

Rapid Improvement Limited

Rapid Improvement Care Agency Central London Branch

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection there was one person using the service.

People's experience of using this service

People were treated with care and compassion. The person using the service told us they consistently received care from the same care worker who knew them well. The provider ensured that people's communication needs and decision-making abilities were assessed and supported. People received support in line with their cultural needs.

There were clear procedures to safeguard people from abuse and the provider carried out appropriate checks to ensure staff were suitable for their roles. Risks to people's wellbeing were assessed and reviewed regularly.

Staff received enough training and supervision to carry out their roles and the service regularly checked staff were competent. The service assessed people's care needs in detail and ensure people received the right support to stay well and eat and drink enough. 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; however, the policies and systems in the service did not always support this practice. This was because there was not a clear process to follow in the event people lacked capacity to make decisions.

Care was planned to meet people's needs, including their cultural and religious needs, and these were reviewed regularly. Care workers did all that was needed and kept accurate records of this. People were supported to go out and do activities if they wanted to. There was a clear process for making complaints, but no-one had had cause to.

Managers visited people regularly to make sure they were satisfied with their care and engaged well with staff. Audit systems were in place to make sure care was of a high quality, but we found one area where this needed to develop to ensure regulations were still followed if the service grew in size.

We have made two recommendations about improving how the provider assesses people's capacity to make decisions and about auditing personnel records.

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

Rating at last inspection:

We last inspected this service on 15 May 2019. We did not have enough evidence at the time to rate the service.

At our last inspection we found a breach of regulations concerning how the provider managed medicines. At

this inspection we found the provider was meeting this regulation; there were suitable processes to manage medicines safely.

Why we inspected

This was a planned inspection based on the last inspection's findings.

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 caring?

Good ●

The service was caring.

Details are in our caring 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.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 February and ended on 5 February 2020. We visited the office location on 4 February 2020..

What we did before the inspection

We reviewed the last inspection report and the action plan the provider was asked to submit to show how

they would meet legal requirements.

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 met with the registered manager. We looked at records of care, support and medicines management for the person who used the service. We looked at records of recruitment, training and supervision for three members of staff. We reviewed policies and procedures and audits of the service. We spoke with a person using the service.

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 rating for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to keep appropriate records relating to medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Using medicines safely

- Medicines were safely managed. The provider had assessed the person's medicines support needs and obtained consent to support the person with these. Staff maintained appropriate records of the medicines the person had taken, including when staff had supported the person, and when they had applied topical creams and medicines.
- There were sufficient checks in place of these records. The care co-ordinator visited the person's property to check records and medicines administration recording (MAR) charts were audited monthly.
- Staff had the right skills to manage medicines safely. Care workers received training in managing medicines and regular checks of their competency. There were clear procedures for staff to follow when managing medicines.

Staffing and recruitment

- The provider operated safe recruitment processes. Staff had had checks of their identity, proof of their right to work in the UK and a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions. The provider had obtained evidence of satisfactory conduct in previous health and social care employment.
- There were enough staff to safely meet people's needs. There was usually just one care worker supporting the person, but another care worker was in place to cover annual leave; staff verified that they were able to take leave if needed.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. There was a clear safeguarding policy which outlined forms of abuse, steps to protect people and clear reporting processes to follow.
- Staff understood how to safeguard people. Staff we spoke with understood how to recognise forms of abuse and their responsibilities to report this, and were confident that this would be taken seriously. Staff received regular training in safeguarding adults.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing. The provider carried out a range of risk assessments relating to providing care. These included assessing the risks to a person from their behaviour, and living

environment, as well as risks from pressure sores and malnutrition. There were clear management plans where a risk was identified.

- There were suitable systems for assessing risks from moving. This included a risk assessment relating to mobility and falling and those relating to moving and handling. Key tasks such as transfers were identified and with a clear plan to ensuring these were safe.
- Risk management plans were kept up to date. Risk assessments were reviewed three times per year.

Preventing and controlling infection

- People were protected from infection risks. Staff received training in infection control and food hygiene. Staff told us the provider ensured they had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- There was a clear policy to follow when incidents or accidents had occurred to enable lessons to be learned. This included recording what had happened and what actions were taken because of the incident. The registered manager was required to review incident reports and verify appropriate actions had been taken.
- There had been no significant accidents or incidents since our last inspection.

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 rating for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices. There was a thorough assessment carried out of people's needs in a range of areas, including dietary preferences and the assistance they needed with personal care. This information was used to plan the person's care.
- There were suitable policies for staff to follow.. This included policies around medicines management, responding to complaints, supporting people at the end of their lives and preventing abuse.

Staff support: induction, training, skills and experience

- Staff received sufficient training to carry out their roles. Care workers received training in a range of key areas, including health and safety, end of life care and mental capacity and this was refreshed regularly. Staff told us they felt they received enough training.
- Care workers received three monthly supervision. This was an opportunity to discuss their role, the person's care needs and any training or development needs they had identified. □
- The provider also carried out regular checks of staff competency. A manager visited the care worker in the person's home every two months to check that they arrived on time, demonstrated the right attitude and carried out all the tasks they were meant to.

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

- People were supported to eat and drink enough. The provider assessed people's needs around nutrition and, where appropriate, this formed part of the care plan. Staff recorded what meals the person had been supported with and provided a varied diet.

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 live healthier lives. The provider obtained information on people's medical conditions from health professionals and reviewed care plans based on this. Health conditions were monitored by staff and there were clear plans to follow in the event of a deterioration.
- People were aided to access health services through hospital passports. A hospital passport is designed to give staff helpful information about a person's needs which isn't only about illness and health.
- People's oral care needs were assessed. There was clear information on how best to support a person to maintain their teeth, but records did not consistently record oral care.

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.

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.

- The provider obtained consent to care through people signing their care plans. Assessments considered how people made decisions and would highlight any areas where a person may not be able to make a decision for themselves.
- The provider had a policy to follow in the event a person could not make a decision for themselves. The policy stated that the provider should abide by the MCA, but there were not always clear instructions on how they might assess capacity or how to demonstrate they were working in line with the person's best interests. We recommend the provider take advice from a reputable source on implementing best practice with regards to assessing mental 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 rating for this 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.

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

- People were treated with compassion and care. A person told us "I am happy with the carer, [s/he] is amazing" and "[s/he] knows me better than myself". This person was usually supported by the same care worker who knew them well.
- Plans were clear about how people liked to be supported. There was information on the languages the person spoke and their cultural needs and how to meet these, including preferred food and religious needs. Staff understood how best to support the person and what their needs were.
- The provider assessed people's wellbeing and factors that could influence this. There was information on key psychological needs and how to meet these. The provider had information on key life events which were important to the person.

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

- The provider assessed how people made decisions. This included information about how the person communicated, how best to support them to communicate and how they made decisions for themselves.
- The care co-ordinator regularly met with the person to discuss their care needs. Plans were reviewed regularly based on these meetings.

Respecting and promoting people's privacy, dignity and independence

- There were measures in place to ensure people were treated with dignity and respect. Managers regularly observed staff providing care to ensure that this was done compassionately.
- People's independence was respected. The provider assessed what tasks a person could do for themselves. There was clear guidance on how best to support the person whilst maintaining their independence.

Is the service responsive?

Our findings

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

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

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

- People's care was planned to meet their needs. Care plans were clear about what support the person required and how best to provide this. There was a simple summary of what needed to be done on each visit. Plans were reviewed yearly to make sure they met the person's needs.
- Care workers recorded how they had met people's needs. There were clear daily records about the support the person received, with details on their wellbeing and how this had varied. This included taking the person out for walks and to do activities in the community.

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.

- The service was meeting the AIS. Assessments would flag when a person required information in an alternative format. There was a clear policy about how to meet this, including providing information in large print if required.

Improving care quality in response to complaints or concerns

- People had not made complaints about the provider, but there was a clear procedure to follow should they wish to. The complaints policy was made available to people when they started using the service. This included information on how to report complaints and clear information on how the provider would address them. People were given information on how to contact CQC but this contained out of date contact information.

End of life care and support

- The service had a policy regarding end of life care. This outlined the core principles the service should follow when people were dying. No-one using the service was receiving end of life care.
- The service did not routinely collect information on people's wishes at the end of their lives. The provider told us they would record information as and when they had such conversations with people.

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 rating for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service ensured the person received good quality care. A care co-ordinator made monthly visits to the person to check they were happy with the service and to audit records. The person using the service told us "He's a very nice chap". There were two monthly observations of care workers' competency and skills.
- Staff told us they felt well supported by their managers. Staff spoke of receiving regular training and support and that were able to contact a manager for advice.
- The provider held regular team meetings to engage with care workers and office staff. These were used to ensure staff understood key procedures such as reporting, whistleblowing and record keeping. Managers also discussed the core values of the service and their expectations for how staff would demonstrate these.

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

- Audit systems were adequate. The care co-ordinator was responsible for checking records held in the persons house. The registered manager produced a monthly overview of the service that ensured key records such as daily logs, medicines charts and spot checks were complete.
- Audit systems were not operated effectively in one area. Personnel files contained a checklist of information that needed to be held, which was not fully in line with legal requirements. These checklists had not always been completed and there was no overall audit of personnel files. The provider was meeting their requirements with regards to recruitment, training and supervision but there was a possibility that important issues would be overlooked if the branch grew in size.

We recommend the provider take advice from a reputable source on implementing audits of staff files.

- The provider had experience of running larger services, which meant they were more likely to have the skills to manage the branch if it expanded. The primary focus of the branch was medical recruitment, but the provider operated two larger branches. We saw examples of how they had implemented more complex and detailed audits and planned care for people with more complex needs in these other branches.
- Policies were developed in line with the duty of candour. Reporting policies such as safeguarding adults and incidents were clear about the need to factually report what had happened and if anything had gone wrong. Managers understood what kind of serious incidents would need to be reported to the local authority and to CQC.

Working in partnership with others

- The provider worked in partnership with other agencies when required. The provider engaged well with the local authority and had acted on recommendations from their monitoring visits. There was clear information from other sources such as hospital discharge reports and referral documents, which was used to plan people's care.