

RBK Solution Ltd

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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

RBK Solution Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection two people were receiving a care at home service from this provider.

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

Relatives of people receiving a care at home service from this agency and community social care professionals who worked with this provider all told us they were happy with RBK Solutions Ltd. For example, one relative said, "RBK Solutions have been my families care provider for many years. During this time, the care they have provided for my [family member] has been exemplary." A social care professional added, "The service they [RBK Solution Ltd] provide is reliable and professional."

However, we found evidence during our inspection of a breach of regulations. The provider will need to make improvements.

The service was not always safe. This was because we were not assured people were suitably protected from harm as risks they might face were not always properly assessed and managed. This meant staff did not always have access to enough sufficiently detailed guidance to keep people safe.

The service was not always effective. Staff had not received enough training and support they needed to ensure they had the right mix of skills and knowledge to deliver people's care effectively.

The service was not always well-led. The provider had governance and monitoring systems in place, but these were not always operated effectively. This meant the provider failed to notice and/or take appropriate action to address all the issues we found during our inspection as described above.

Staff followed current best practice guidelines regarding the prevention and control of infection, although we have signposted the provider to resources to help them develop an infection prevention and control policy.

People were kept safe from abuse. People received continuity of care from a small group of dedicated staff whose fitness to work in adult social care had been assessed. Medicines were well-organised.

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. Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people were supported to access food and drink that met their dietary needs and wishes. People were

supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "caring". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised care at home they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

People receiving a care at home service, their relatives and staff were all complimentary about the way the registered manager/owner ran the service, and how approachable they were. The registered manager promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection

This service was registered with us on 2 July 2020 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified three breaches in relation to how this provider assessed and managed risk, the training and support they provided their staff, and how they operated their oversight and scrutiny systems.

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 from 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 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 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 ●

RBK Solution 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

The inspection was carried out by an inspector.

Service and service type

RBK Solution Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their office to support the inspection.

Inspection activity started on 29 June 2022 and ended on 30 June 2022. We visited the provider's office on 30 June 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us.

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

During the inspection

We spoke with the registered manager/owner during the site visit to their office. We also received email feedback from the relative of one person using this agency, an external adult social care professional and a care worker about their experiences of using or working with or for this provider.

Records we looked as part of this inspection included, two people's care plans and four staff files in relation to their recruitment, training and supervision, and a variety of other records relating to the overall management and governance of the agency.

After we visited the provider's office we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff's character and/or employment references, Statement of Purpose, staff handbook and staff whistle-blowing policy.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always supported to stay safe because the risks they might face were not properly assessed and managed.
- People's care plans contained some up to date person-centred risk assessments however, most did not include enough sufficiently detailed risk management plans. Risks associated with people's home environment, moving and handling, skin integrity and nutrition had not been properly assessed. For example, it was not clear how staff were expected to safely assist a person eat and drink whilst they were in bed, what they couldn't eat because of their dietary needs and how to mitigate the risk of them developing pressure sores. This meant staff did not always have access to detailed guidance that made it clear what action they needed to take to keep these people safe.

We found no evidence that people had been harmed as a result of risk management plans not always being available to staff to follow, however this failure placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had started the process of carrying out new risk assessments to ensure all that could be done to reduce the risk of harm was in place.
- People told us staff knew how to prevent and manage risks they might face. A relative remarked, "The staff know how to keep my [family member] safe."

Staffing and recruitment

- People were supported by enough staff who had been safely recruited.
- Most pre-employment checks the provider is expected to carry out for staff they employ were made available during our inspection as requested. This included staff's proof of identity, their right to work in the UK and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, while staff files contained at least one satisfactory character and/or employment reference for everyone the provider employed, most did not include a second reference. This ran contrary to recognised best staff recruitment practice and the providers own staff employment policies and procedures. The provider responded immediately to this failure after our site visit. As requested they sent us all the staff character and/or employment references they were unable to access at the time of our inspection.

We discussed this access to records issue with the registered manager during our inspection who accepted there had been a failing in this area. They agreed to improve their current filing system to ensure important records they are required to keep were immediately accessible as and when they were required. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- The provider ensured there were sufficient numbers of staff to support people to stay safe and meet their needs.
- People told us they received continuity of care from the same small group of staff who were familiar with their needs, wishes and routines. People also said their care staff were always punctual. A social care professional added, "The manager does her utmost to ensure that the same staff come and work with us to ensure continuity of care."

Preventing and controlling infection

- People were protected by the prevention and control of infection.
 - Whilst the provider did not have an infection prevention and control policy in place, we were nevertheless assured people were safe because staff followed current best practice guidelines regarding the prevention and control of infection.
 - We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
- We have signposted the provider to resources to help them develop infection control and COVID-19 policies and procedures.

Using medicines safely

- At the time of our inspection, no one was receiving support from the agency to manage their prescribed medicines.
- Care plans nonetheless included information about the medicines people were prescribed.
- The registered manager told us they planned to routinely assess staff's competency to manage people's prescribed medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the carers who regularly visited them at home and were confident any safeguarding issues they might raise with the provider would be taken seriously and appropriately dealt with.
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. For example, one member of staff told us, "Yes, we have been taught what abuse and neglect is and I know I must report it immediately to the manager and the local authority."
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety

and quality of support provided to people.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Staff were not always suitably trained and supported.
- Staff received an induction from the registered manager who observed their working practices on their initial call visits, which they shadowed. However, this induction was not mapped to the Care Certificate and therefore did not prepare staff for their role and responsibilities. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- In addition, staff did not have all the knowledge and skills they required to meet people's needs because they had not received all the relevant training. For example, some staff had not completed training in dementia awareness, safeguarding adults, moving and handling, mental capacity and deprivation of liberty safeguards, food hygiene, infection prevention and control, end of life care and equality and diversity.
- Staff did not have sufficient opportunities to routinely reflect on their working practices and develop professionally. Staff had not attended any formal individual or group supervision meetings with the registered manager or their fellow co-workers, had their overall work performance formally appraised in the past 12 months or had their working practices observed in the last six months. Furthermore, the provider had not developed a staff supervision, appraisal and support policy which set out clearly how they would continually assess and manage staffs work performance.

We found no evidence that people had been harmed however, the providers failure to ensure staff were always appropriately trained and supported had placed people at unnecessary risk of being harmed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received personal care at home that was planned and delivered in line with their individual assessed needs and wishes.
- Care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people using the service.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for assisting people to eat and drink, staff monitored their food and drink

intake to ensure these individuals continued to eat and drink adequate amounts.

- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- People told us they were confident staff would call the doctor or emergency services if they were required.
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure the persons safety.

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 consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- The registered manager understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by this agency.
- People told us staff respected their privacy and dignity.
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

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

- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect. A relative said, "The care they have provided for my [family member] has been exemplary. They are an excellent company."
- Care plans contained information about people's spiritual and cultural needs.
- Staff knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the registered manager told us they would always take this into account in the matching process.

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

- The service supported people to express their views and be actively involved in making informed decisions about the care and support they or their loved ones received.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their relative received. People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed to it.
- Staff told us they supported people on a daily basis to make informed decisions about their care.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- People told us the care at home they received was person-centred.
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered.
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received from the agency. For example, one member of staff told us, "We are required to ask people for their permission each time we need to carry out any personal tasks for them including, assisting people with their oral health, getting dressed and to eat and drink."

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 were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they had been given a copy of this complaints policy, which told them how to raise any concerns or complaints they might have and how they would be managed by the provider.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, the provider had not supported anyone receiving end of life care.
- People's care plans had a section in which they could record their end of life care and support needs and

wishes, if they wanted to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The providers governance framework did not ensure they continuously learnt and improved, and that risks were always understood and well-managed.
- The provider had governance and monitoring systems in place, but these were not always operated effectively. This was because these systems had failed to pick up and/or take appropriate action to address a number of issues we identified at our inspection including, how the provider assessed and managed risk, trained and supported staff and ensuring records they were expected to keep were always accessible.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failure described above however, the provider's governance systems were not being operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did routinely work with staff on scheduled call visits where they were able to observe their working practices and regularly spoke to staff in-person or over the telephone.
- People receiving a care at home service, community social care professionals and staff working for the provider all spoke positively about the way the agency was managed. One member of staff said, "The manager is often around working with us on calls or at the end of a phone if we need to speak to her urgently. She's very approachable and supportive."
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good care from staff.
- The registered manager had a clear vision that she shared with staff.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

characteristics

- The provider promoted an open and inclusive culture which engaged and involved people receiving a service, their relatives, community professionals and staff working for the agency.
- The provider used a range of methods to gather views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views about the agency through regular telephone and in-person contact during scheduled call visits.
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone and in-person contact. A community social care professional told us, "She [registered manager] requests feedback on her staff and acts on any issues."

Working in partnership with others

- The provider worked in partnership with other agencies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities. A social care professional remarked, "The service they [RBK Solution Ltd] provide is reliable and professional."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service did not always receive care in a safe way. This is because the provider failed to ensure risks to people's health and safety was always properly assessed and doing all that was reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight systems were not always effectively managed. Regulation 17(1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People who use the service did not always receive care from staff who were appropriately trained, supervised and appraised to enable them to carry out the duties they were employed to perform. Regulation 18(1)(2)(a)</p>