completed. The registered manager said they would clarify people's power of attorney.

People's consent was sought prior to care being delivered. Staff were clear about obtaining consent from people before offering support. One staff member said "I always check if people are happy before I support them with personal care". Another staff member said "I always listen to what people I am supporting tell me and we work together".

Some people were supported with their nutritional needs by a staff member. Most people said they had simple or ready meals. One person said they felt their relative needed prompting to ensure they had sufficient to drink and did not think the notes staff left gave sufficient detail as to what their relative ate and drank during the day. This was something they had discussed with the agency and the registered manager had reminded staff the importance of noting details of people's nutrition.

People we spoke with were generally independent in regards to health care appointments or were supported by their relative to attend these appointments. However one person said how relaxed they were

knowing they could be accompanied to the doctor when required.

Is the service caring?

Our findings

People told us that staff were caring, and kind. One person said "My carer is excellent I would rate the service as very good and all the carers are excellent they take time and know what I want." Another person said "I have everything I need." A staff member said "I really love my job and the people I work with I really feel I make a difference". The registered manager said "We want carers to care from the heart to care to the standard they would give their relatives".

People said they were involved in planning their care and support and staff members were aware of their preferences when they supported them. People said the registered manager contacted them to discuss their plan of care. The registered manager said they did review people's care and support and was developing a system to ensure these were carried out and recorded regularly. People and their relatives said they would contact the agency to notify about or request any changes to the support offered. One relative said they always were listened to when they contacted the agency.

People told us that staff respected and promoted their dignity. One person said "I always am told who will stand in and am introduced to them." Whilst the majority of people knew who their staff member would be three people said they were never sure who was going to turn up and this made it uncomfortable for them and their relative. The registered manager said they were working on creating greater continuity for those people and were introducing teams of staff to people to overcome this.

Staff knew the importance of promoting people's dignity and privacy and gave us examples of how they would ensure people's privacy and dignity was maintained. For example, one staff member told us, "I always make sure the door is closed and cover them up while supporting them with personal care and close the curtains. It's not just about dignity it's about looking after them". Another staff member said, "If family are around I ask them to wait until we have finished." One person said "They are always respectful."

Confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. Staff understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

We noted that some care plans would benefit from more person centred detail. For example, where people had some form of dementia there was no information to guide staff about how people could increase communication with them, or know aspects of their past life that were important to them. Another care plan read that the person was able to prepare and cook their own food which was not the case as food was prepared for them. A more personalised care plan would have recorded that rather than a generalised statement.

The care staff were required to record the support they offer each day which helped continuity of care with the next staff member who could then see what other aspects of support may be required. However the notes we saw did not give sufficient information to enable this to happen. One daily note read '[Person] had breakfast and meds... later gave them a snack and tea' It would be important to know what the person had for breakfast, for their snack and tea to ensure their nutritional needs were being met.

The registered manager said that, because the agency was small staff knew people well and understood their individual needs. However, it was acknowledged that further development of people's care plans was an area that needed improvement.

People confirmed that they had received an initial assessment and the care plan was completed with the person and their families if appropriate. One person said "We were visited and went through the support we needed" Staff members said they looked at people's care plans to gain information before supporting a person.

People said they felt involved in their care and support. One staff member said "Every time I support someone I try to involve them in whatever way is possible for them".

We looked at four people's care plans. Care plans were developed to identify people's individual needs and provide guidance for staff to be able to provide the support necessary to meet these needs.

People and their relatives confirmed they could contact the agency out of normal hours. The registered manager said the care coordinator, a senior care and themselves carried the phone for people and the care staff to contact out of hours. People told us that live in staff supported and enabled them to enjoy their preferred social activities.

People were aware of how to make a complaint should they need to. People and their relatives said they would contact the registered manager and were sure they would listen and act on any concerns. There was one complaint that the registered manager had just received from an outside agency looking to clarify a situation they had found. The registered manager had reviewed the situation and was drafting a response. Whilst there was a folder of compliments there were no other complaints. The registered manager said they had pre-empted any complaints however they planned to record any future 'concerns' people raised with the details of how they were addressed.

Is the service well-led?

Our findings

The registered manager said they had systems to monitor the effectiveness of the service. These involved spot checks on staff, requesting feedback from people who received a service and reviews of the care plans. However we found the systems were not consistent and not recorded in a way of be able to audit and review the results.

We found care plans had not been reviewed regularly and there was no overall system to monitor which plans of care needed a review. This could mean that people may not receive the support they required. There had been only one questionnaire feedback requested from people since the agency opened which had not been summarised to find any information that may have needed acting upon. There was no system to record and monitor staff training which meant some staff training was out of date or had not taken place. There was no system to maintain an audit trail of all key staff recruitment documents which ensured that people had been recruited robustly and were fit to work in the care sector.

There was no formal supervision in place for live in carers who, although self-employed, were managed by the agency as were the care packages they were employed for. The registered manager said they were developing a system of appraisals for staff.

There were not adequate systems to monitor and improve the quality of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014

People and their relatives said they found the registered manager and the agency staff easy to relate to and said it was well led. One person said "I am very happy with the agency. All the staff are very caring and helpful". Another person said "The service is very good". The registered manager said the provider and the management team worked closely together to ensure the service was run effectively for people and staff felt supported.

All the staff said they felt really supported by the manager and the provider. One staff member said "[The registered manager] is always trying to improve. They really look after the staff. I feel really appreciated and supported".

There were regular staff meetings which the staff appreciated and felt able to contribute to. Staff said the staff meetings always included food so that they could relax as well as discuss the topics of the meetings. These meetings included time for updates on the agencies policies and social care updates as well as time for staff to discuss any aspect of their work. Staff also had regular individual supervision which was another forum for staff to communicate as well as be supported and receive feedback about their work.

The registered manager said the ethos and culture of the agency was to promote a caring and flexible agency to give good quality care for people in their homes and to promote a positive caring work culture for staff.

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 17 HSCA RA Regulations 2014 Good governance There were not adequate systems to monitor and improve the quality of the services provided.