

Request Services Limited

Request Services Ltd

Inspection report

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Date of inspection visit:
01 September 2020

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

Request Services Ltd is a domiciliary care service providing personal care to 25 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 critical care packages for people with complex health care needs.

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

People and their relatives were very satisfied overall with the service provided. A relative commented, "We enjoy the relationship with the service" and a person said, "On the whole, I am very impressed."

Staff protected people from the risk of abuse. Staff assessed potential risks to people and ensured their safety was managed. People received their care from sufficient numbers of staff whose suitability for their role had been assessed. Staff received their medicines safely from trained and competent staff. People were protected from the spread of infection.

People's needs were assessed and delivered in accordance with current guidelines. Staff received appropriate support in their role. Staff ensured people were supported to eat and drink safely.

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.

The registered manager created a positive culture which was person centred and focused on achieving good outcomes for people. The registered manager welcomed feedback from people and staff. Staff understood their role and were accountable for their work, as there was a clear governance framework. The provider had processes in place to drive improvements in the service. Staff worked across agencies to provide joined up care for people.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (28 December 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 18 and 19 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff recruitment, staff support and improving care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Request Services Ltd on our website at www.cqc.org.uk.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

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

This inspection was completed by two inspectors.

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 a short period notice of the inspection because we needed to be sure the registered manager would be in the office to support the inspection.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with five relatives and one person who used the service about their experience of the care provided. We spoke with five members of staff including four care staff and the registered manager.

We reviewed a range of records. These included three people's care records and medication records. We looked at three 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure they either obtained or retained evidence of all pre-employment checks for staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager undertook relevant pre-employment checks for staff and retained evidence of these checks. These included checks on staff's identity, health, any criminal records, suitability for their role and their full employment history. They also completed a staff recruitment checklist, to demonstrate checks had been completed. The registered manager ensured only suitable staff were recruited to work with people.
- Staff were recruited to work directly with each person, as part of their support team. People and their relatives valued this and reported a high degree of satisfaction and consistency overall with their staff team, whom they got to know well. Relatives told us staff often stayed working with their loved one for a number of years.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding training as part of their induction and then updated this knowledge annually. Staff learnt about the potential signs of abuse and the actions they should take. Staff had access to relevant guidance, in the provider's safeguarding policy.
- The registered manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns promptly. A relative told us, a safeguarding issue had been addressed by the registered manager for their loved one, prior to our last inspection. Since then, there had been no further issues. This demonstrated the registered manager had taken robust and effective action, to avoid the risk of repetition.

Assessing risk, safety monitoring and management

- Staff assessed potential risks to people both from their environment and any specific risks to them. People were actively involved in the management of risks to them, where they were able to understand them. People and their relatives told us overall, they found risk assessments and staff's knowledge of how to manage any potential risks to be good.
- Staff were provided with relevant information about the actions to take to manage risks to people effectively and to enable them to respond to incidents.

- People's care plans identified any equipment staff used to support the person and how it should be used for their safety. There was guidance for staff about the safety checks to be completed upon equipment, to ensure it was safe to use.

Using medicines safely

- Staff completed the provider's medicines training, including an assessment of their competency when they started their role. Staff updated this training and their medicines competency annually, as part of the provider's required training.
- Staff received relevant training for specific interventions, such as percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is 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 person's stomach.
- Staff had access to written guidance about what regular medicines people took, how and when, to instruct them.
- Staff had protocols for administering medicines people took 'as required,' known as PRN medicines. We noted two PRN protocols did not document why the person took the medicine. We brought this to the registered manager's attention, who immediately added this information.

Preventing and controlling infection

- Staff had undertaken both infection control and COVID-19 training. Staff understood their role and responsibilities in relation to infection control. Staff had access to relevant guidance and personal protective equipment, including gloves, masks and aprons.
- The registered manager understood good practice in relation to the types of mask recommended for staff. Where the provider was unable to obtain the recommended mask to protect staff caring for people at higher risk of spreading infection, they had taken advice and found alternative masks in line with their individual risk assessment.
- The office was sufficiently large, to enable staff to adhere to social distancing guidelines. There was adequate signage for staff and hand washing facilities.

Learning lessons when things go wrong

- Staff understood their duty to report any safety issues and to complete an incident form. The registered manager then reviewed them, to assess what had occurred and to identify if any further actions were required for people's safety.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient supervision of their work and were required to update their training at appropriate intervals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the right competence, knowledge, skills and experience to carry out their role. Staff undertook both the provider's required training, based on the requirements of the Care Certificate and complex care training. Staff's complex care training was tailored to the needs of the person the staff member had been recruited to support. Staff were required to update both types of training annually, to ensure their knowledge and skills remained current.
- Staff were encouraged to complete the Care Certificate which is the social care industry standard induction. Thirty-six staff had achieved a professional qualification in social care.
- Staff received support through a mixture of spot checks on their work, an annual appraisal and supervisions. Staff confirmed overall they felt well supported with their training and supervision.

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

- People's care and support was planned and delivered in accordance with current guidance, legislation and standards. People's care plans made reference to relevant guidance such as PEG feeding and assessment tools were used, such as those for oral health care. Staff were provided with information about both people's diagnosis and their experiences, this informed their understanding of the person's care needs and preferences.
- People's needs were assessed and expected goals identified. People's care and support was kept under regular review with service commissioners.

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

- People chose what they wanted to eat and drink and staff ensured they had sufficient. People's care records noted their food and drink preferences.
- People with complex needs were protected from the risks of poor nutrition, dehydration and choking. Staff followed the professional advice provided when people required PEG feeding or an adapted diet to manage the risk of them choking. Staff documented what people ate and drank.
- Staff were informed of the equipment people needed to use where required, to enable them to eat and

drink as independently as possible.

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

- Staff worked with a range of external services, to ensure they understood and could meet people's needs. These included: clinical commissioning groups, adult social care and specialists such as occupational therapists and speech and language therapists. Staff attended inter-agency meetings to aid the planning of people's care and continuity of support.

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

- People were supported with their health and wellbeing, for example, people had oral health care plans. Staff monitored people's well-being and actioned any relevant issues, such as ensuring they had access to the correct equipment.
- Staff had supported a person both at home and during a hospital stay, this had ensured continuity of care for them.

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.

- People were consulted about their care wherever possible, so their human rights were upheld and this was reflected in their care plans.
- Staff received training on the MCA as part of the provider's required training which they updated annually. The registered manager had, since the last inspection, obtained relevant documentation to record decisions where staff needed to assess a person's capacity to make a specific decision. Staff had not yet needed to use this, as the two people who required their capacity to accept care assessed, were being assessed by a relevant professional. Staff had access to a relevant document, on which to record their decisions.
- Staff ensured they obtained a copy of people's power of attorney, in order to assure themselves of the decisions people's representatives were authorised to make on their behalf.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure processes to monitor the quality of the service provided were operated effectively nor were all records available or fit for purpose. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's medicine records and daily records were audited monthly for completeness and errors. When office staff had identified gaps on medicine records, relevant action had been taken to address these.
- The registered manager had effective methods to track and monitor staff's training and supervisions. They also checked the audits completed by office staff to assure themselves of their effectiveness.
- People's records were available for review as required. The registered manager was also working with an external provider to introduce electronic records, which will enable them to monitor people's care delivery in 'real time' and to identify and address any issues promptly.

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

- People and staff had confidence in the leadership of the service. People and relatives feedback included, "On the whole, I am very impressed" and "Everything runs smoothly."
- Staff reported they felt well supported in their role and enjoyed their work with people.
- The registered manager and staff had a good understanding of equality, diversity and human rights. This was reflected in both the annual equality and diversity training and the care provided to people, which respected their beliefs and values.

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

- The provider had, since the previous inspection, decided whilst they continued to provide peoples' care in their own homes, to focus on the provision of care to people with complex needs.
- Staff spoken with understood their role and responsibilities. Staff were clearer about their accountabilities, following changes in the structure of the office team. A staff member was now responsible for recruitment and changes had also occurred in relation to training provision.

- The registered manager had submitted notifications about events to CQC as required. They had ensured the previous CQC inspection report was displayed both in the office and on the website.

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 understood the duty of candour and ensured people and their representatives were informed 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 involved with the service. Staff ensured there were regular reviews of people's care. Relatives reported they felt able to raise any issues. A person confirmed, "They (staff) listen and anything I raise is sorted."
- Staff also confirmed that they felt able to raise any issues. When staff had raised issues, they said they felt they were listened to and relevant action had been taken.

Working in partnership with others

- Staff worked with people living across a wide geographical area. Staff engaged with a number of clinical commissioning groups and professionals to support the joined up provision of people's care.