

Stockport Metropolitan Borough Council

REaCH

Inspection report

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16 October 2019






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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

The Reablement and Community Home Support (REaCH) service is a team providing care and support in people's own homes. The service provides short-term support for people who need help to regain their confidence and independence. The team is made up from professionals from both the NHS and Stockport Metropolitan Borough Council. At the time of the inspection the service was supporting approximately 170 people.

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

The service had not always assessed the individual risks to people's health and wellbeing.

We found the administration and management of medicines was not always safe.

Audit systems and processes had been established; however, they were not always robust enough to operate effectively to ensure compliance with the regulations regarding medicines and risk assessments.

People we spoke with were very happy with the service they received and would recommend it. One person told us, "I am more than happy with the service. They [staff] are very, very kind and very, very helpful."

The service was made up of professionals from several teams and disciplines. People received a high quality, holistic approach to supporting them to maintain their independence in their homes. People received appropriate and timely referrals to other relevant support services.

Staff were highly trained and supported by management to provide a high quality, personalised service to people.

The service provided an inclusive, caring and well-managed approach to end of life care from staff who were well-trained, skilled and supportive to people and their families.

We received very positive feedback about the registered manager and management team. Staff told us they were approachable, caring and very supportive. One staff member told us, "They're fantastic; I can't fault them."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

Another location, Ashlea House, was previously registered to provide this service until it deregistered on 27 July 2017. REaCH registered with us on 8 October 2018, therefore as there was a break in registration of this service, CQC class it as a new service and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Enforcement

We have identified breaches in relation to safe medicines management, people's risk assessments and governance systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

REaCH

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is registered as a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 15 October 2019 and ended on 16 October 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, team managers, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data and policies sent to us.

Is the service safe?

Our findings

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

This is the first inspection for this service registered since a change of location and manager. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service had not always assessed the individual risks to people's health and wellbeing.
- The service had a generic hazard assessment in place. However, in the care records we reviewed we found people did not have individual risk assessments in place. Information found in care records indicated the people were at risk of harm from specific conditions. For example, one person had a high risk of falls. However, assessments and plans for the management of this risk were not in place.

People had been placed at the risk of harm from not having individual risks assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded and told us they would ensure all people currently receiving a service would be assessed for any individual risks.

Using medicines safely

- Medicines were not always administered and managed safely.
- We reviewed medication administration records (MARs) and found the required recordings were not always completed and found concerns that people were not receiving their medicines as prescribed. For example, MARs were not always signed when medicines were given, and one person had continued to be administered their medicine after the time-specified period. Recordings on the MARs did not adhere to the service's medication policy. One person, who was prescribed a controlled drug pain patch, did not have a body map in place to identify the 7-day rotational placement of the patch. It is important to know the site of the patches as they must not be placed on the same site on the body for a three-week period.
- Staff who administered medicines had received training, underwent observations and had their competencies checked. The management team had also carried out audits of MARs as part of care plan audits. However, they had not identified the concerns found during our inspection.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded and told us they would ensure the staff involved would receive extra

supervision. They also told us they would be implementing a more robust auditing system for medicines administration and management.

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work. This recruitment was managed by the local authority.
- Staff were organised into small teams covering the areas of Stockport. The management team told us they covered any staff absence with existing team members to try to ensure continuity of care for people. People we spoke with told us staff turned up on time for their visits.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received up to date training in infection prevention and control.
- Staff told us they were supplied with sufficient personal protective equipment (PPE). This included disposable aprons, gloves, hand gel and foot protectors.
- Staff confirmed they always use the appropriate PPE when providing support to people.

Learning lessons when things go wrong

- There was a policy and clear procedure for staff to follow in the event of accidents and incidents. Staff were aware of what to do and the registered manager told us they would respond appropriately dependent upon the severity of the incident.
- Systems were in place to respond to issues that might affect the service. The service had a bespoke contingency plan for unforeseen circumstances, such as a flu outbreak or fuel shortage.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff were clear in how to respond appropriately to any concerns. The registered manager was knowledgeable around their responsibilities to safeguard people and ensure the necessary action was taken.
- People we spoke with told us they felt safe when receiving care and support from the service. One person told us, "I felt very safe when they were here."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service, registered since a change of location and manager. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received a service from staff who had the skills, training and experience to provide an effective service.
- The service team was made up from professionals from the local authority and also worked in collaboration with other healthcare workers. The team were trained in their own discipline and also underwent the service's mandatory training schedule.
- A training matrix was in place to give managerial oversight of staff training requirements. Staff received regular supervision and appraisal from the management team. Staff had their competencies checked during regular observations of care carried out in people's homes. New staff underwent a comprehensive induction followed by a probationary period.
- Staff told us they felt well trained and very supported to carry out their role. They also told us they were supported to take any additional training. One staff member told us, "I have had more than enough training. I've had extra training with the local hospital and the hospice." Another staff member told us, "I have supervision, but I don't have to wait for it... [manager] is brilliant; compassionate and caring. They would not ask you do anything they wouldn't do themselves."

Ensuring consent to care and treatment in line with law and guidance;

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Staff had undergone training in the MCA and demonstrated their awareness of the need to gain consent before providing care and support.

- People had signed their consent to care plans and where necessary, a best interest assessment had been held. The service carried out checks to see if relatives had the legal safeguards in place to make decisions for people who did not have the capacity to do so.
- Staff we spoke with demonstrated a good understanding of gaining consent to provide care and support. They told us they always asked permission before assisting someone. People we spoke with confirmed staff always gained consent. One person told us, "They [staff] always asked if it was okay to do something and asked me what I wanted."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed before they received a service to check to see if the service was appropriate to meet their needs. A plan of care detailing how these needs would be met was developed and kept under review for their short period of reablement.
- Staff were informed of any changes in people's current care needs. The service kept care records and communication sheets in people's homes. Staff also carried mobile phones connected to a live care planning system. This allowed staff to be informed of any changes in people's current care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager told us the service was not currently supporting anyone who had specific dietary requirements or anyone who needed full assistance with eating their meals. However, support workers help to prepare meals for people if this is part of their care needs.
- Staff had received training in nutrition and hydration and people's individual nutritional needs were addressed in care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- The service had close links with a range of health and social care organisations and there was a strong emphasis on an holistic approach to people's needs and help them achieve their short-term goals. The service had access to a range of other services, such as the equipment service, day care and short-term housing.
- The service worked closely with the local hospital to help prevent admissions and also to facilitate discharges home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service, registered since a change of location and manager. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they felt very well treated by staff who visited them. One person told us, "The service was very good, and the staff were great."
- Staff we spoke with described how they always promote people's independence and choice when providing care. They told us they encourage people to do things for themselves and said, "I would see what people can do themselves. The person is in control; no-one wants to have someone else do it for you... Everyone is different."
- An equality and diversity policy was in place and staff had undergone training. The registered manager demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- One team manager gave us examples of how they respect equality and diversity in service delivery. For example, one person had moved from another country and had limited English language. The service had supported them to find English classes and supported them to the first session before the person attended independently.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in decisions about their own care and support delivery.
- Care documentation was written to ensure people were able to make specific decisions around their care. An example from care records states, 'This plan will focus on your abilities, aspirations and wishes, and concentrate on helping you to live as independently as possible.'
- People were asked at each visit how they would like their care delivered. One person told us, "They [staff member] speaks to me respectfully and always asks if I want this or that...they are absolutely great."
- The service had received a very large amount of thank you letters and cards for the kind and caring support people had received. One person wrote, "Absolutely phenomenal team. I cannot fault anything; they have gone out of their way for me. 5 stars." We saw where a professional colleague had sent in a compliment regarding a support worker. They had gone above and beyond when they sat and waited with a poorly person for several hours after their shift ended, whilst waiting for an ambulance for the person.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained during care delivery. One person told us, "Yes, I was definitely treated with respect. They [staff] did whatever I asked them to and they were

very polite and caring." Another person told us, "They helped me get back on my feet and do things for myself...They didn't rush me and were very kind. I would recommend them anytime."

- The aim of the service is to enable people to achieve a level of independence to that or greater they enjoyed before requiring support.
- The service had been awarded the Daisy Dignity in Care award for good practice. This was alongside several other awards, such as the Care Team Award.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service, registered since a change of location and manager. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were person-centred and specific to the individual and their needs. They had been written and reviewed with involvement of people and those important to them. Sections in care plans included information around what is important to individuals. For example, how they would like to be supported at each visit.
- Care documentation was clear around people's involvement and control of their care. This included statements about people's care, such as, 'This will be jointly devised with you so that we can understand what is important to you, who is important to you and how we can support you now and in the future.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard (AIS) and staff had received specific training, such as enhanced communication skills and dual sensory loss awareness training.
- The service had the facility through the local authority to be able to provide information in many different formats, such as large print, braille and other languages.

Improving care quality in response to complaints or concerns

- The service was part of the local authority and used their corporate complaints policy and procedure. People were made aware of how to complain with information included in the front of people's care plans and a booklet given to them at the start of their service.
- We reviewed the complaints procedure with the registered manager and they told us a staff member would go out and speak to the person face to face to try and resolve any concerns. However, if it was a more serious concern, the registered manager would go and visit the person to try to resolve any issues.

End of life care and support

- The service provides an enhanced level of support to people and their families at the end of their life.
- The service has a team of support workers who are part of a multi-disciplinary team specifically to care for people nearing the end of their life. The registered manager talked passionately about how the service cares

for people and their families. The service has close links with a local bereavement service and works with district nurse teams to review people's care to ensure continual improvement. The service also works closely with hospital teams to facilitate a quick discharge if someone wishes to be at home for their end of life.

- Staff have received extensive training in end of life care, some of which was provided by district nurses and the local hospice. Staff told us they had training in oral hygiene and care for people's oral health as part of the service. However, they pay particular attention to people's oral care at the end of their life as part of making people as comfortable as possible.
- The service had received an award for their end of life care and one end of life staff member told us, "I just love working here because I feel passionate about what I do."

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.

This is the first inspection for this service, registered since a change of location and manager. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audit systems and processes had been established; however, they were not always robust enough to operate effectively to ensure compliance with the regulations.
- Concerns with the omissions of risk assessments and the safe management and administration of medicines had not always been identified and actioned. Therefore, any risks to people had not always been mitigated.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service provided person-centred care. People had been fully involved in decisions during care planning and about their care on a day-to-day basis. It was evident the service focus was about enabling people to achieve their best outcomes.
- The management team were open and transparent throughout the inspection process and shared with us their aspirations and plans to continually improve the service.
- Staff we spoke with were happy in their roles and felt very supported and listened to by the management team. One staff member told us, "The managers are approachable, and I feel I can question practice. I wanted a bit more experience in another team and they facilitated this."

Continuous learning and improving care; 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 registered manager was knowledgeable around their regulatory requirements and wider legal requirements. The service was part of a local authority and received support from other departments and teams.
- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.
- The registered manager told us a new quality team manager had just started in post. The registered

manager told us they wanted to continuously improve the quality of the service. This involved regularly visiting people in their own home to conduct quality visits. They told us, "I have a fantastic team, but there is always room for improvement."

- Staff were supported and encouraged to improve their knowledge, expertise and continual learning. They underwent a comprehensive suite of training, both mandatory, external and specific to people's differing needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively sought people's views on the service and the introduction of the quality team manager meant this would be enhanced further. We saw feedback from people was analysed, acted upon and fed into service delivery.
- There was a strong staff team who were supported with their continual, professional development. We saw there was a programme of regular internal team meetings alongside multi-disciplinary meetings with teams
- The registered manager was knowledgeable about people's protected characteristics and equality and diversity was promoted throughout the service involving both service users and staff.

Working in partnership with others

- The service worked very closely with a number of other departments and agencies to provide a fully holistic service to people. People were supported to access other services during their period of reablement and after the service had finished.
- The registered manager gave many examples of collaborative partnership working, particularly with community and third sector organisations. For example, the service was working in partnership with two local social housing services, NHS therapy and mental health services. This is to provide eight flats for people who require reablement but have other specific needs.
- The registered manager was passionate about working collaboratively with other services and saw this as key to the future of the service. They told us, "I have been given the opportunity to do what I can. I have a great team to be able to go forward with and improve the service."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Individual risk assessments were not always in place.</p> <p>Medicines were not always administered and managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audit systems and processes were not always robust enough to operate effectively to ensure compliance with the regulations.</p>