

Request Services Limited

Request Services 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?

Requires Improvement 

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

Request Services Ltd is a domiciliary care service providing personal care to 33 people at the time of the inspection. The service provides support to children and adults, some of whom have a learning or physical disability or who may be living with dementia. The service provides both homecare and critical care packages for people with complex health care needs. People receiving the service's critical care lived with complex health care needs.

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

Processes to monitor the quality of the service provided were not always operated effectively nor were all records either available or fit for purpose. There had been a failure to ensure all staff received sufficient supervision of their work or had updated all of their training at appropriate intervals, to ensure it remained current. Recruitment processes were not sufficiently robust, as a result not all of the required evidence of staff's suitability for their role had been obtained or was available for review.

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. We have made a recommendation that the provider reviews the Mental Capacity Act 2005 and guidance about the recording of assessments and decisions.

Potential risks to people had been assessed and processes were in place to protect people from the risk of abuse. Staff were expected to report any incidents, and these were reviewed to ensure any required actions were taken and lessons learnt. People received their medicines as required.

Although the registered manager tried to promote a positive culture focused on meeting people's needs; they had not effectively assured themselves office staff had always completed delegated tasks to the required standard. People told us communication from office staff was an aspect of the service which could be improved.

People had holistic care plans in place which addressed their physical, mental health and social care needs, including their nutritional needs. Staff supported people to maintain their health and liaised with other agencies as required.

People were well treated and supported by staff who respected their right to be treated with dignity. People were supported by staff to express their views. People had personalised care which respected their needs and choices. Staff would support people with their end of life care where this was their wish.

Processes were in place to seek and act upon people's feedback on the service. People and their relatives were pleased with the service they received.

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

Rating at last inspection

The last rating for this service was good (published 15 November 2017).

Enforcement

We have identified breaches in relation to governance, staff support, staffing and records at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Request Services 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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 start of inspection activity. This was because we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 14 November with calls to people and ended on 19 November 2019. We visited the office location on 18 and 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

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. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided and six relatives. We spoke with seven members of staff including two care staff, the nurse, three office staff and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- Recruitment processes did not ensure all of the required evidence of staff's suitability for their role was retained and available for review as required. The registered manager told us they had verified staff's identity; however, they had not always kept written evidence so we could review it.
- Staff had not always provided, as required, their date of finishing full-time education or a full employment history. Staff had not always been asked to provide details of any health conditions which may impact upon their ability to carry out their role.

We found no evidence that people had been harmed, however required information in relation to people's pre-employment checks was not always there or was not available to review. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was introducing a staff recruitment checklist but this had not yet been fully implemented at the time of the inspection.

- The registered manager had completed other relevant pre-employment checks on staff such as a disclosure and barring service check and reference checks.
- People told us they received their care overall in a timely manner, when they wanted it. Staff were recruited specifically to work with people who required critical care and each person had their own dedicated team. People and their relatives told us this was beneficial to the person's care. Their feedback included, "There is consistency in the team" and "We have a stable team which is important."

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place and people were provided with information about how to keep safe in their service user guide. Care staff undertook safeguarding training when they commenced their role. Those staff we spoke with understood what safeguarding was, their responsibilities and what to report.
- People's relatives told us when safeguarding alerts had been raised about their loved ones, they felt the registered manager had acted appropriately. A relative told us, "Yes, when there was a safeguarding issue, Request did the right thing." Another relative told us how the registered manager had completed an investigation and taken relevant action when an issue arose.
- The registered manager understood the need to minimise any controls on people's freedoms. Where an incident had occurred which infringed the person's human rights, they had taken swift and decisive action to prevent the risk of repetition.

Assessing risk, safety monitoring and management

- Potential risks to people had been identified and assessed either by staff or relevant healthcare professionals. Where risks had been identified there were plans in place to manage them. One person told us, "Staff have good knowledge about the risks." A relative said, "Absolutely, [loved one] is safe in their care."
- A relative told us that due to the provision of care at home for their loved one and their detailed risk assessments the person was able to enjoy a greater variety of foods and freedom in what they ate. They told us this was as the staff team had a good understanding of what they could eat and when.
- If people presented with behaviours which staff could find challenging, there was written guidance for staff to follow. This described what the behaviours were and how they should respond.

Using medicines safely

- Staff completed the provider's medicines training when they commenced their role. This included an assessment of their competency. Where people received their nutrition directly through a percutaneous endoscopic gastrostomy (PEG). A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach. Critical care staff who provided this care had completed relevant training and had their competency assessed.
- People told us they felt confident in staff's abilities to administer their medicines. Staff had access to medicines guidance.
- Staff were instructed about what medicines or topical creams they were required to administer for people and how. Staff were provided with guidance about how and when to give medicines people took 'as required.' Staff signed for the administration of people's medicines on a printed medicine administration record.

Preventing and controlling infection

- Staff had completed training in infection control and food hygiene and had access to relevant guidance. Staff told us they had ready access to gloves and aprons which they wore during the provision of people's care. A relative confirmed, "They wear the gloves and aprons."

Learning lessons when things go wrong

- Staff spoken with told us they were required to record any incidents and report them to the office. A relative confirmed, "The carer identifies and raises any issues." The registered manager reviewed any incidents to ensure any required action had been taken to reduce the risk of repetition. This included updating relevant staff regards any lessons learnt following incidents.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Care staff had completed the provider's required training, however not all of the 102 care staff had updated all of this training at appropriate intervals. Not all care staff had updated their medicines knowledge annually as per good practice, to enable their on-going competency to be assessed. Nor had they all regularly updated their safeguarding or moving and handling training. Not all office staff who had contact with people had completed the providers required training, for example, on safeguarding, or the Mental Capacity Act 2005 to ensure their knowledge was current.
- Care staff who provided critical care to those who lived with complex care needs were required to undertake additional training and care competencies with the provider's nurse. The registered manager told us they required critical care staff to update their training annually. Records showed all of them had completed the provider's initial required training, however one had not then updated their knowledge for 23 months and others for 15 months. Although relatives told us staff were well skilled, there was a potential risk as not all critical care staff had updated this training.
- The provider's required training was based on the requirements of the Care Certificate, which is the industry standard induction. However, few staff had achieved the Care Certificate, which would have demonstrated staff's competency in their role following their induction.
- New care staff worked alongside a more experienced and skilled member of staff throughout their three-month probation and told us they felt well supported. However, they did not receive formal supervision or spot checks from senior staff, to enable the registered manager to assure themselves of their progress until the end of their probation.
- The providers supervision policy required staff undertake four supervisions per year. Not all staff had received this level of supervision and some had not received any this year. Not all staff had received spot checks of their work as per the provider's policy. Not all staff had received an annual appraisal of their work. Although staff spoken with all told us they felt well supported the provider was not complying with their own policy.

The failure to ensure all staff received sufficient supervision of their work and were required to update their training at appropriate intervals placed people at potential risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They informed us they had arranged additional training sessions through an external trainer in order to bring staff's refresher training up to date.

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.

- Of the records we reviewed, two people lacked the capacity to consent to the provision of their care, including the administration of any medicines. Although people's relatives told us staff had fully involved them in decisions about what was in their loved ones' best interests. There was no written record of the steps staff had taken to demonstrate people's capacity had been assessed. Or how they had determined the decision to provide the care was in the person's best interests, as per good practice guidance.

We recommend the provider reviews the MCA 2005 and related good practice guidance about the recording of the assessment of a person's lack of capacity to make a specific decision and how the decision was reached that it was in the person's best interests.

- Care staff had undertaken training on the MCA and the Deprivation of Liberty Safeguards. Staff obtained people's written consent to the care provided, where they had the capacity to understand this decision. The registered manager told us where people had appointed a power of attorney to make decisions on their behalf, they requested a copy to enable them to check what decisions the power of attorney could make for the person.

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

- People had holistic care plans in place which addressed their physical, mental health and social care needs. People were asked about their religious needs during their initial assessment. Staff understood and respected people's religious beliefs and wishes.
- The registered manager told us they kept themselves and staff updated on developments in practice through updates received from the Home Care Association, the clinical commissioning group and CQC. They also received national patient safety alerts. The providers policies were regularly reviewed and reflected current legislation and guidance.

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

- People's food preferences, needs, and any risks associated with eating and drinking had been documented to guide staff. Staff had access to relevant information/assessments from professionals such as speech and language therapists (SALT). Staff documented what people had eaten in their daily records.

Staff working with other agencies to provide consistent, effective, timely care

- People had a member of the office team who was responsible for overseeing their care, this ensured they had a main point of contact for any issues. Care staff had access to records at the person's home to update themselves about any changes to the person's care and they were also informed of changes by phone or email.
- People and their relatives told us staff worked effectively with other agencies. One person told us how staff

attended their multi-agency reviews of their care. A person's relative told us how helpful staff had been in liaising with a health care professional for them.

Supporting people to live healthier lives, access healthcare services and support

- People's records documented their health care needs and included oral health. Staff monitored people's well-being and reported any concerns. A relative told us, "They [staff] are very good at knowing when [loved one] is not right and tell me." Staff supported people to attend health care appointments where commissioned to provide this level of support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were treated with kindness and compassion during their day to day care and support. Relatives feedback included; "[Loved one] is well cared for" and "they [staff] genuinely care about [Loved one]."
- People and their relatives told us they enjoyed long and positive relationships with care staff. They felt they were cared for by a good staff team. A relative said, "They [care staff] are part of the family."
- Staff knew and respected the people they cared for. People and their relatives said staff had a "good rapport." A person said, "They [staff] understand what I want." Staff told us they read people's care plans before they provided their care, to get to know them, their history and preferences.
- Staff were provided with information about people's individual communication needs. A relative whose loved one communicated non-verbally said, "They [care staff] understand how [loved one] communicates through expressions and movement."

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

- Staff understood when people needed their relatives to be involved in planning their care. Staff ensured relevant people were involved in planning people's care. People were provided with information about accessing advocacy services should they need it.
- People's care plans contained information about what decisions they were able to make for themselves, to guide staff. They were directed to enable people to exercise choice.
- Staff encouraged people to be independent in areas of their lives where possible. A person told us how they prepared the parts of their meal they could and staff assisted them with the riskier elements. This enabled them to retain some independence.
- People and their relatives told us care was provided in an unrushed manner. A relative said, "They [staff] all have a chat and a laugh" and "[Name of staff] sits and chats with [loved one]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted during the provision of their care. Staff understood and recognised people's need for privacy and this was reflected in the planning of their care.
- Relatives told us their loved one's preferences were taken into account when staff were employed. For example, a relative said "[Name of loved one] prefers younger staff where possible and Request try and arrange this." Another person preferred experienced staff who were provided.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 or their relatives contributed to the planning of their care. People's care plans were individualised and reflected their needs and preferences about all aspects of their care. A relative said, "There is a thorough care plan, which is reviewed annually or sooner if needed." Another relative confirmed, "We can update the structure of the care plan."
- Relatives of people who received critical care told us in addition to planned reviews, office staff went out to see people regularly. This enabled them to catch up and discuss any aspects of the care.
- Several relatives told us how the care provided enabled their loved one to live in their own home. They felt the care provided ensured their loved one experienced a more personalised and fulfilling life as they had a greater level of control.
- People's relatives told us they found the service to be responsive to changes in their loved one's needs. A relative told us how carers had noted the mornings were a rush and additional time was being negotiated with the commissioning authority.

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.

- People's communication needs had been noted and any equipment they used to communicate. The registered manager told us information could be provided for people in other formats as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were commissioned to provide some but not all people with support to enable them to go out and access their community and pursue their interests. Where this support was commissioned, people told us they were well supported. One person particularly liked travelling on the bus, so staff enabled them to do this. Staff supported another person with an aspect of their business, by providing their transport. People were able to access the community.

Improving care quality in response to complaints or concerns

- People and their relatives had been provided with information about how to make a complaint. They told us they felt confident in raising any issues which they felt were listened to. A relative said, "The office is very receptive to feedback. You feel heard."

- The registered manager investigated any complaints received in accordance with the provider's policy and took relevant action. For example, a person did not want a care staff to continue to provide their care. They were removed from the person's care package and the scheduling system was updated to prevent office staff from booking the staff member for the person.

End of life care and support

- No one was currently receiving end of life care. However, staff were able to access appropriate training as required. Staff who had provided end of life care told us they had felt well supported in their role by both the provider and external agencies.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- When audits were completed they were not fully effective at identifying potential issues or trends which required action. Audits of two people's daily notes showed their care calls were regularly shorter than scheduled. Staff auditing the record had neither identified nor addressed this. Nor had they identified that the reason for the call being shortened was not always recorded. Therefore, these issues had not been identified or addressed for people.
- There were trackers in place to monitor staff's training, face-to-face supervisions, spot checks, home visits and appraisals but not all staff were up to date with either their training or support. These issues had not been identified or addressed prior to our inspection.
- Parts of one person's records were not available for us to review. Although their relative confirmed their care had been provided. The registered manager had not taken effective action to ensure these records were available.
- Records were not always fit for purpose. Staffing rosters for the homecare staff had not been updated following recent changes, nor did they include travel time. On occasions two people were rostered at the same time for the same care call, or the time of their care calls overlapped, and they did not have sufficient time to complete both. Homecare staff told us in these instances they spoke directly with people to re-arrange their call times, to address this for them.
- The provider's website had not been updated to reflect the current service provision, so people could have been misinformed. For example, an old CQC inspection report was displayed from 2010.

We found no evidence that people had been harmed, however processes to monitor the quality of the service provided were not always operated effectively nor were all records available or fit for purpose. 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.

The registered manager responded immediately after the inspection. They informed us they had updated the website and ensured the correct inspection report was displayed. They had also updated people's staffing rosters.

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

- The registered manager understood their role. However, where they had delegated tasks to office staff,

such as training, supervision, auditing and scheduling. They had not effectively assured themselves staff had always completed these tasks to the required standard. In order to ensure people received fully safe and effective care.

- The registered manager had submitted notifications about events to CQC as required.

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

- People told us they felt the service was well-led by the registered manager whom they found to be friendly and approachable. Their feedback included; "[name of registered manager] listens and does a good job" and "the manager is lovely. You can ring anytime."
- Although people liked the registered manager and office staff, they did not consistently find communication to be fully effective. one person did report, "Communications with the office can be a struggle" and another said, "They do the right thing, but they don't always let you know." A health care professional confirmed they would prefer more regular communication.
- The provider's aims and objectives and philosophy of care were set out in their statement of purpose and service user guide. They focused on people as individuals and their commitment to respect them and uphold their human rights.
- Staff enjoyed working for the company and told us they felt treated fairly and well supported. The registered manager promoted equality and inclusion and had recruited a diverse workforce.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. Records showed people, or their representatives, had been informed of incidents. A relative confirmed, "I am told of any incidents."

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

- The registered manager ensured people and their representatives were fully engaged and involved with the service. Through their assessments, home visits, reviews and annual quality assurance surveys. People told us they felt office staff listened to them, one relative commented, "The office is very receptive."
- Staff were also engaged through the annual survey and overall feedback from the last staff survey had been positive. Staff who provided critical care had staff meetings with other staff involved in the person's care. This enabled them to share ideas and reflect on the provision of the person's care. Homecare staff also had staff meetings to share their views and ideas.

Working in partnership with others

- Staff worked with key organisations such as the local authority and the clinical commissioning group to plan and support the delivery of people's care. Staff had worked with external agencies where issues had been identified to ensure care plans reflected and met people's care needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Processes to monitor the quality of the service provided were not always operated effectively nor were all records available or fit for purpose.</p> <p>Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services were not protected against the risks associated with unsuitable staff. The information required in Schedule 3 for each person employed was not available.</p> <p>Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure to ensure all staff received sufficient supervision of their work and were required to update their training at appropriate intervals placed people at potential risk of harm.</p> <p>Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

