

Rapid Improvement Limited

Rapid Improvement Care Agency Central London Branch

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service:

'Rapid Improvement Care Agency Central London Branch' is a domiciliary care agency that provides care and support to people living in their own homes. At the time of our inspection there was one person using the service. We were able to carry out an inspection but we could not rate the quality of the service as we had insufficient evidence on which to do so.

People's experience of using this service:

The person using the service told us they were happy with their care worker and that managers came round regularly to make sure things were going well.

The person's care needs were assessed and the service followed a care plan which met these. Care plans were reviewed regularly and when the person's needs had changed.

The provider had policies and procedures to address complaints and incidents and to safeguard people from abuse. We saw examples of how the provider had used these effectively in other services they ran but they had not had cause to use these in this service.

Care workers received suitable training in safeguarding adults and understood their responsibilities to report abuse and were confident managers would take this seriously. The provider assessed risks to people and had suitable plans in place to manage these.

People received appropriate support to eat and drink in line with their preferences and care workers understood the person's health needs.

Care workers received appropriate training and supervision to carry out their roles and managers carried out regular checks to ensure that care was being delivered to a good standard and offered support as required.

When people were supported with their medicines care plans did not reflect the support people required and the service did not maintain appropriate records of this. This was also a breach of regulations.

Rating at last inspection:

This was the first inspection since the provider registered this location in May 2018.

Why we inspected:

This was a first ratings inspection.

Enforcement:

We found a breach of regulation relating to good governance. You can see what action we have told the provider to take at the back of the full version of this report.

Follow up:

We were not able to rate the service at this time and will return to complete a further inspection in line with our re-inspection guidelines. We will continue to monitor intelligence we receive about the service until we return. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We did not have sufficient evidence to rate the safety of the service.

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

We did not have sufficient evidence to rate whether the service was caring.

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive.

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led.

Details are in our Well-Led findings below.

Inspected but not rated

Rapid Improvement Care Agency Central London Branch

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

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

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 provider 48 hours' notice of this inspection. This is because they are a small service providing support to people in the community; we needed to be certain that someone would be in.

What we did:

Before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed their

provider information return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We spoke to a quality assurance officer from the local authority.

During the inspection:

We spoke to the registered manager, director, care co-ordinator and one care worker.

We looked at records of care and support for one person.

We reviewed records of training, supervision and recruitment for four care workers.

We looked at policies, procedures and records of the management of the service.

After the inspection:

We made calls to one care worker and to the person who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Inspected but not rated: We did not have sufficient evidence to rate the safety of the service.

Using medicines safely

- Care workers supported people with medicines, but it wasn't clear what level of support people required. The person's plan inaccurately stated they were self-administering their medicines but care workers recorded on daily logs that they were giving medicines.
- The provider was not keeping medicines administration records of the support people received for each individual medicine.
- This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a suitable safeguarding policy which outlined their responsibilities to report different forms of abuse.
- We saw examples of how the provider had worked with the local authorities in other branches in order to report and investigate allegations of abuse and poor practice.
- Care workers we spoke with had received training in safeguarding adults and understood their responsibility to report abuse. Care workers were confident that managers would take this seriously and act appropriately.

Assessing risk, safety monitoring and management

- The provider had suitable systems for assessing risks to people using the service. This included high risks, such as whether a person was at risk of self-neglect or self-harm.
- The provider had carried out a risk assessment for the person using the service with details of how they could manage these risks. Plans included how care workers could reduce the risk of the person developing a pressure sore and falling and ensured that the person was living in a safe environment.
- There were manual handling plans in place which detailed tasks and transfers the person would need support with and how best these could be carried out. Care workers received moving and handling training to ensure they understood best practice and how to avoid unsafe techniques.

Staffing and recruitment

- Staff were recruited in line with safer recruitment processes.
- This included obtaining evidence of staff identification, the right to work in the UK and obtaining evidence of satisfactory conduct in previous employment in health and social care.
- Care workers had checks with the Disclosure and Barring Service (DBS) before they started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safe recruitment decisions.
- Care workers were assessed for their understanding of key areas such as communication and confidentiality as part of the recruitment process.

Preventing and controlling infection

- Care workers had received training in infection prevention as part of their induction.
- Plans included guidance on supporting people to wash their hands before meals.

Learning lessons when things go wrong

- The provider had a process for reporting when incidents and accidents had occurred. This included actions taken as a result and how managers were to review these actions to ensure that appropriate lessons had been learnt.
- There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

Is the service effective?

Our findings

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

- The provider carried out a detailed assessment of the person's care needs which was designed to cover the full range of information that the service needed to know before providing care.
- This included information on the person's communication, eating and drinking, any continence needs and the support they required with personal care and maintaining good health.
- The assessment also looked at key areas of risk such as those relating to mobility, falling and highlighting the risk of pressure sores.

Staff support: induction, training, skills and experience

- Care workers underwent induction training which covered key areas of training. This included first aid, moving and handling, medicines administration, safeguarding adults and infection control. These courses had expiry dates so they could be repeated as required.
- Care workers were not enrolled on the Care Certificate, but induction training was aligned to this. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The provider told us they intended to arrange this for all staff.
- Care workers received regular supervision where they discussed their current workloads and agreed actions plans. This included discussing practice and risks in areas such as mental capacity and pressure sores.

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

- The person's care plan was clear about the support they required to eat and drink and records of care were clear that this was taking place.
- Care workers detailed the food they had prepared for the person and this indicated a varied diet.

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

- The provider had completed a hospital information passport with the person. This is a document containing important information about the person to enable hospital staff to support them.
- The provider had information on the person's health needs and how these had changed following a hospital admission. The person's support needs had been reviewed on leaving hospital.
- The person's plan included information on their health conditions and how these impacted on their daily living skills.
- Care workers had training in first aid and demonstrated an understanding of how to respond in an emergency.

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.

We checked whether the service was working within the principles of the MCA.

- The person using the service had capacity to make decisions about their care and had signed some records such as assessments to indicate their agreement; not all care plans had been signed by the person.
- The service had a process for assessing whether a person had consented to their care. If a person was thought not to have capacity, assessors were prompted to explain how this was determined and how it could be evidenced that care was not provided in their best interests.

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

Inspected but not rated: We did not have sufficient evidence to rate whether the service was caring.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person using the service told us they were treated with kindness by their care worker and told us "She's a darling."
- The provider had information on how the person communicated and how best to support them in making decisions and expressing themselves. There was information on the languages the person spoke and how their cultural needs could best be met.
- The care co-ordinator regularly visited the person to discuss their care needs, and demonstrated a good understanding of these and how they were ensured they were met.
- The person using the service was supported to access their chosen places in the community in line with their care plan.

Respecting and promoting people's privacy, dignity and independence

- Care workers described how they gave comfort to the person they support and how they liked and didn't like to be treated.
- Plans contained information on what the person could do for themselves and records from care workers showed that this was respected.

Is the service responsive?

Our findings

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

Inspected but not rated: We did not have sufficient evidence to rate whether the service was responsive.

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

- The person using the service had a care plan which was clear about the support they required and what tasks needed to be carried out with the person and when.
- There was information on this plan about the person's preferences for their care, including dietary preferences. Daily logs showed how care workers met the person's care as planned and provided additional care as needed, for example when the person was unwell.
- The person's care plan had been reviewed every six months and when there had been a change in the person's needs, such as when they had been discharged from hospital.

Improving care quality in response to complaints or concerns

- The provider had a policy for addressing and responding to complaints.
- There had not been any complaints in this branch but we saw examples of how the provider had investigated complaints which had occurred in other services and responded to people with their findings, including what they had changed as a result.
- The provider's process did not detail any follow up with people to ensure they were happy with the response to the complaint.

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
Inspected but not rated: We did not have sufficient evidence to rate whether the service was well-led.

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

- The provider had appropriate policies for responding to complaints, safeguarding adults and responding to incidents and accidents, and we saw examples of these being followed in other branches which had the same registered manager.
- People using the service received a handbook which outlined what they could expect from the provider, their rights to receive a good service and how they could complain, either to the provider, local authority or the Care Quality Commission.

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

- Team meetings took place quarterly between care workers and managers and were used to review the person's needs, discuss the performance of the team and to outline management expectations regarding record keeping and communication.
- The provider understood their responsibilities to inform the Care Quality Commission (CQC) of important events that had occurred in the service.
- The provider did not have a suitable system for displaying the ratings of their services on their website, although this location is yet to be rated. We discussed with the provider how they needed to improve this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The care co-ordinator told us that they visited the person monthly to check that they were happy with the service and we confirmed this by speaking with the person.
 - Care workers told us they felt well supported by managers and could always call if they needed advice or support. A care worker told us of their line manager "He is a very good man, a very loving person."
 - Staff received appraisals and supervision where they were encouraged to discuss the philosophy and aims of the organisation and any support that managers could offer.
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- Managers carried out unannounced spot checks on care workers and gave feedback on their performance, including punctuality, their approach and communication with the person and whether they had followed the care plan.

Working in partnership with others

- The provider had worked with the local authority to become an approved provider, which had become necessary to ensure that the person continued to receive support from the same care workers.
- The provider discussed in team meetings how best to work with other agencies, such as how to report

concerns about a person's wellbeing to a district nurse.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care provided to the service user 17(2)(c)</p>