

Reflections Community Support

Reflections Community Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We inspected Reflections Community Support on the 27 July, 3 and 4 August 2016. The visit was made at short notice to make sure that someone was available to speak with us. We had previously carried out an inspection in April 2014, where we found the provider was meeting all the regulations we inspected.

Reflections Community Support provides personal care to people living in their own homes in the community, to assist and support them in maintaining or improving their independence. At the time of this inspection there were 20 people using the service.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found gaps in training for staff and this included mandatory updates; for example, one member of staff was overdue moving and handling training, safeguarding and medication training. We found 16 of the 20 staff had not completed the fire safety course, health and safety training and infection control. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA).

We found the provider had audit systems in place as part of their monitoring system. However audits lacked evidence of actions taken and were not routinely updated.

Recruitment procedures were effective with appropriate checks made on people's employment histories and with the Disclosure and Barring Service (DBS). We looked at the staffing rota; this showed us there was enough staff to meet the needs of people who used the service. We found people were protected against the risks associated with medicines because the service had appropriate arrangements in place to manage medicines.

Complaints were welcomed and were investigated and responded to appropriately. People's care plans contained sufficient and relevant information to provide consistent, care and support.

People told us they felt safe and got the support they needed with meals. People received good care which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

We recommend the provider hold staff meetings in a safe location to ensure confidentiality is always maintained.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see the action we have told the provider to take at the end 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?

The service was safe.

Staff had a good understanding of safeguarding and how to appropriately report abuse and people told us they were safe.

The staff recruitment and selection procedures were robust and there were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken in relation to potential risks to people who used the service as well as staff. Written plans were in place to manage any risks identified.

Good 

Is the service effective?

The service was not always effective.

We found there were gaps in training for staff and this included the mandatory updates.

People who used the service and their family members were involved in making decisions about their care in relation to the Mental Capacity Act (2005).

Healthcare and support needs were assessed and met by regular contact with health professionals.

Requires Improvement 

Is the service caring?

The service was caring.

Care and support was provided in a caring and respectful way.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful way.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Good 

Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

The service was not always well-led.

The audit system was not always robust.

The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Staff said they felt well supported and found the manager approachable.

Requires Improvement ●

Reflections Community Support

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 27 July, 3 and 4 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone was available to speak with us. The inspection was carried out by one inspector.

Before the inspection, providers were asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed all the information we held about the service, including previous inspection reports and statutory notifications. We contacted the Local Authority and Healthwatch. We were not made aware of any concerns by the Local Authority. Healthwatch told us they had no information on Reflections Community Support. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 20 people using the service. We spoke with the registered manager and three members of staff in the office. Following the visit to the provider's office we carried out telephone interviews with three people who used the service, two relatives of people who used the service and four care staff delivering care to people who used the service.

During the visit to the provider's office we looked at the care records of people who used the service, staff

recruitment files and training records and other records relating to day to day running of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when the care staff were in their home. They told us the staff employed by the service were suitable to work in the caring profession. One person said, "The carers that come to me are very good. It's the same ones and they are trustworthy." Another said, "I've no worries about the carer that comes to me."

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. However some staff told us they had not received training in safeguarding vulnerable adults. Records we looked at confirmed what they told us.

There were systems in place to keep people safe through risk assessment and the management of risk to people. We saw individual risk/ needs assessments were completed. The registered manager told us all aspects of care and environmental factors were fully assessed for people who used the service. Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe.

The registered manager told us that staffing levels were determined by the number of people who used the service and their specific needs. They said staffing levels would be adjusted according to the care needs of people who used the service.

Comments from people who used the service about whether the service employed enough staff were positive. One person said, "Yes, I think there are enough staff. When staff are on holiday other staff cover." Another said, "If people are off sick or can't make it, I have known the manager turn up and work. It's a small service."

People told us their care staff regularly arrived on time (in some cases early but they were happy with that). They told us, "Yes they are usually on time" and "They come the time agreed or they let me know they are running late and stayed the agreed length of time."

Some of the people we spoke with told us they, or their family member, received care services from familiar or regular care workers and new staff always shadowed existing care workers before they worked with them so people were not presented with unfamiliar care staff. People we spoke with told us that when care staff were off sick, or on holiday, they would be replaced by care staff familiar to them. One relative said, "I do think it's important that people have familiar staff when the people they're looking after rely on them so much."

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work and these included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are

not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct. This helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Disciplinary procedures were in place and the employee handbook contained the staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained.

We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. We saw staff were trained in medication administration and this was a mandatory training course. Records showed staff competency was checked regularly to ensure practice remained safe.

Records showed the needs of people who used the service were assessed regarding the support they needed with medication. This information was then transferred into a care plan to give staff the guidance they required. We looked at medication records for five people who used the service. We saw that each care file had a full list of all current prescribed medications including administration times and dosage. This included clear guidance on the use of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw these were signed by the registered manager to show this had been done. Staff told us they were encouraged to report any concerns regarding medication.

Staff told us they felt confident to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

Is the service effective?

Our findings

Staff told us they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training.

All of the people we spoke with told us they thought the care staff were knowledgeable and competent to carry out the tasks that they, or their family members, needed. One relative said, "I think the carers do a very good job. They are efficient and caring at the same time." A person who used the service said, "My carer does everything I need doing and more if needed."

We found gaps in training for staff and this included mandatory updates for example, one member of staff was overdue moving and handling training, safeguarding and medication training. We found 16 of the 20 staff had not completed the fire safety course, health and safety training and infection control. In discussion with the registered manager they informed us it was difficult to find time to allow staff the opportunity to complete training. We asked staff about the provider's approach to on-going training and found there was a lack of structured planning and a reliance on staff undertaking internet based training in their own home. One member of staff told us, "Most of my training is from previous employment and a lot of the staff do not have my experience."

In the PIR returned the provider told us 'Reflections is working in partnership with Horsforth College and The Care School. All new employees without a recognised care qualification will be enrolled to complete the Care Certificate. Social Care TV online training will also be used to allow all employees to update current training ensuring that they are suitably qualified and enabled to provide caring, person-centred services'. However, we found this was not always the case.

This is a breach of Regulation 18(2) (training) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they were well supported by the registered manager. Staff said they received regular one to one supervision and annual appraisal. We saw evidence of this taking place in the staff records looked at. The registered manager told us regular 'spot checks' were carried out to assess staff's performance while carrying out their role. Staff confirmed regular spot checks took place. However no record was kept of these checks. The registered manager said they would start recording feedback from spot checks. One staff member said, "I like to know I am doing a good job for people, although it's a shock when the manager shows up."

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 make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

We found the service was working within the principles of the MCA and the registered manager had an

understanding of how these principles applied to their role and the care the service provided.

We saw people's capacity was regularly assessed as part of the care planning process. The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered. Staff also demonstrated a good understanding of people's different needs and preferences. We saw mental capacity assessments and consent forms in the care files looked at.

We asked the staff what they did to make sure people were in agreement with any care and support they provided on a day to day basis. They told us they always talked and reassured people while they assisted them and never insisted they accepted assistance against their wishes. People who used the service and relatives we spoke with confirmed this. One person said, "They always tell me what they are doing before the start doing anything." Another said, "Yes they ask me and check its ok before they start."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within people's care plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would contact the office to refer them to other healthcare professionals if appropriate.

People we spoke with who had meals prepared by care staff told us they always had choice about what they ate. One person said, "I like my food and the carer will cook what I want for me." We saw information in people's care plans about their nutritional needs. Staff told us before they left their visit they made sure people had access to food and drinks.

Is the service caring?

Our findings

People we spoke with told us they, or their family member's, privacy and dignity were respected. One relative said, "I don't stay in the same room when the carers are helping [name of person] get washed and dressed and the carers always make sure the doors are shut so she can be private." One person who used the service said, "Carers always made sure my curtains are drawn and I'm well covered up."

People we spoke with told us that care staff helped them to be as independent as possible. Staff described how they encouraged people to be as independent as possible. For example, encouraging them to carry out personal care and dress themselves. They said they felt this was important for people's sense of pride and well-being.

Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care. They confirmed they had time to get to know people before providing care. One staff member said, "We are always introduced and shadow other staff who know the person before we work alone with anyone."

People were provided with appropriate information about the service in the form of a 'Main Terms And Conditions Of Service'. The registered manager told us this was given to people when they started using the service. This included information on the services provided by the agency and ensured people were aware of the standard of care they should expect.

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. People we spoke with told us that they, or their family member, received reviews of their care plans.

We saw that the daily care records were completed at the time of care delivery, signed by the staff members and if possible by the person who used the service. A staff member said, "We always go through what we are writing at each visit with the person and ask them to sign to agree it." Daily records showed people's needs were being appropriately met.

The service had a policy on maintaining confidentiality which confirmed the sharing of information would be restricted to staff employed by Reflections Community Support and other relevant professional agencies if required. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

Is the service responsive?

Our findings

The registered manager told us when a person was initially referred to Reflections Community Support they were always visited by them before a service started. During this visit a full assessment of their needs was carried out. The registered manager confirmed that they would not accept a person if they felt unable to deliver the care package required following an assessment.

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care. We saw for one person who had just begun to use the service, risk and care assessments had been completed and a person centred care plan was already in place.

Relatives told us they were involved in the planning of care and were pleased with the standard of care they received. One relative said, "I was involved in planning (name of person) care and when the care plan was completed we went through it with (name of person) to make sure it was what we agreed." This demonstrated to us the service was providing care in line with people's needs and preferences.

Care plans contained details of people's routines and information about people's health and support needs. We saw comprehensive information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, what they like to eat, what drink they like before going to bed and how they like to be supported to get dressed.

Staff showed an in-depth knowledge and understanding of people's care needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care for people. The registered manager told us a copy of the care plan was kept in the person's own home and a copy was kept in the office. People told us this was the case and we saw copies of this in the office. The relatives we spoke with confirmed staff always read the care plan when they visited and completed the daily report sheets.

In their PIR returned the provider told us 'Reflections is in the process of setting up a dignity and care champions system where a designated member of staff (senior carer) will be responsible for assessing the quality of the support plan implemented. Reflections aims to have this fully implemented within 12 months.'

The registered manager told us formal care reviews were held with the person and/or their relative six monthly or sooner if needed. Records we looked at showed evidence of these reviews taking place.

One person who used the service said the registered manager was very helpful and had recently helped them access other services, "They have been really helpful by phoning my social worker and arranging extra sessions for me to go out and they have never let me down." Another person said, "I would recommend the

service to anyone looking for caring and reliable staff."

Staff felt any issues were responded to quickly by the registered manager and they were always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies.

The provider had a complaints procedure in place. The registered manager told us they had a proactive approach to managing complaints and were always available to talk to people and deal with any concerns as soon as they arose. However we brought to the attention of the registered manager the need to record all complaints, showing clearly how they were addressed.

People spoken with told us they were aware of the complaints procedure. One person said, "I have no complaints about the service and standard of care provided." Another person said, "There is nothing to complain about. Everything is going nicely, they come and look after me nicely thank you." Relatives told us they had a telephone number which they could use both during and out of normal office hours if they required assistance.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. We saw that the registered manager had excellent knowledge of all people who used the service and was able to detail their specific needs and preferences. They also knew all key family members of people who used the service. We observed that all staff working in the office appeared to have a positive working relationship with the registered manager.

We found the provider had audit systems in place as part of their monitoring system. For example there was an audit in place for medicines administration and care plans. However the care plan audits lacked evidence of actions taken. For example we saw a lack of signatures on documents, but did not see evidence of any action taken as a result. There were no record of health and safety, staffing and staff training audits. The registered manager and staff told us spot checks were carried out at people's homes. However the registered manager had not recorded these checks. These issues were discussed with the registered manager who stated these would be addressed.

This is a breach of Regulation 17 In good governance of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The people we spoke with told us the service was well run. One relative said, "It works for us, I think it's well managed." All of the people we spoke with knew who the registered manager was and most people had spoken with them at some point. People told us the registered manager was approachable and tried to resolve issues for them.

People told us they would recommend the service to others. Their comments included: "I couldn't wish for a better service", "It's a very good service", "We're all happy" and "This is the best care service I've ever had."

Staff spoke highly of the registered manager and spoke of how much they enjoyed their job. One staff member said, "I love my job and working for this agency, they are so good; good to the people and good to the staff."

We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care people received. One staff member spoken with said, "The meetings would be better if they were held at the service office rather than in public held places where there is a possibility of conversations being over heard." It is recommended the provider hold staff meetings in a safe location to ensure confidentiality is always maintained.

Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members.

In their PIR returned the provider told us 'Reflections plans to implement questionnaires for service users to complete to identify areas for improvement with how our services are led. We also plan to implement a questionnaire for staff members, to identify areas where the organisation and the management team could improve how they lead their services.' We saw this process had started.

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 We found the audits trail did not always evidence action to be taken and some audits were not in place.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We found there were gaps in training for staff, this included the mandatory updates.