

React Homecare Ltd

React Homecare Ltd

Inspection report

Unit 3
Langley House Business Park, Wykeham
Scarborough
North Yorkshire
YO13 9QP

Tel: 01723282888

Date of inspection visit:

30 August 2022

02 September 2022

09 September 2022

13 September 2022

Date of publication:

11 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

React Homecare Ltd is a domiciliary care service providing personal care to people in their own homes in Scarborough, Pickering, Helmsley and surrounding areas. At the time of our inspection there were 78 people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People told us they were provided with safe care, but timekeeping and consistency was an issue. The provider was open and honest with regards to the current recruitment issues and problems this present with regards to consistency. They had clear plans in place to address this and continued to communicate with people about how this was progressing. We have made a recommendation about consistency and allocation of care calls.

People and relatives spoke highly of staff who supported them and their kind and caring approach. Safe recruitment processes were in place and followed. Staff were supported by the management team and an open, honest culture was adopted.

Improvements had been made to medicine management. Thorough guidance was now in place with regards to topical medicines, such as creams and where they should be applied. Staff responsible for administering medicines had received appropriate training and competency assessments.

Risks to people were identified and recorded. These were regularly reviewed to ensure they remained up to date and relevant. Any safeguarding concerns had been appropriately reported and staff worked with other professionals to ensure people received care and support to meet their needs and achieve good outcomes.

Effective systems were in place to monitor and improve the service. The provider visited the service on a

regular basis to ensure they had appropriate oversight. People, relatives and staff were provided with the opportunity to feedback on the service provided. Action was taken to address any areas of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 June 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 19 May 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector and two Experts by Experience. The Experts by Experience contacted people who used the service and relatives via telephone following the inspection site visit. 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 houses.

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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection

Inspection activity started on 30 August 2022 and ended on 13 September 2022. We visited the location's office on 30 August 2022.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the managing director, registered manager, care manager and two care staff. We spoke with 11 people using the service and ten relatives. We reviewed care and medicine records, audits, policies and recruitment information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Any safeguarding concerns had been appropriately reported to the local authority.
- Staff had received safeguarding training and were knowledgeable with regards to action they would take if they suspected abuse was taking place.
- People told us they received a safe service. Comments included, "I am very happy with my carers and I have always felt safe with them."

Assessing risk, safety monitoring and management

- Improvements had been made since the last inspection in relation to risk management.
- Risks to people had been identified, assessed and information on how to manage risks was available to staff. For example, risk management guidance was now in place for areas such as epilepsy, diabetes, skin integrity and flammable creams.
- Risks to people were regularly reviewed to ensure they remained up to date and relevant.

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- People told us the times of their care calls varied and they did not always know which care staff were due to visit them. Comments included, "I think the care staff are wonderful at what they do. I think the organisation however is another story. Timings are all over the place and we don't get a rota, so we don't know who is coming. I know that it has been difficult in getting the staff and hard to keep them. They do try."
- The registered manager and provider were open and honest throughout the inspection with regards to issues they were experiencing with recruiting and retaining staff. The care manager told us, "We are trying anything and everything to recruit suitable staff so we can offer more consistency with regards to the times of calls, but it is a really difficult market at the moment. We do have a new recruitment strategy being worked on so I am hoping this will have a positive impact."

We recommend the provider continues to review their practice to ensure consistency with times and allocation of care calls.

Using medicines safely

- Medicines were managed safely and appropriately recorded. The electronic system used provided live data which allow office staff to identify and respond to any medicine concerns in a timely manner.
- Staff had up to date medicines training and their competencies with regards to medicine management

were regularly assessed.

- Following the last inspection, the registered manager had taken action to ensure when people were prescribed topical medication, clear guidance was in place for staff to follow.

Preventing and controlling infection

- Best practice guidance in relation to infection prevention and control (IPC) was followed by staff. Staff had completed IPC training and were aware of the current government guidance in relation to Covid19 management.
- People told us staff wore appropriate PPE when providing support. A relative told us, "I've seen them (staff) wear PPE, and throughout Covid there were no issues with PPE."

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. Action had been taken since the last inspection to ensure improvements were embedded.
- Accidents and incidents were recorded and reviewed to identify any themes or trends.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to have systems and processes to assess, monitor and improve quality and safety across the service. This was a breach of regulation 17 (good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were now established and used to monitor the quality and safety of the service provided.
- Audits were completed on a regular basis to identify any shortfalls. This included monitoring of the time of care visits.
- The provider visited the service on a regular basis. They completed their own audits to ensure they had effective oversight. Where shortfalls were found, improvement plans with clear actions and timescales were put in place.

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

- Staff spoke highly of the service and the support they received from the registered manager and provider. The registered manager had an open-door policy and they had been honest with staff regarding recent recruitment issues. One staff member said, "I cannot fault management. They are the first people to put on a uniform if we are struggling with staff. We do work well as a team and support each other where we can."
- People and relatives spoke highly of the care staff and the support they received which help achieve good outcomes for people. One relative said, "[Person's name] isn't too well at the moment. The carers and the district nurse have been brilliant."
- Staff were provided with contact details for out of hours support. This ensured staff had access to guidance whenever it was needed.

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 and management team worked in a transparent way, communicating with people, relatives and other agencies where things went wrong and action they were going to take to rectify any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were often asked for their views on the service provided. Any feedback given was used to improve the service. One person said, "I'm quite upfront, if I'm unhappy I'll tell the carer directly."
- Due to the staffing shortages, regular staff meetings had not taken place. However, the management team communicated with staff via email and telephone to ensure they were kept up to date with any changes within the service. One staff member said, "They are good at keeping us updated. I can call them anytime or pop in the office. There is always someone available."
- The whole staff team worked on partnership with other professionals such as district nurses, GP's and occupational therapists to ensure people received the care and support they required and remained as independent as possible.