Reedsfield Care Ltd

# Reedsfield Care Ltd

## Inspection report

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## 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

This inspection took place on 21 and 22 March 2018 and was announced. This was the first inspection for this service since registering with CQC in March 2017.

Reedsfield Care Ltd is a domiciliary care agency. They provide hourly support to people within their own homes. At the time of our inspection there were 15 people receiving personal care. The service provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people with physical disabilities and people with long term medical conditions.

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.

There was not always robust governance at the service. We identified issues that the provider had identified through audits but these had not been addressed. Records relating to people's medicines contained gaps and despite these having been identified in audits, they had not been addressed by the time of our visit. We also found that some information in people's care records lacked detail and that negative feedback about time keeping identified in surveys had not been addressed.

We also found some records relating to individual risks lacked guidance for staff. Shortfalls in medicines records meant that medicines management was not always safe. You can see what action we told the provider to take at the back of the full version of the report.

People were supported by staff that had the training to carry out their roles. Staff told us that they felt supported by management and had regular supervision meetings. Staff were trained in best practice with regards to infection control and were knowledgeable in this area. Staff met regularly to discuss care delivery and the registered manager had an open door policy. We did receive some negative feedback about staff punctuality. We made a recommendation about staff deployment.

Risks to people were assessed and managed safely. Where people had suffered incidents, such as falls, staff took appropriate action and the provider kept a record of these and analysed them. Staff understood their roles in safeguarding people from abuse and were knowledgeable about people's needs. People were provided care in a way that promoted their independence and they received person-centred care. However, we did find instances where records lacked detail. We made a recommendation about care planning.

People were supported by kind and caring staff that they got along well with. Staff were respectful when entering people's homes and provided care in a way that preserved people's dignity and was respectful of their privacy. People were given choices by staff and involved in their care. Staff sought consent from people and this was documented. We did find one instance where documentation was not up to date for a person

who could not consent. We made a recommendation about consent records.

People received a thorough assessment before they received a service and people's care was regularly reviewed. Staff met people's nutritional needs and supported people to access healthcare professionals where appropriate. People were regularly asked for feedback on the care that they received there was a clear complaints policy in place. Where people had raised a complaint, the provider had investigated these appropriately and identified actions to address concerns.

The provider carried out checks on all new staff to ensure they were suitable for their roles. There was a vision for the service and the provider had developed links with the local community. There was a plan to ensure that people's care could continue in the event of an emergency.

## 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.

People's medicines were not managed safely and records were not accurate. There was not always sufficient information in risk management plans.

Incidents were responded to appropriately and analysed.

Staff understood their roles in safeguarding and observed safe infection control practices.

Staff were deployed in a way that meant people received their care as planned. The provider carried out appropriate checks to ensure that staff were suitable for their roles.

### Is the service effective?

**Good**

The service was effective.

Staff received appropriate training and regular supervision to support them in their roles.

People's consent was sought in line with legislation, but we found shortfalls in documentation for one person. We made a recommendation in this area.

People were supported to maintain adequate nutrition and staff liaised with healthcare professionals where appropriate.

People received a thorough assessment before they received a service.

### Is the service caring?

**Good**

The service was caring.

People were supported by kind and caring staff that they got along well with.

Staff supported people in a way that promoted their independence. People were involved in their care and supported

to make choices.

People were supported by respectful staff that maintained privacy and dignity when providing care.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's care was planned in a person-centred way. However, we identified areas where information lacked detail. We made a recommendation about care planning.

People's care was regularly reviewed and staff responded appropriately to changes in people's needs.

The provider documented and responded to complaints appropriately.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Where audits, checks and surveys were identifying shortfalls, these were not being robustly addressed. People's feedback on time-keeping was not being addressed.

The provider carried out a variety of checks and surveys to monitor care quality.

Staff felt supported by management and were involved in the running of the service.

The provider had a vision for the service and a plan to improve. We saw evidence of links with the wider community that people benefitted from.

# Reedsfield Care Ltd

**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 21 and 22 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 21 March 2018. It included a visit to the provider's office and a visit to one person's home. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. On 22 March 2018 we carried out telephone interviews with people, relatives and staff.

The inspection was carried out by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with two people and four relatives. We spoke with the registered manager and four care staff. We also observed staff interactions with one person on a home visit.

We read care plans for four people, medicines records and the records of accidents and incidents. We looked at two staff recruitment files and records of staff training and supervision.  We saw records of quality

assurance audits and surveys of people and staff. We also looked at records of staff meetings and complaints records.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they felt safe with staff. One person said, "They [staff] are very nice to me." Another person said, "Yes its safe, they [staff] help me out of bed and I feel very safe in their hands."

People told us that they received their medicines as prescribed. One person said, "I know what medicines I'm on and they [staff] give them to me." A relative said, "They [staff] know about [person]'s medicines." Despite this feedback, we found evidence that people's medicines were not always managed safely. People's records contained information about medicines they had been prescribed and medicine administration records (MARs) were in place. People told us that they received their medicines and that they felt staff were competent in this area. However, we found gaps on MARs with no record of whether people had received their medicines. This meant there were not accurate records kept to track and monitor people's medicines. For example, one person had been prescribed paracetamol 'as required' (PRN). There were gaps on these records which indicated PRN medicine had not been administered. We then checked daily notes and these recorded that the medicines had in fact been administered. Without an up to date MAR, there was a lack of information for staff and healthcare professionals to document when this person had received PRN medicine. Another person's MAR had gaps that did not show whether they had received any of their medicines on one day. We checked the person's daily notes for that day which documented 'medication given', but information on the MAR was lacking which meant this record was not accurate or up to date. Medicines records were audited and we noted that gaps in MARs had been identified for the previous five monthly audits, but these had not been addressed and gaps on MARs continued.

Plans to manage individual risks to people were not always detailed. We saw risk assessments being carried out but the plans documented to keep people safe sometimes lacked detail. For example, one person was living with dementia and their care plan stated that their, 'mood fluctuates and can be angry or happy'. A box had been ticked to state there was a risk of 'problematic behaviour' but there was no guidance for staff on how to respond if this person suffered low mood or anxiety. The impact of this was minimised as daily notes showed that this was not a regular need. However, there was a lack of information for staff on how to support the person and we will require further action from the provider to address this.

The failure to maintain accurate records relating to people's medicines and inconsistent records relating to risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014).

Staff were deployed appropriately. Staff worked in set geographical areas with people they supported regularly. Rotas were written in advance and cover was arranged where staff took planned leave. There was a system in place to schedule and monitor calls and people's care calls were scheduled with allowances for travel time. Staff were given time to travel between calls and staff told us that they felt they had enough time to spend with people. The system also checked that calls had been attended, which minimised risks of people being left without care and we saw that there had not been any missed care calls. However, we could not see that concerns about punctuality had been addressed when raised with the provider. Whilst in most instances people were satisfied with the timings of care calls, the inconsistencies in this area highlight that staff were not always deployed in a way that meant people received their calls at the expected time.

In some cases, risks to people were assessed with plans implemented to keep people safe. Where risks were identified, plans were implemented to keep people safe. For example, one person was assessed as at risk of pressure sores. The assessment noted that due to the person's mobility and personal care needs, their skin could be prone to breakdown. To manage the risk staff applied prescribed creams and ensured the person sat on a pressure relieving cushion to protect their skin. The provider had also supported the person to get an air mattress from the local community nurses. We did note that in some cases, recorded plans were very short and did not provide person centred information. After the inspection, the provider sent evidence of improvements to risk assessments that contained more detail. We will follow up on the impact of these improvements at our next inspection.

Where incidents occurred, appropriate actions were taken to prevent them happening again. The provider kept a record of all accidents and incidents and documented the actions they had taken. Records showed that the actions taken were appropriate to prevent incidents reoccurring. For example, one person had suffered a fall whilst being supported by staff. Staff made sure that the person was safe and checked for injuries. The person's care plan was reviewed to include additional guidance for staff on how to move the person safely. The provider also reported this to the person's GP so they could investigate any underlying causes that could have contributed to the fall. We also saw evidence of incidents being analysed on a monthly basis. This meant that systems were robust to identify trends and learn lessons if anything was to ever go wrong.

Staff understood their roles in safeguarding people from abuse. Staff had received training in safeguarding and were aware of the potential signs of abuse. Staff demonstrated a good understanding of safeguarding procedures and were able to tell us how they would raise any concerns that they had. One staff member told us, "I'd make sure I documented everything and speak to my manager. If I wasn't happy I could go to CQC or the police."

People were protected from the risk of the spread of infection. Staff had received training in infection control and people told us that staff washed their hands before and after providing them with support. We observed staff supporting one person and the staff member was observed washing their hands and using personal protective equipment (PPE), such as gloves and aprons. We also noted staff kept the person's kitchen area clean when preparing them a drink.

The provider ensured that appropriate checks were carried out on staff to ensure that they were suitable for their roles. The provider kept records of checks they had carried out in staff files. These showed that checks included staff work histories, references and a check with the Disclosure &Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

The provider planned for emergencies. There was a detailed plan for people's care to be able to continue in the event of emergencies such as a fire, flood or extreme weather. The provider routinely risk assessed people's homes and supported them to access the fire service where they found environmental risks.

Good

# Is the service effective?

## Our findings

People told us that they were supported by staff that were trained to carry out their roles. One person said, "They [staff] are well trained and have been very good." A relative told us, "They seem to know all the terminology." Another relative said, "I know they [staff] have training sessions, they seem very methodical in what they are doing. They do a compassionate and good job."

Staff had received training appropriate to their roles. A staff member told us, "We do lots of training and it is compulsory, especially in areas like safeguarding and basic life support." The provider kept a record of staff training and this showed that staff were up to date in areas such as health and safety, infection control and moving and handling. Staff had also completed the Care Certificate. The Care Certificate is an agreed set of training standards in adult social care. Where appropriate, staff had also received training specific to the needs of the people that they supported. For example, staff had attended dementia training as they supported people who were living with dementia. Where another person used specific equipment to transfer from their bed, staff had been trained by a healthcare professional in how the equipment worked.

Staff received regular supervision. Records showed that staff had all had recent meetings with the registered manager to discuss practice and any training needs. The provider also had an appraisal system that was being followed. Staff had their practice observed and records showed observations were used to measure competency against important areas such as infection control, consent and dementia care. A staff member told us, "They give us all the support we need and we can ask for things."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider followed the guidance of the MCA. Staff had been trained in the MCA and one staff member told us how they gained consent from people. Most people receiving a service were able to consent themselves and had done so. We noted that the provider only supported one person who lacked the mental capacity to consent to their care and a relative had signed their care plan on their behalf. We did note that there was not a copy of the relative's lasting power of attorney (LPA) document in the person's records and the registered manager told us they would address this after the inspection.

People were supported to access healthcare professionals. People's care records contained evidence of staff making referrals to healthcare professionals where appropriate. For example, where staff had noted one person appeared unwell recently they had contacted the person's GP and documented that they had done so. Where another person had become unsteady when moving around their home, staff had made a referral to an occupational therapist (OT) to assess the person.

Staff supported people to maintain their nutrition. People's care records contained information about what

support they needed to prepare foods. For example, one person required support to go shopping each week and this was in their care plan. Staff visited them daily and prepared meals based on their shopping choices. Where people had specific dietary needs, these were also met. One person's risk assessment documented that they were a choking risk. To reduce the risk, they had been seen by a speech and language therapist (SALT) who recommended that they have fluids thickened to reduce the risk of choking on them. There was guidance for staff on how to thicken the person's fluids and staff documented that they had done this. We observed staff supporting one person and they offered the person choices with drinks and asked them what they would like for a meal.

People received a thorough assessment before receiving a service. People's care records contained evidence of a detailed assessment that captured needs relating to personal care, mobility, moving and handling and preferences. The provider supported people who had come through the local authority and we noted that all files had a copy of the person's social services assessment on file. The needs identified within assessments were then written into people's care plans.

Good

# Is the service caring?

## Our findings

People told us that staff who supported them were caring. One person said, "They are caring and I've had the same staff supporting me since the beginning." Another person said, "They [staff] are all very friendly." A relative told us, "They [staff] are all absolutely wonderful, very caring."

People were cared for by caring staff. People's feedback was consistent that staff were caring and kind. We observed staff supporting one person in their home and we noted that the interactions were warm and pleasant. Staff chatted to the person and took time to offer choice. The provider conducted regular reviews and surveys for feedback and these showed positive feedback on the caring nature staff that supported people. A relative said, "They always talk to [person] and are generally interactive with him."

People were supported to retain their independence. People's care plans recorded what they were able to do so that care could be provided around this. For example, one person wanted to maintain ownership over certain personal care tasks. This was documented in their care plan and staff provided them with encouragement and assistance as necessary. Staff understood the importance of promoting people's independence when we spoke with them. One staff member said, "Whenever I do personal care I ask if they [people] would like to do some of it themselves."

People were involved in their care. People's records contained evidence of them being asked about their preferences at regular reviews. For example, at a recent review one person had asked to spend more time shopping with staff and this had been arranged. The provider regularly checked staff were treating people with dignity and offering choice during spot checks. Staff demonstrated a good understanding of how to involve people in their care by offering choice. One staff member said, "I show people outfits and always keep them up to date with what they have in the kitchen."

Staff were knowledgeable about people's needs. People told us that they were supported by regular staff. One person said, "I regularly see [staff member] and she's got to know me." When we asked staff about the support people needed, staff had a good understanding of this and knew people's preferences. For example, one staff member was knowledgeable about someone's family situation and their medical needs when we asked them.

Staff supported people in a way that was respectful of their privacy and dignity. People told us that staff provided care in a way that was dignified. One person said, "They [staff] are always careful not to expose me and keep the curtains shut. They're very respectful." People told us that staff always knocked on the door and only let themselves in where there had been prior agreements for them to do so. We observed staff supporting a person in their home and they paid attention to detail in keeping the person's home clean and we observed staff ask the person for consent before completing tasks. Staff demonstrated a good understanding of how to promote people's privacy and were knowledgeable about the practical steps that they took to achieve this.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that they received person-centred care. One person said, "They know what I need and like." Another person said, "They asked what time I get up in the mornings and arranged it around that." A relative said, "They [staff] make sure that [person] is clean and tidy."

People's care plans contained information for staff on people's needs. Care plans were succinct and contained guidance for staff on how to meet people's individual needs. For example, one person required support with personal care but had a medical condition that affected some of their limbs. Their care plan accurately documented that they needed support with putting on certain items of clothing due to their mobility. Another person was supported to get up in the morning and their care plan documented that it was important that they were left in their chair with a drink and their phone, so that they could easily contact relatives. The person told us that staff supported them in this way each day. Whilst people told us that they were receiving personalised care, we did note that some care plans lacked detail. For example, staff supported one person with food and shopping, but there was not information on their preferences.

We recommend that the provider reviews people's care plans to ensure that they accurately reflect people's needs and preferences.

People's care plans were regularly reviewed. The registered manager told us, "We review at least every three months but always carry out a review when things change." Records showed that where people's needs had changed, a review was carried out and people's care plans were updated to reflect this. For example, one person's medical condition had worsened and they required more support with household tasks and personal care. Records showed the review was carried out the day after staff identified this concern and their care plan was promptly updated. People's wishes for end of life care were documented and we saw evidence of the provider working with community healthcare professionals and hospice where one person had moved onto an end of life care pathway.

The provider did not always respond appropriately to complaints. People told us that they knew how to complain and would feel comfortable raising issues with the registered manager. One person said, "I've got their number so I would just call them." The provider kept a record of all complaints received and the actions that they had taken. Records showed that the provider investigated complaints and took appropriate actions to address them. For example, one person had complained staff were rushed when providing care. In response, the registered manager carried out a review of the person's care and additional time was added to their care plan to ensure domestic tasks could also be covered within the care call. However, we found where complaints had been raised about staff punctuality; this theme had not been picked up and addressed. We have reported on this further in the Well-led domain.

Requires Improvement

# Is the service well-led?

## Our findings

People told us that they thought the service was well-led. One person said, "[Registered manager] came to see me the other day. We had a long chat, like old friends." Another person said, "It seems to be managed ok." A relative said, "[Registered manager] sees me at least once a week." Another relative told us, "[Registered manager] is very good and very helpful; I would feel comfortable approaching him."

Despite positive feedback on the management at the service, we identified some shortfalls in record keeping and governance. Audits were identifying areas for improvement, but actions to address them were not robust enough. For example, where we found shortfalls in medicines records that audits had identified gaps on MARs for the previous five months. In each case the action taken was 'carers reminded to account for any gaps on the MAR chart as it is a legal document'. Despite this, gaps on MARs continued and we also found gaps on more recent records. The provider also audited care records and we found that identified issues had not always been addressed. For example, a recent audit of one person's notes recorded that staff would be reminded to record in a less task-focussed way and to document the person's involvement in care tasks. We noted that daily notes following this did not document the person's involvement. Whilst risks were assessed and managed appropriately, we did note that some care plans and risk assessments lacked detail and were generic.

We received mixed feedback on the punctuality of staff. One person said, "The time is very flexible, it doesn't bother us though." Another person said, "They [staff] are on time, very much so." A relative told us, "They come at the time agreed." Another relative told us, "They do their best. They're supposed to come at eight o'clock but it's sometimes ten past." Another relative said, "Their time keeping is atrocious. That is something they need to work on."

Robust action was not always taken in response to people's feedback. We noted that regular surveys and spot checks were carried out and people's views were documented. Whilst most feedback was positive, we noted three people had highlighted staff punctuality as an issue in surveys. We also found a spot check where another person had raised punctuality as an issue and we received feedback from three people that staff did not come at the expected time. We asked the registered manager about this and they said they usually came within 15 minutes of care calls. Records showed this to be correct in most cases, aside from where there had been emergencies or recent extreme weather. However, there was no policy in place to set out the providers aims with regards to time keeping and therefore there was a lack information for people on what to expect.

A third of the people and relatives we spoke with said time keeping was an issue they had raised with the provider. We also found two people had raised punctuality with the provider as a part of spot checks and surveys. Complaints records also showed two complaints that said staff seemed rushed. Despite this having been raised, one relative told us that they found a continued lack of punctuality from staff.

The failure to respond robustly to audit findings and survey responses was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

We saw that checks were being carried out to monitor the quality of people's care, even though actions were not always addressing shortfalls. The provider also carried out frequent spot checks of staff that involved observed practice. The registered manager carried out all reviews and used these as an opportunity to gather feedback. We saw that surveys were carried out annually and aside from feedback on time keeping, the majority of feedback people gave on the service that they received was positive.

Staff felt supported by management. One staff member said, "They [management] give us a lot of support." Another staff member said, "It is a small company so it feels like home, we have really good communication." Staff had regular meetings and these were documented and actions were taken in response. For example, at a recent meeting staff were reminded to ensure they use the electronic call monitoring system. We checked the system on the day and it showed staff were using it to ensure call times could be checked. Staff had regular one to ones with management and said they found the registered manager approachable. A recent staff survey showed staff gave positive feedback on the work they did and the support that they got from management.

The provider had a vision for the service and was identifying ways to improve and achieve this. Before the inspection, the provider completed a provider information return (PIR). This outlined what the provider felt they did well and any improvements that they planned to make. We found that improvements the provider had told us about were being implemented at the time of our inspection. Introduction of new formats for training and supervision were underway at the time of our visit. The provider told us they would be introducing an electronic call monitoring system and this had been implemented. The provider was also working with the local authority quality assurance team following some concerns with staff practice. They had provided a report with recommendations for the provider and they had started to implement these. This showed an open approach and a willingness to improve.

The provider worked with community organisations to improve people's care. We saw evidence of involvement of the local authority and the clinical commissioning group (CCG) when planning people's care. The provider demonstrated an understanding of local information and advice services. We saw evidence of one person being supported to access a free benefit advice service. We also saw evidence of another person being referred to the local fire and rescue service where a risk assessment had identified a potential fire risk in the person's home.

The provider understood the responsibilities of their registration. Providers have a duty to notify CQC of important events such as deaths, serious injuries and allegations of abuse. We found that where required, the provider had submitted notification to CQC in line with their duties. The registered manager demonstrated a good understanding of when to submit notifications to CQC when we spoke 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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to maintain accurate records relating to people's medicines.<br><br>Information in risk assessments was not always detailed. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not respond robustly to findings of audits and surveys. |