

Rapid Sussex care company Limited

Brighton and Hove

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

Brighton and Hove is a domiciliary care agency providing care to people living in their own homes. At the time of inspection the service was providing personal care to 13 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe and well looked after. Risk assessments had been completed and there were systems in place for monitoring changes to people's needs. People were kept safe with infection prevention and control processes. Staff had received safeguarding training and knew how to recognise and report concerns.

People's choices and preferences were clearly recorded in care plans and records. Care staff received appropriate training to provide safe and effective care. An electronic care system had been introduced to record and monitor care provision. Medicine records were accurately recorded.

People experienced regular care staff and felt that their needs and preferences were known. People felt valued by the registered manager and care staff and described them as kind and caring.

People were involved in their assessments and regular reviews, care plans were person centred. People were asked how they wanted care provided and were supported to receive the care they chose.

Training and care quality was audited. All staff had completed the Care Certificate. People were regularly asked to provide feedback about their care. There were systems and processes in place to address any concerns.

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.

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

This service was registered with us on 03 August 2020 and this is the first inspection.

Why we inspected

This inspection was carried out because the service had not been inspected since it was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Brighton and Hove

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 one Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

Registered Manager

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, they were also the nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available when we visited.

Inspection activity started on 15 March 2022 and ended on 18 March 2022. We visited the location's office on 15 March 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since it registered with us. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. We looked at two staff files in relation to recruitment and staff supervision. We looked at two electronic care plan records, policies, training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with four people who used the service and two relatives, about their experience of the service. We spoke with four staff about working for 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 inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well looked after because of the care they received. People said they usually had regular carers who got to know them and built rapport and trust.
- Staff had received safeguarding training and understood the range of concerns which should be raised to the registered manager and the local authority. Safeguarding policies and processes were in place for recording and reporting concerns.
- Staff understood how to record safeguarding concerns and the registered manager had followed these up with the local authority.

Assessing risk, safety monitoring and management

- People and their relatives had been involved in the assessment and review of their risks. People told us the registered manager was very approachable and they had no hesitation discussing their needs.
- People's care needs and risks were recorded on their care plans. The support people needed with health conditions and daily tasks were recorded clearly for people and staff to access at each visit. We saw that health referrals were made in a timely way when people experienced changes in their wellbeing.
- The registered manager reviewed people's care needs with them on a monthly basis to ensure their needs were being met and to identify changing needs and risks. Care plans showed people were actively involved in their care arrangements.

Staffing and recruitment

- People told us their care was reliable and there were enough staff to support them.
- The provider had safe recruitment processes in place. New staff had appropriate checks before starting work, these included previous employment references being sought and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they were happy with the support they received, and medicine was managed appropriately. We saw processes in place for the registered manager to monitor the accuracy of medicine support.
- Where people required support with administering prescribed medicine or applying topical creams this was detailed in care plans and in daily tasks. Body maps were drawn up to show staff where topical creams should be applied. Care plans showed when people had received or declined medicine.
- Staff who supported people with medicine and topical creams had received appropriate training.

Preventing and controlling infection

- People felt well protected by staff wearing personal protective equipment (PPE) and told us they were confident in how the service managed infection prevention and control.
- Staff had access to appropriate PPE which was supplied from the office when required. Staff told us they could easily access PPE when they need it.
- The service had an infection prevention and control (IPC) policy, risk assessments and processes which were up to date and relevant to the current COVID-19 pandemic government guidance.

Learning lessons when things go wrong

- The registered manager monitored the quality of care and sought people's feedback regularly to check they were happy with the service. There were systems in place to record and evaluate incidents, accidents and safeguarding concerns.
- People told us they had no concerns about their care, they were regularly asked for feedback and felt confident the registered manager would be quick to respond to any concerns.

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 for this newly registered 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

- People were involved in the assessment of their needs before the service began a package of care. Specific preferences and requests were noted such as meals, support with medication, comfort and bedtime routines.
- People's choices about care and support were followed, they told us they were asked their consent to care before support was provided. Care staff recorded when people did not want a task to be completed and this was respected and monitored with people.
- Care plans identified important aspects people had shared about their lives such as relationships, religious beliefs, gender and interests.

Staff support: induction, training, skills and experience

- People were happy with the standard of care they received and told us their care staff and the registered manager were well trained and knowledgeable. A relative told us, "I really felt they were there for us when we needed them. They are respectful and polite. Communication about [my relative's] care is really good."
- All staff are supported to complete training to gain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff we spoke with told us they felt very well supported by managers. Several staff told us they received a high level of support and encouragement from the registered manager to provide person centred care. One staff member told us, "[The registered manager] is also very hands-on and person centred, she's a good role model."
- The registered manager was actively reviewing staff's training needs to ensure the service was flexible in meeting new needs and managing risks with people. At the time of inspection training was being sourced for staff to work with slings and hoists to increase capacity for new service users.

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

- People who received support with meals and drinks liked the support they received. One person told us, "They are really lovely and helpful. They always check my meals with me and make sure I have what I need and want."
- People's choices and preferences for food and drinks were assessed and recorded in their care plans.
- Where people required specific support with their nutrition, care staff understood their needs. Staff knew when people had diabetes and how to support this if required.

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

- People's health needs were monitored and reviewed with them. People gave us examples of carers checking their wellbeing and recording changes in their health.
- Care plans showed when GPs and other health professionals had been called by staff for advice and referrals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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

- The service was not supporting anyone who was subject to a deprivation of liberty authorisation.
- All staff had received training about mental capacity and how to support people to make decisions about their care.
- People's consent to care was sought and recorded in their care plans and daily records.

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.

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

- People told us staff were kind, caring and helpful. One person told us, "I don't know what I'd do without them, I feel safe at home. They are all very lovely, the manager is so approachable, I can ask her anything."
- Care staff told us they treated people as individuals and respected their particular preferences and views. They were able to tell us about people's individual preferences and were proud of their role in supporting people to live safely at home.
- Staff all received training about equality and diversity. One member of staff told us, "It's really good for us to get to know people well, we can really be person centred once we know what is important to a person. Each person is important in their own way."
- People's assessments noted if they had sensory or physical needs so that the service could adapt their communication to individual needs.

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

- The registered manager regularly asked people how they felt about the service and if they needed any changes or improvements to their care plan. People told us they appreciated this, and it made them feel valued. One person said, "I really think they care. They've been so good at building a relationship with me. It really means something."
- People were confident to ask for the support they wanted. One person told us, "I don't have any concerns at all, but the way the manager works, I'm sure she'd help find a solution. She's very good and gets things sorted quickly."
- People told us the registered manager and care staff were all easy to talk to and they felt listened to.

Respecting and promoting people's privacy, dignity and independence

- People felt staff protected their privacy and dignity. For example, people told us their preferences for personal care were respected.
- People were encouraged to be independent when they could and to participate in care tasks. One person told us, "They always encourage me to do what I can, I like that. They are not just taking over, I feel like I can still contribute."
- People told us they did not feel rushed and that the service had improved their confidence in staying at home.

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 for 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 ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and reflected their preferences about how they wanted to be supported.
- People told us they had regular carers which made it easy for them to get to know each other.
- People told us they felt staff were friendly and supportive. One person said, "I think the carers are very good, they are jolly but polite and respectful too. They do exactly the tasks I need them to and they make to laugh to which is exactly what I need to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's initial assessment and ongoing reviews checked if they had sensory impairments and needed support with communication.
- We saw care plans recorded when people had eye conditions or health conditions which might relate to sensory impairment. For example, staff knew if people had diabetes which needed monitoring.
- The registered manager told us they could provide information to people in a variety of ways according to their needs including large print and reading information aloud.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they liked the fact carers were local as they felt connected to their local community. One person told us, "I know my carers are local, they know my area and we can talk about what's happening around here. I like it, we can share a conversation."
- Some people told us the carers were their main social contact and they enjoyed their company. One person told us, "They are lovely and caring. They try very hard to get me comfy and we have a laugh, it keeps me going."

Improving care quality in response to complaints or concerns

- People and staff we spoke with were very happy with the service and had no concerns to raise.
- People, relatives and staff knew how to contact the manager and raise a concern if they needed to.

- The service had policies for addressing complaints and whistleblowing concerns. These had not been used at the time of the inspection.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. The registered manager demonstrated a compassionate and caring approach towards supporting people experiencing this in future.

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 for this newly registered 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; Working in partnership with others

- People and relatives were very positive about how the registered manager was approachable and involved in direct care. One relative told us, "I don't think you usually see the manager providing support. I know it's a small service, but I think she sets a good example to her staff."
- The registered manager and care staff understood and valued working with community professionals to improve people's health outcomes. Referrals were made to health teams and GPs when needed.
- Staff spoke with enthusiasm about being person centred and focused on people's individuality and preferences. One member of staff told us, "[The registered manager] is amazing, really hands-on and supportive of staff, all the clients know her. She works closely with people's families too and encourages us to do that." another member of staff said, "Clients I work with are really very happy. Being person centred is really high on the manager's agenda."

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

- The registered manager understood their duty of candour and was committed to providing open and timely communication to people if the service did something wrong.
- At the time of inspection there had been no incidents or events relating to this.

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

- Staff we spoke with understood their roles and felt confident they had the right training and support to carry them out.
- Care staff understood how to raise issues and concerns with the registered manager. Staff we spoke with felt the service was a good place to work and they enjoyed their role.
- The manager undertook regular audits and checks of service quality and records. The service used an electronic system for training and care plan records which was monitored and kept up to date.

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

- People and relatives were actively asked for feedback and their views of the service.
- The registered manager regularly reviewed feedback and discussed improvements and developments with staff.

- Staff were encouraged to continue their professional development and seek refresher training or specialist training according to people's needs they were supporting.