

Rapid Improvement Limited

# Rapid Improvement Care Agency

## Inspection report

34-38 Upper Green East  
Mitcham  
Surrey  
CR4 2PB

Tel: 02086480395  
Website: [www.rapidimprovement-careagency.co.uk/](http://www.rapidimprovement-careagency.co.uk/)

Date of inspection visit:  
20 February 2023

Date of publication:  
06 March 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rapid Improvement Care Agency is a domiciliary care agency providing personal care to older people in their own homes. At the time of the inspection, there were 80 people using the service who were receiving help with personal care. The Care Quality Commission (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 and their relatives were positive about the care they received from the provider and told us they felt safe.

At the last inspection, we found breaches in relation to fit and proper persons employed and good governance. At this inspection, we found the provider had acted upon the breaches found and also the recommendations we made in relation to safeguarding people from abuse, complaints management and end of life care planning.

Risks to people were assessed and care plans included ways in which staff could support people to remain as safe as possible. People were given their medicines on time from staff who were trained to do so.

Staff recruitment checks were robust and helped to ensure only those who were safe to support people were employed. There were enough staff employed to support people and the provider checked care worker visit times to assure themselves that people received their care visits as scheduled.

Staff followed up to date infection control guidelines when supporting people.

Care plans were person centred and individual to people's needs. Where people had communication support needs, these were recorded and included ways in which staff could communicate with them in a way that they understood. End of life care plans captured people's wishes and how they wanted to be cared for towards the end of their life.

The service was managed well by an experienced registered manager. The provider had acted on our feedback from the previous inspection to make positive changes to the service. Governance systems were effective in assessing the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 04 August 2022) and there were breaches of regulation in relation to Fit and proper persons employed and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made in relation to the breaches and the provider was no longer in breach of these regulations.

#### Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We did not inspect the key questions of effective and caring. 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 has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rapid Improvement Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rapid Improvement Care Agency

## **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 conducted by one inspector and one 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. The Expert by Experience made calls to people or their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

#### 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

The inspection was announced. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 20 February 2023 and finished on 24 February 2023. We visited the provider's office on 20 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection We spoke in person with the registered manager, the operations manager, 2 staff from the quality assurance team, 4 care workers, 2 people using the service and 8 relatives. We also reviewed a range of records. They included 6 people's care plans and risk records and 6 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found that recruitment procedures were not being operated effectively. The provider did not always verify staff members employment history and some staff files had missing references. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in the provider's recruitment checks. This meant the provider was no longer in breach of regulation 19.

- Recruitment staff had received training in safer recruitment and an external auditor had been brought in to review their recruitment processes and files. The provider had made changes to its recruitment processes including introducing checks to explore any gaps in staff's employment history. Risk assessments had also been introduced where new staff were not able to provide references.
- Staff files we reviewed included right to work checks, full employment history including verifying any gaps, interview outcome notes, references and Disclosure and Barring service (DBS) checks for all staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people. They also included observations at work.
- People we spoke with felt there were enough staff employed to meet people's needs and there was consistency of staff. Comments included, "Yes, it's practically always the same staff except obviously on their days off. Weekend staff are consistent too", "Yes we need the same staff. They get to know my [relative] and his needs" and "The service seems fairly stable. No issues about lack of staff."
- There was an electronic call monitoring system in place which meant the provider was able to monitor care worker visit times. This was done on a regular basis with reports produced showing actual visit times against expected visit times. Feedback from people regarding visit times was positive and included, "Yes they do stay for the required time. I've a camera on [relative's] front door so I can look back at who's been and for how long" and "Yes they sometimes stay longer actually."

### Systems and processes to safeguard people from the risk of abuse

- At the last inspection, we made a recommendation to the provider to review its safeguarding policy and reporting procedures to reflect current guidance. At this inspection, we found the provider had acted on this recommendation and the safeguarding policy had been updated.
- People were kept safe from the risk of abuse. People and their relatives told us they felt safe. Comments included, "Yes, I'm completely confident that [relative] feels safe. In fact, we spoke about this just the other day" and "Yes I know [relative] is very safe. I can tell by how he is when they're there."
- Staff knew what safeguarding was and were aware of the reporting procedures in place. They knew who to

report any concerns to. They said, "Safeguarding people is protecting them from abuse. If we have any concerns, we have to report them to the manager or care co-ordinators."

#### Assessing risk, safety monitoring and management

- The provider completed individual risk assessments for people, including measures to manage the risks.
- Risks in relation to people's physical and health needs were reviewed on a regular basis.
- People's physical health needs and general nursing needs were recorded, these included any help or support needed. For example, there were epileptic seizure management plans for people with epilepsy. Epilepsy awareness handbooks were included in care plans and contained guidance for care workers to follow after a seizure had occurred. Percutaneous endoscopic gastrostomy (PEG) feeding regimes were also in place. A PEG feeding tube is a way to give food, fluids and medicines directly into the stomach
- Risks around mobility were documented, including transfer and manual handling guidelines. Moving and handling profiles contained details about equipment needed and step by step methods for care workers to follow.

#### Using medicines safely

- People received their medicines as prescribed in a safe way from staff who had received the appropriate training.
- Where people required support with medicines administration, this was assessed when they first began to use the service and included the level of support needed. Care plans included details about people's prescribed medicines.
- Relatives told us, "Yes they give him his medication. He can't manage it himself" and "[Relative] has her medication delivered in blister packs which I know are locked away. There is a log book with them to record what's been given."
- 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.

#### Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured staff was using personal protective equipment (PPE) effectively and safely. There were adequate supplies of PPE in the office.
- We were assured staff had received up to date infection prevention and control and PPE training

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 Mental Capacity Act (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's consent in relation to their care plans was sought and recorded when they first began to use the service.

- People and their relatives told us that their consent was sought by the care workers before they were supported during their visits.
- People were given copies of their care plans which were kept at home. They told us that the provider made any changes if requested which helped to ensure that care was delivered in line with their wishes.

#### Learning lessons when things go wrong

- Incidents and accidents and other events that occurred such as concerns and complaints and safeguarding were recorded.
- We reviewed the incidents that had been recorded since the last inspection, these showed the provider took prompt action when concerns were raised. This included carrying out investigations and ensuring any lessons learnt were acted upon such as further training and performance management when this was related to concerns about staff conduct.

# 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 requires improvement. At this inspection, this key question has changed to good. This meant people's needs were met through good organisation and delivery.

### End of Life Care

- At the last inspection, we made a recommendation to the provider to record people's end of life care wishes, as these were not always in place. At this inspection, we found the provider had acted on our recommendations.
- The provider had introduced new end of life care plans for people and end of life care wishes were recorded and included in people's support plans. These included details about how people wished to be cared for towards the end of their life, including any religious or cultural considerations to be respected.

### Improving care quality in response to complaints or concerns

- At the last inspection, we made a recommendation to the provider to update their complaints policy to make the complaints management process clearer. At this inspection, we found the provider had acted on our recommendation and had introduced a new complaints policy.
- People's concerns and complaints were recorded and investigated in a timely manner.
- The provider took action when a complaint was received and acted upon any shortcomings such as requiring staff to attend additional training.
- People and their relatives told us they knew who to contact if they had a complaint and were confident the provider would act if any concerns were raised. They told us, "At the start there were slight issues about times of calls but this was very quickly corrected", "I couldn't imagine having anything to complain about" and "They responded very well to my initial concerns."

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

- There were individual care plans in place for people which meant staff could support them as per their wishes.
- There were 'care summary needs' in place which gave care workers a useful summary of people's wishes and how they wished to be cared for.
- Care plans covered a number of areas of support that people needed such as physical health/mobility, medicines, personal care, nutrition and continence.
- Support plans included an identified area of support, the intended goal/outcome, and the staff interventions needed to support people.
- Care workers we spoke with were familiar with people's support needs and were aware of their individual preferences such as how they liked their meals to be prepared and how they liked their personal care needs to be taken of.

## 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.

- There was some people using the service at the time of the inspection with a disability, impairment or sensory loss that needed extra support in relation to their communication needs.
- Communication care plans were in place and these included details about how people communicated their needs. For example, how they gave their consent to care, their understanding of verbal prompts, and how they expressed pain/discomfort. Staff we spoke with were familiar with these instructions.

# 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 changed to 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; Continuous learning and improving care

At the last inspection, we found that the provider's quality assurance checks to monitor the quality of service were not robust enough in identifying the breaches and recommendations we made. We also found that statutory notifications were not being submitted. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in the provider's quality assurance checks. This meant the provider was no longer in breach of regulation 17.

- The provider was aware of its responsibilities about submitting notifications to the CQC. The registered manager explained there was now a process in place to ensure that any reported incidents and complaints were screened to identify those that needed a formal notification.
- Since the last inspection, a number of notifications had been submitted by the provider.
- The provider had acted in accordance with the action plan following the previous inspection and had made improvements to its recruitment and quality assurance processes.
- The registered manager told us that since the last inspection, they had recruited extra staff to oversee the internal quality assurance checks. This included a quality assurance and a lead compliance officer.
- Some of the areas the provider had focussed on since the last inspection included reviewing all the staff files including supervisions and spot checks. This had been done in January 2023.
- An external auditor had also carried out a retrospective visit after the last inspection to provide further reassurance around the governance checks in place. They had identified some actions that had been addressed by the provider.
- A care records audit had been completed in January 2023, reviewing the care plans and other records in place such as monitoring charts. This was effective in identifying areas that needed addressing such as missing information which the provider had acted upon.
- Medicines records were checked on a regular basis to provide assurance that people received their prescribed medicines on time.
- Care worker visit times were monitored on a daily and weekly basis.

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

- People using the service and their relatives were happy with the quality of care received and how the service was managed. Comments included, "I would say the service is very well co-ordinated and managed", "I think they seem very well managed", "Yes I think there is good management in place" and "We're very happy and satisfied with the service. We actually asked for this agency to return when [relative] came out of hospital last time. It gives us peace of mind knowing they're there."
- Care workers we spoke with told us that the registered manager and other office based staff were approachable and available to contact or speak to if they had any concerns or issues such as travelling to people's homes.
- The registered manager fully understood their responsibilities under the duty of candour legislation and to be open and honest with people.
- The providers CQC inspection report and rating was visible on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- There were systems in place to monitor the quality of service and gather feedback from people and their relatives. We reviewed these and saw that feedback was positive. A quality assurance feedback questionnaire was completed in July 2021. We analysed feedback from this which was positive.
- The office-based staff carried out regular telephone monitoring, asking people and their relatives about the service and their feedback about the delivery of care. Comments included, "Yes, I've had several phone calls asking if everything is going ok" and "They ring very often or I know I can pass anything back via the carers."
- Staff meetings were also held where previous minutes were reviewed and issues related to care workers were discussed, these included rotas, travel and uniform.
- Questionnaires were sent out to people, relatives and also staff and any feedback received was acted upon and followed up.

Working in partnership with others

- The provider worked with external agencies to support people using the service. The registered manager told us they regularly liaised with these external bodies and healthcare professionals, welcomed their views and advice; and shared best practice ideas with their staff. This helped to ensure people continued to receive the appropriate care and support they required.
- Correspondence from healthcare professionals was included in care records.