

Eagle and Jinnah Partnership

Reagle Home Care Services (RHC)

Inspection report

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Date of inspection visit:

09 October 2017

10 October 2017

Date of publication:

09 November 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The office inspection took place on 9 October 2017 and was announced. On the 10 October 2017 we contacted people and relatives to obtain feedback about the service they received.

Reagle Home Care Services (RHC) provides personal care and support to people in their own homes in the Middlesex and Hertfordshire area. At the time of the inspection they were supporting 37 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

When we inspected this service in October 2016 we found that the provider had failed to ensure there was sufficient evidence to show that the process to recruit staff safely had been followed consistently and there were not adequate systems to monitor and improve the quality of the services provided. At this comprehensive inspection we found there were clear processes in place to recruit staff safely and systems had been put in place to monitor the quality of the service.

People told us they felt safe. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

There were assessments of potential risks to people and how to mitigate them. Further written developments were needed in regard to people whose emotional health and subsequent behaviour might require different ways of support. However, staff were clear on their role and how to keep people safe.

People who used the service and their relatives told us the service was able to meet their needs. People's care and support needs were kept under review to help ensure that they continued to be met.

Staff were regularly supported and valued by the manager and senior staff. They received ongoing training and had regular staff meetings to share any concerns or hear new developments.

People's consent was sought before care was offered and the registered manager and staff were familiar with the principles of the Mental Capacity Act 2005. Where required people were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People told us they were treated with dignity and respect and were involved in planning and reviewing their care. People felt their views were listened to and staff supported them as individuals. People's confidentiality was promoted as records were held securely.

People who used the service felt confident to raise any concerns and were confident that they would be

managed appropriately. Staff said that they were fully supported by the registered manager

People spoke positively of the registered manager and how the service was run. There were clear systems in place to monitor the quality of the service. People were asked their feedback of the service and their responses were used to further improve the service.

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

Staff were aware of how to identify and report concerns regarding a person's safety or welfare.

Risk management plans were in place to protect and promote people's safety although further development was needed to detail possible support required for people with emotional health needs.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supervised.

People's consent was sought before care was offered.

People were supported to eat and drink where needed.

People were supported to access health care professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

The service was responsive.

People's care and support needs were kept under regular review.

People's concerns were taken seriously.

Good ●

Is the service well-led?

The service was well led.

People had confidence in the staff and the management team.

There were arrangements in place to monitor, identify and manage the quality of the service.

The culture at the service was positive, open and inclusive.

Good ●

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 checked 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 09 and 10 October 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was carried out by one inspector. Before the inspection we reviewed all the information we held about the service. We contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback. We also reviewed the provider information return (PIR) submitted to us on 08 September 2017. This is a form that requires the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also included feedback from people who used the service, their relatives and community professionals who had experience of the service.

During the inspection we contacted four people who used the service and two relatives to obtain their views. We spoke with the provider, the registered manager, the care coordinator, the quality assurance manager and four care staff. We viewed information relating to four people's care and support and four staff files. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe with the agency and the care they received. One person said, "They have time to talk. I do feel safe. I have had a few changes of people due to them being ill but they are all very nice." A relative told us, "I never worry I know [my relative] is safe".

Staff had received training about safeguarding people from harm. They were able to explain how to identify and report any concerns relating to the risk of abuse. The service had recently placed in each person's home file information of types of safeguarding issues with details of who to contact if concerned. There had been a recent occasion where a safeguarding concern had been identified and the service had liaised with the local authority and all relevant parties but had not understood the need to notify the commission. The registered manager had since amended the procedure and sent the notification to the commission

Risks to people's health, well-being or safety were assessed. We saw in people's care plans that risk assessments for people and the environment had been completed. There was guidance for staff as to how to support people safely and mitigate potential risks. For example, one person who was bedbound had guidance as to how to assist them to move safely with use of a sliding sheet. In another person's care plan there was guidance for staff about supporting the person to transfer using a mechanical hoist. We spoke with the registered manager about further developing an assessment for a person with emotional support needs. However speaking with staff it was clear they knew how to support the person.

The care coordinator told us staff were introduced to people who used the service to ensure that people knew the staff member who came to their home to support their needs. This was done to ensure people felt safe when staff arrived at their homes. Staff confirmed they were introduced to new clients. One care staff said, "We are always introduced to new clients as most people would not feel comfortable with strangers."

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. We looked at four care staff files and found all the necessary pre-employment and identity checks had been completed before staff were offered employment. Staff confirmed they had a formal interview, that any gaps in their employment had been explored and that they only started work once a satisfactory criminal record check had been received.

There were sufficient numbers of staff available to meet people's individual support and care needs including the evenings and at weekends. We saw past staff rotas had not allowed sufficient time for travel between visits. However we saw rotas were now changed to give sufficient time for staff to travel. The registered manager said they had worked to improve rotas and were continuing to work to link staff more to their geographical areas to avoid any lateness. The registered manager had also employed two dedicated drivers to support carers who did not have cars. One relative said, "They are always on time 99% of the time and if they are going to be late they ring to let us know."

Where people were supported with their medicines, staff were trained to support and deliver their medicines when and how they needed them. Staff were clear about their role in supporting people with medicines and

confirmed they had received training. The care coordinator had introduced new medicine recording sheets and set up an audit system to check staff accuracy at managing medicines.

Is the service effective?

Our findings

People were supported by staff who were trained and supervised. One person said, "They all seem to know what to do, they are trained. I am confident they know what to do". A relative said, "We have an excellent carer as soon as they come in I feel free to go into another room they are so good."

Staff told us they felt trained and supported for their role. Staff said they completed an induction when they started work and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and food hygiene. Staff confirmed they had a five day induction in the office followed by a week of shadowing experienced staff before starting to support people on their own. One care staff said, "It was really helpful as I was nervous starting but I am much more confident now."

Staff had ongoing training and had recently completed an end of life course as well as a course on dementia. One care staff said, "I really enjoy the training, the first aid and moving and handling were really good."

All staff spoken with said they had regular supervisions with the registered manager or the care coordinator and were always encouraged to speak with the registered manager or seniors at any time they had any concern.

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. At the time of our inspection we found that the service was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they obtained people`s consent before they offered any support. A relative said, "They involve my [relative] they ask – do you want your shower today or are you getting out of bed today, have you changed your mind etc." One care staff said, "I always ask people before I help them, if people have dementia I always ask. I also check the care plan if I am not sure."

People were supported to eat and drink where needed. We found that some people needed very little support from staff just to warm their food or prepare a snack; others required staff to cook their food. One care staff said, "The family leave ready meals but sometimes I will cook something it depends on what the person wants to eat".

People told us that staff supported them to maintain good health and health professionals were contacted on people's behalf if needed. A care staff said, "One person I visited I saw their condition was deteriorating and needed new equipment to keep them safe. I told the office and the GP." This person was reassessed by healthcare professionals and received the appropriate care and equipment they required.

Is the service caring?

Our findings

People who used the service gave us positive feedback about the registered manager and staff team. One person said, "They are really nice people, each one I have had. They have time to talk they are kind." A relative said, "Each of the carers are really nice people. If [my relative] needs anything they always ask. – do you need anything before we go, are you comfortable?"

People told us that staff respected and promoted their privacy and dignity. One person said, "Yes of course they respect my dignity they are very good." A relative commented, "They really do respect my relative are very caring and give them their dignity. "

People said they were involved in planning their care and support and staff members were aware of their preferences when they supported them. The registered manager or care coordinator always visited people to complete a plan of care with them, and their relative if appropriate, prior to providing any care. We saw people's care was reviewed regularly by the care coordinator or the registered manager. Everyone spoken with said new care staff never came to them without being introduced first.

People were supported by staff who knew them. One of the areas the registered manager had worked on was continuity of care staff and people knowing which staff member would visit. People told us this had improved and they knew who was coming and mainly had a group of care staff in case one was sick. One person said, "I normally have the same person with a couple who are backups if they have a day off." A relative said, "They are definitely caring and very nice to me too. My relative likes to hurry them on so that they won't be late for the next person but if they have five minutes left they always ask me if I need anything or they just sit and chat which is lovely."

Confidentiality was promoted within the agency and staff spoke clearly of their responsibilities in maintaining confidentiality at all times. One care staff said, "We are going into people's homes we need to respect their privacy."

Is the service responsive?

Our findings

People received personalised care that met their needs. One person said, "I always see people from the office who check if everything is up to date and anything needs changing. A relative said, "They really understand my relative and react well even if my relative shouts they know how to be with them."

The registered manager explained how care plans were created with the person using the service, and their relatives if appropriate. People confirmed that they had received an initial assessment and their care plan was completed with them and their families if appropriate.

We looked at four people's care plans. Assessments had been undertaken to identify people's individual needs and care plans were developed to provide guidance for staff to be able to provide the support necessary to meet these needs. For example, a care plan for a person requiring help with their personal care detailed when and how they wished to be supported, what to do to help prepare them prior to support being offered and what sequence of care they prefer. The care plans were reviewed on a regular basis and if needed, changes were made to them. This was to ensure that people received the appropriate care and support according to their individual needs.

People said they felt involved in their care and support. One person said, "Oh yes I am involved they do everything I need." Care staff were required to record the support they offered each day which helped continuity of care with the next staff member who could then see what other aspects of support may be required. A relative said, "The carers always write what time they come what they do and what time they leave they are very good like that it's really helpful".

People told us that staff encouraged them to maintain their independence. A care staff said, "It's important to give people their own space and let them do as much as possible for themselves."

People and their relatives confirmed they could contact the agency out of normal hours. One relative said, "If I ring they always answer."

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. One person said, "I would have no problem making a complaint if I had one." The registered manager had set up a record of any concerns or complaints and their response. They had also set up a record of any late visits with the reasons why and the contact made with the person receiving the service. For example, transport issue and any action required for future visits. The registered manager monitored these two systems to make sure lessons were learnt and action taken. We saw a record was also kept of the compliments received which were fed back to staff.

Is the service well-led?

Our findings

People, their relatives and staff were positive about how Reagle Home Care was run. One relative said, "I am absolutely pleased with them really happy and hope it carries on as it is. I would recommend them and always talk about them." They were complimentary about the registered manager who was described as someone who knew them and was supportive. One person said, "The manager keeps in touch they are very good and all the people we speak to in the office. If I ring them there is always an answer."

Staff told us that the registered manager was fair, approachable and committed to providing good care for each person and to support the staff. Staff told us they felt appreciated and valued and this was also highlighted in their monthly staff meetings which were fixed so they could be provided with lunch and have time to relax together as a staff team as well as discuss the topics of the meetings. Staff could discuss any aspect of their work, offer suggestions, discuss a specific policy and receive information on any changes within the agency and social care as well as feedback from people who use the service. The registered manager had also introduced an award for employee of the month.

People told us their views were sought on how the agency operated and every person and relative spoken with said they felt they could approach the registered manager and any of the staff to feedback any issue. Feedback from people was reviewed and action taken when necessary. For example one issue raised was people not knowing which staff members would turn up and lateness. The provider employed two designated drivers to tackle lateness and people were now sent a programme of which staff member would be supporting them.

There were systems in place to monitor the quality of the service. Since the last inspection the provider employed a quality assurance and compliance officer who led a review with the registered manager and care coordinator of the checks in place to help ensure the safety and quality of the service. For example care plans gave guidance to staff and were reviewed regularly. The registered manager or care coordinator undertook unannounced spot checks at people's homes to assess the quality of the care that staff provided for people, staff received regular supervision to support and monitor their performance.

The registered manager said they were proud of their staff who worked as a team. The ethos and culture of the service was to continue to work as a team 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.