

Rapid Care Ltd

Rapid Care

Inspection report

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Tel: 01634377755

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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

Our last inspection report about this service was published on 23 February 2017 and related to an inspection which had taken place on 20, 22, 23 and 29 December 2016. At the inspection in December we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 12, Safe care and Treatment. Medicine administration records were not robust. Regulation 17, Good Governance. Internal quality monitoring audits lacked management oversight. We asked the provider to take action to meet Regulations 12 and 17.

We also found that risks relating to the delivery of care were not always properly assessed to enable risk to be minimised. We issued a warning notice to the provider requiring them to take action to assess and minimise risk within four weeks of the inspection.

We returned to carry out a focused inspection of three domains, Safe, Responsive and Well-led on 14 March and 5 April to check the provider had taken action to meet the regulations. At this inspection we found that the provider had implemented new ways of working to address the breaches from the previous inspection which has resulted in an improvement in the ratings for this service.

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

Rapid Care is a Domiciliary Care Service based in an office in Rainham, Kent. Staff are deployed from the office to provide personal care for people in their own homes. The care provided was tailored to people's needs so that people could maintain or regain their independence. There were 68 people using the service at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Care staff and managers were trusted and well thought of by the people they cared for.

The registered manager was supported to manage the service by the provider, a deputy manager and two staff supervisors. A care assessor was based at the office and assisted the registered manager to assess people's suitability for the care provided.

Since our inspection in December 2016 the registered manager and the provider had reviewed the risk assessment formats and processes so that they could assess and manage risk to people's safety during care.

A new medicines administration recording system had been introduced, that included more robust auditing and management oversight processes to ensure accurate records were maintained.

Managers planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents. Quality audit processes had been updated to enable provider oversight.

The complaints system had been reviewed. There were policies in place, which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

Staff had received training about protecting people from abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

People were happy with the leadership and approachability of the service's registered manager and management team. They had a clear quality based vision of the service they wanted to provide and understood how to achieve this. Management staff felt well supported by the provider. Audits were effective and risks were monitored by registered manager to keep people safe.

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.

People told us they experienced safe care.

Risks were assessed, reviewed and managed to keep people safe.

Medicines were managed safely.

Recruitment processes for new staff were robust.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan.

Care plans were kept under review and included the choices people had made about their care.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good ●

The service was well led.

There were clear structures in place to monitor and review the risks and managers audited these.

The registered manager was knowledgeable of the needs of all people using the service and supportive of staff.

Policies were reviewed and up to date with current practice.

Rapid Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place at the provider's office on 14 March 2017 and we made telephone calls to people who used the service on 5 April 2017. We announced the inspection with 48 hours' notice because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of one inspector.

Before the inspection we looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We made telephone calls to five people to ask them about their experience of the service. We spoke with the registered manager, deputy manager and the provider to confirm how they were meeting the regulations.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We checked quality audits. We looked at ten people's care files, seven staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

People's experiences of the service remained positive. People or close relatives told us they had confidence in the service and felt safe when staff were in their homes delivering care. All said that the carers respected their homes and possessions. They said, "My care and needs have been assessed and the staff use the hoist I need to move safely." "I am assessed as needing two care staff and they always send two." Another said, "All of the staff have been very good, I get help to shower, I get regular staff and they make me feel safe." Another said, "The staff are very competent, they make sure my feet are creamed and the staff are all very nice."

At our inspection in December 2016 we found a breach of Regulation 12 (1) (2) (a) (b) (g). We found gaps that could not be explained on the medicines administration records (MAR) and these had not been audited. Risks were not being appropriately managed at the service to ensure that people's care and treatment was provided in a safe way.

At this inspection we found that the registered manager had introduced a new MAR sheet and medicines auditing process to ensure there were no unexplained gaps in people's medicines records. The registered manager showed us how the new system would work and we saw that they had already started to use the new process to audit people's medicines records. Staff had been made aware of the changes and this had been recorded. The majority of people were independent with their medicines or had someone else at home with them to assist them with their medicines. However, people were protected as the service had up to date medicines administration procedures in place and medicines training was provided for staff. This meant that if staff were asked to take on the administration of medicines for people they could do this safely.

Records showed that people were protected by staff who understood their responsibility to record the administration of medicines. People told us that staff recorded their medicines in their care plans after administration. The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. The registered manager checked the MAR for any gaps or errors and investigated these by cross checking with other information. This protected people from potential medicine errors and ensured there were no unexplained gaps in staff signatures.

At this inspection we were unable to review the specific breach concerning risk assessments because this related to a person who was no longer using the service. However, the registered manager had reviewed the risk assessment process to ensure the assessments were specific to identified individual risk rather than using generic risk assessments. The new risk assessments were colour coded to make it easier for staff to identify which hazards posed the highest risk. For example, red would mean high risk. The registered manager had developed a risk management audit plan so that risk assessments were reviewed by a manager on a monthly basis. This would ensure risk assessments protected people as they remained relevant to people's needs.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.

People had consistent care from a small team of regular staff. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. People we spoke with confirmed they were told of any changes in their staff or call times.

People continued to be protected from the risk of receiving care from unsuitable staff. The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur.

The registered manager had maintained comprehensive policies about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the registered manager and steps would be taken to prevent them from happening again.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. People said, "My agreed care assessment and care plan are in my home, I can check this if I need to." "Yes I have a care plan at home and they [Rapid care staff] discuss this with me." And "The manager rings me if there are any changes, they ask me my views, I am very satisfied with the service." Other people said, "I know how to complain, but don't have any complaints." And, "They [managers] are very good at keeping me up to date with things and communicating changes, I did complain once, but they sorted this out and I got an apology."

At our inspection in December 2016 we found that one person's care plan had not been updated to reflect their most up to date needs and that the registered manager did not always follow the complaints response process as set out in the providers complaints policy.

At this inspection we could not check the care plan we found was not up to date at our last inspection because that person was no longer using the service. However, we found the registered manager had made improvements to the way they updated people's care plans and in how they responded to complaints.

The registered manager showed us a new care plan they had started using. This new care plan was more detailed than the care plans we saw at our last inspection. The registered manager told us that the new care plans would enable them to record people's needs and ensure they were reviewed and up to date. These new care plans were being implemented for all of the people using the service.

Care plans were individualised and focused on areas of care people needed. For example, when people were discharged from hospital, they may be less mobile and their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

People we spoke with told us that staff maintained accurate records of the care they delivered by recording this in their care log books kept at their homes. Completed log books were stored at the office after being audited by the registered manager. These records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. People confirmed that staff read their care files and people's daily reports, checking for any changes. The registered manager reviewed people's care notes to ensure that people's needs were being met. This ensured that staff could deliver care based on people's most up to date needs.

There was evidence that when people started using the service their risk assessments were completed as a priority. Full care plans were developed after the registered manager had completed an assessment with the person and/or their families. Adjustments were made for people's individual needs. For example, where people needed more than one member of staff for their care or specialised equipment. This meant that people received individualised care based on their needs.

There had not been any complaints made since our last inspection. However, the registered manager and provider had reviewed the way they were dealing with concerns and complaints. There was a policy about dealing with complaints and people we spoke with told us that information about how to complain had been shared with them. The new complaints process included a concerns raised log and actions taken record to enable informal issues people may not be happy with to be raised and recorded. More detailed information was now being recorded about discussions the registered manager had with people's care managers, when issues were raised about the service delivery to individual people. The systems in place were there to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager was committed to improving people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

People told us that they knew the provider and the management team in the service. The provider, registered manager and assistant manager regularly carried out hands on care, either with other staff or as part of the care rota. People told us that the management covered situations where staff went sick or if the allocated member of staff was not able to cover their call. People told us that the service was well run and that communication was good.

At our inspection in December 2016 we found a breach of Regulation 17 (1) (2) (a) (b). We found that quality audits were infrequent and that the provider did not have oversight of the correct operation of their quality audits.

At this inspection we found that the registered manager had introduced a monthly auditing process and an associated audit tracker. The audit tracking process now had a section for provider oversight which meant that the provider could check and record that the quality audits and any actions had been completed.

The registered manager ensured audits of the service quality had been carried out. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risks were minimised by assessment and polices.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. Staff received training and mentoring to enable them to deliver the service to the expected standards. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. Staff could attend team meetings and the management team visited staff whilst they were delivering care to people to check the quality of their work and staff understanding of people's needs. Team and individual skills development led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. Discussions with care managers were recorded. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.