

Reedsfield Care Ltd

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Inspection report

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Date of inspection visit:
14 March 2023

Date of publication:
06 April 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Reedsfield Care Ltd is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people living with dementia and those with enduring healthcare needs. At the time of our inspection, there were 70 people receiving a 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.

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

People were cared for by a sufficient number of staff who were given enough time to spend with people and travel time between calls, which helped them arrive on time. Staff were given sufficient guidance around people; their care needs and potential risks. This enabled them to help ensure people remained safe in their own home whilst receiving appropriate, person-centred care.

People were cared for by staff who received appropriate training. This helped ensure staff were confident and competent in their role. Staff were able to describe what they would do should they suspect a person was the subject of abuse. They were also able to tell us how they treated people with dignity, encouraged their independence and enabled people to give their consent and make their own decisions in relation to their care.

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. Staff empowered people to make own decisions about their care and support and consent was sought in line with legislation.

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 anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture (RSRCRC), as it is registered as a specialist service for this population group.

People were happy with the care they received from Reedsfield Care Ltd. They were given regular opportunity to feedback their views on the service and they were provided with clear information on how to make a complaint should the need arise.

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

Rating at last inspection

The last rating for this service was good (published 14 July 2021).

Why we inspected

We received concerns in relation to staff not fulfilling their contracted support hours. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 remains good, based on the findings of this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Reedsfield Care 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.

Inspection team

Our inspection was completed by two inspectors and an Expert by Experience. 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 and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 14 March 2023 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service and their family members and inspection

activity ended on 17 March 2023.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service to obtain their views on the care they received and 10 relatives. We spoke with the registered manager and 8 other members of staff. We reviewed a range of documents. This included the care plans for 6 people in varying detail, 10 medicines records, 6 staff files in relation to their recruitment and various other documentation relating to the running of the service, such as training and supervision records and audits.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service operated safely and ensured there were enough staff to support people safely. Packages of care were not commissioned if management did not feel they had adequate resources to meet people's needs.
- People told us staff time keeping was good. One person said, "Timing is excellent and usually within 20 minutes of the designated time. If they are late they ring me, communication is brilliant. They always keep me informed." Another told us, "They are always on time and always stay the duration of the allotted time. They are friendly and professional."
- The registered manager told us they adjusted the number of calls staff did in order to ensure the service was able to fully meet people's needs. Scheduled visits were clustered in 'runs' to facilitate the same members of staff to get from person to person in a timely way. This meant that people benefitted from the continuity of care. One person told us, "I have same person Monday to Friday and then the same person on a Saturday and Sunday."
- Staff told us they were not rushed and had enough time with each person. One told us, "Our runs have been designed in such a way that they are clustered together. For example, I only have 4 clients on my run so that I can be in a position to reach everyone on time and travel time has been taken in to consideration."
- Some staff described to us that at times, they finished their tasks early and the person permitted them to leave. In such instances, they notified the office. We discussed this with the registered manager, who told us that if this were a regular occurrence, they reviewed the package of care, adjusted the allocated time accordingly and notified the funding authority.
- Staff were recruited safely to the service. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- The service supported people with their prescribed medicines. There were procedures and systems in place to provide this support safely. This included having appropriate medicines administration records to document when staff supported a person to take their medicines. Family members confirmed that their relatives got their medicines as prescribed. One said, "They support [relative] with their medication, they take great care of it and write down what is given. They lock it away in a cupboard to be safe."
- Staff completed medicines support training and the registered manager had assessed their competency to do so. Their competencies were reassessed at each field observation the registered manager or care coordinators completed. One member of staff told us, "If we administer medicines, we have to make sure there is one week's supply remaining. This makes sure the medicine does not run out and allows enough

time to be reordered."

- Care workers completed Medicine Administration Records (MAR) and these were brought back to the office for auditing purposes. This helped to ensure people continued to receive their prescribed medicines. Any themes noted, including any incidents or errors, were discussed in staff meetings as a learning opportunity. We discussed the use of blister packs with the provider. They agreed to review the blister pack system with the pharmacist so that the MARs were more aligned with the contents of the blister pack.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People told us they felt safe with the staff supporting them. One told us, "They always make sure that my phone is by my side, they make me feel safe and secure. They make sure they put my phone by my side before they leave."
- Staff received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team.
- Staff were clear about their responsibility to report any concerns, and how to escalate concerns as necessary. One member of staff told us, "It is my duty to ensure that the people I work with do not come to any harm. For example, if I notice a bruise, finger-marks on a person's arm I will raise this with the office and also complete an incident form, as well as body map." Another told us, "The client might say something out of character which may make me concerned and will speak with my manager about this."
- There were no current safeguarding concerns. The registered manager understood their responsibilities in relation to safeguarding, including how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to stay safe and free from harm and were protected from identified risks by appropriate risk management plans. People's needs were appropriately assessed before care commenced. The registered manager assessed risks to people's safety and well-being. Care and risk management plans considered people's known health conditions, eating, drinking and mobility needs.
- One person told us staff were aware of their particular risks and were trained to safely use their required equipment. They said, "There are always 2 people to support me when I have to be hoisted. They explain what they are doing at each step and talk to me throughout about what they are doing."
- Staff understood people's individual risks and told us they followed guidance in risk assessments. They had easy access to all information on their handheld devices. One told us, "Risk assessments are very informative, I get to understand how best to attend to my client. For example, if they are a known diabetic, then I know that I must be careful to make sure they get their meals on time."
- The registered manager had a system in place to monitor accident, incidents, complaints and compliments. There had been no significant accidents or incidents. Learning was shared with the staff team in team meetings and via email. One member of staff told us, "We get emails sharing any learning, for example if there is a medicine mistake. This is a really good way to share and learn from each other."

Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. People confirmed staff were following correct infection control procedures.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider before their care began. The registered manager or care coordinator met with people and their relatives and reviewed any professional reports to draw up a care plan based on their needs and preferences.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care, such as their relatives and any relevant health and social care professionals.
- People had good outcomes from the support they received. Some described how they were supported to use the stairs in their home again. One person told us, "They come in at lunchtime and help me exercise. They encourage me and always say that they want me to be as good as I can be." Another said, "I was told at hospital that I will never walk again but with the encouragement of the carers, I can stand up now and do a few steps using a Zimmer frame."
- Care was provided in line with relevant national guidance. The registered manager kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.

Staff support: induction, training, skills and experience

- People and family members said care staff were competent and experienced. Family members told us, "When things go wrong they don't panic, they call the appropriate person or agency and get it dealt with, they also call me to let me know what action they have taken". Another said, "They are very good at spotting anything. For example, [relative] had a swollen leg and they rang the doctor straight away."
- Staff received regular training relevant to their role on key topics including dementia, health and safety, moving and handling, infection control and food hygiene. They were supported to complete the care certificate and diplomas in care, nationally recognised qualifications, to ensure they had the required skills and knowledge.
- Staff spoke positively about the training they received and said, "It was very good, for example, when dealing with some behaviours which challenge, it is about giving time to the person, how to calm the situation and communicate clearly." They also described their induction period when they started work. This included shadowing more experienced staff until they felt confident in their role. A member of staff told us, "I did a lot shadowing before I started working on my own. There are very high standards here and the manager made sure I was doing everything right before I was able to properly support people on my own."
- Staff received regular supervisions with the registered manager to discuss their role, performance and said they found these supportive. A member of staff told us, "I have this every three months. I find this beneficial as I get feedback about my work. It is good to step away from the day to day work and discuss with my

manager. We discuss and agree action points; for example, my aspirations and areas for career development." Another told us, "It is useful because we discuss what we need to do the job."

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

- The service ensured people's healthcare needs were recorded and that staff were aware of those needs. A family member said, "[Relative] has a catheter and they always keep an eye on it, as sometimes it needs immediate attention."
- Staff had access to people's care plans on their handheld devices and were made aware of any changes to people's support needs. One told us, "We have good information regarding past health history and so you know what to do in case something happens."
- The service engaged with people and their families to support people to maintain good health and access healthcare services. This included helping people to liaise with a GP or pharmacist. We saw the registered manager recorded whether they or family members would take the lead in arranging any healthcare appointment. Staff told us they supported people to access healthcare professionals, "If for example I am really concerned about a person, I will ring the GP surgery and inform the office."
- The provider recorded people's food preferences and dietary needs in their care plans and staff prepared meals in line with these where agreed. They could describe people's preferences and particular needs, for example, how a person should be positioned when eating their meals. A family member told us, "[Relative] is being well looked after. They always ensure [relative] is eating and drinking regularly. "

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 MCA 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.

- People received care in line with the Act. The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity and made decisions in their best interest, consulting their relatives and others involved in their care. They checked whether anyone had legal authorisation to make decisions for people and consulted with them if so.
- People and their relatives told us that their consent was sought by the care workers before they were supported during their visits. One person told us, "They always ask my permission before they do anything."
- Staff completed MCA training and encouraged and supported people to make their own decisions. One told us, "We know all our clients are vulnerable but the underpinning point is that they have Capacity to make right and wrong decisions. This can vary different days so we always need to give choices and ask for consent." Another told us, "I am there to enable and empower people to make choices. I always seek consent before I do anything. It is not right to assume that people cannot make a choice."

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 good. The rating for this key question has remained 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

- There was a framework of governance underpinning the service to check people received a good standard of care. The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and use of PPE and telephone monitoring calls to people and their families.
- They also conducted unannounced checks on staff in people's homes. These checks assessed staff timeliness, personal presentation, whether they greeted people appropriately on arrival, provided care as planned and always treated people with compassion and respect.
- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions, observations, and appraisals. Staff kept in touch with each other using secure social media. Staff spoke positively about how the registered manager used effective communication methods to keep them informed about people's needs and changing conditions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families in a meaningful way. The registered manager and care coordinators regularly contacted people to seek their views on the service provided. Records of this contact showed people were asked about the approach of care staff and their punctuality, if they were included in decisions about their care and if they had any suggestions for improvements.
- A family member told us, "[Care coordinator] does fortnightly checks and talks things through. Sometimes they suggest a slight change and always listens to me and takes my suggestions into account." Another said, "[Registered manager] is always very easy to reach and is very approachable" and "Whenever I ring the office, I feel listened to and it is always a two way conversation."
- The provider regularly sought people's feedback on the quality of care they experienced. We saw that people's feedback was acted upon, for example, people requested to have the same regular carers. The registered manager reviewed packages of care and allocated the same core group of staff to individuals. They told us, "We now use the same team of carers for individuals so that they get to know the person well and can quickly pick up on any decline. It also means that the person gets to know the carers and feel more comfortable with them."
- Staff told us they felt valued in the work they did. One said "I feel valued in the way information is passed

down to us, all the sharing, there is mutual understanding and respect amongst us all. There is no sense of power imbalance." Another told us, "The management team is really good, they are very supportive in how they give me feedback."

- Staff meetings were held to update and inform staff. We were told, "[Staff meetings] happen every month. We can't always be there but we have the chance to ask questions and see other colleagues." Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.
- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. A family member told us, "They call the district nurse as necessary and notify me at the same time. They always stay with [relative] until the nurse arrives"."

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; Continuous learning and improving care

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. There were no incidents which met the duty of candour threshold. People, relatives and staff told us the registered manager was open and transparent.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.
- Family members told us they could not think of anything the agency could improve upon. One said, "I would recommend this company to anyone and indeed I did to a neighbour and they are just as confident with care."
- Staff said the registered manager welcomed their suggestions and ideas for improvement. One told us, "When I bring to their attention that perhaps the allotted time with a client is not enough to deliver good care, they will respect my point of view and reassess the person."