Rhythmic Care UK Ltd

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Rhythmic Care UK is a domiciliary care service based in Ilford, Essex. The service is registered to provide personal care and support to people in their own homes, within east London. The inspection was carried out on 23 May 2016 and was the first comprehensive inspection since the service registered with the Care Quality Commission (CQC) in July 2014. At the time of our inspection, the service provided a service to approximately 18 people.

There was a director of the service in post, also known as a responsible individual. The service did not have a registered manager because the previous registered manager had resigned before our inspection. The responsible individual informed us that they had decided to apply to also be the registered manager and will send the appropriate documentation to the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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 received care at home and some people received palliative care. Palliative Care is care provided to people who are terminally ill and wish to receive end of life care in their own home. People were supported and cared for by staff who had an understanding of people's needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans to manage them. We made a recommendation about ensuring care workers displayed their identification clearly when visiting people.

People were cared for by staff who had an understanding of their needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans in place to manage the risks. Prescribed medicines were administered when required by care workers who had received training to do this. The provider had procedures in place to check that people received their medicines to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there was sufficient staff to provide support to people in their own homes. People told us they received care from care staff who mostly understood their preferences for care and support. However one person had concerns about the practice of the service when their regular care workers were unavailable and another person said they were unable to communicate with care workers due to language barriers. We made a recommendation about this.

People were listened to by staff and were involved in making decisions about their care and support. Care workers were caring and provided support that ensured people were treated with privacy and dignity. People were supported by care staff to maintain their independence. People were encouraged to express their views and give feedback about their care. They told us that care staff listened to them and they felt

confident they could raise any issues and that action would be taken. Care workers felt supported by senior managers and were provided opportunities to develop in their roles. The responsible individual was committed to improving the service and the quality of care provided to people. The registered provider ensured regular checks were completed to monitor the care that people received and look at where improvements could be made.

We identified areas where we have made recommendations to the service, which are detailed in the report.

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.

Staff understood how to protect people from harm and abuse. Staff supported people in a safe way. We made a recommendation for staff to ensure people see their identification before entering their homes.

Staff were recruited appropriately. Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles. Staff had knowledge of the Mental Capacity Act 2005.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

Is the service responsive?

Requires Improvement

The service was mostly responsive. Some people were not always notified that a replacement carer was going to be provided or could not always communicate with care workers themselves. We have made a recommendation about this.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led. The management team were approachable and supported staff.

The service recruited effectively and staff were valued and received the necessary support and guidance.

The service had a robust quality assurance system. The quality of the service provided was monitored regularly. People were able to provide their views on the service.

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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 took place on 23 May 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. A notification is information about important events which the provider is required to tell us about by law, such as safeguarding alerts.

The inspection was carried out by one adult social care inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

The registered manager had recently left their post so during the inspection; we spoke with the responsible individual who was the director of the agency. We also spoke with a training and quality officer, a care coordinator and three care workers. We spoke with office based staff, including a recruitment manager. As part of the inspection process, we spoke with four people who used the service and two relatives by telephone. We looked at documentation, which included five people's care plans, including risk assessments; five care staff recruitment and training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. One person told us, "I feel safe." Another person said, "The carers are safe and do a good job." A relative told us, "They carry out their work safely."

Care workers told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. We saw that where a concern was raised, care workers and managers took the appropriate action to ensure the safety of the person. A care worker told us, "I reported it straight away and an investigation by the social worker took place." Staff were aware of what whistleblowing was and knew that they could report concerns about practice within the organisation.

People's risk assessments were reviewed every three months. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around falls, skin conditions and manual handling.

Care workers told us there were always two care workers or "double ups", for example, to assist someone in using a hoist when it was required. They used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans. They entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell. Care workers were required to identify themselves when they enter a person's home and carried identification. People confirmed that they saw care worker's identification badges but one person said, "I have had different carers and they don't always carry ID, so I don't always know who they are."

We recommend that that the service ensures that all staff carry and clearly present their identification to people when visiting their homes.

We looked at daily notes, rotas and timesheets and saw that care workers arrived on time, were able to cover shifts, take breaks and complete tasks. We spoke with a care coordinator who managed the rota in the office. They told us that "if one of the carers cannot go to a visit, we telephone the person, check who is available and send another carer. We have enough staff to provide cover."

Staff recruitment files showed that the service had safe recruitment procedures. Care workers completed application forms outlining their previous experience, provided references, evidence that they were legally entitled to work in the United Kingdom and attended an interview as part of their recruitment. We noted that written references received included one character reference and one work related reference, although some references were not always dated. It was also not always clear whether they were work related or character references. We suggested that reference details are double checked once received to maintain

consistency. The responsible individual and recruitment manager assured us that they would go through them thoroughly. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This was carried out by the DBS to ensure that the applicant was safe and was not barred from applying to work with people who required care and support.

Records showed that prescribed medicines were administered by relatives or were taken by the person themselves. We looked at daily record notes and saw that staff prompted people to take medicines when required. One care worker told us, "We prompt people but I don't have to give medicine; it is given by the family." We saw that where care workers were required to give people their medicine; they recorded it in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. They were also observed by a senior care worker as part of regular spot checks to ensure that they carried out the task correctly.

Good

Is the service effective?

Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "They do a good job." Another person said that they "had regular carers who have been trained well."

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that care workers asked for their consent before they provided any care. Care plans had been signed by people to give permission for the information in them to be shared. People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

The 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. We checked whether the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. We saw that each care worker received a small leaflet about the MCA which they could carry around with them. One care worker told us, "I understand about capacity and that if people need help making a decision, we speak to their families or speak to the manager."

Care workers told us they received the training and support they needed to do their job well. Care workers had received training in a range of areas which included safeguarding adults, medicines management, moving and handling, dementia awareness, infection control, end of life care and first aid. They received annual refresher training of mandatory topics and undertook Care Certificate training as part of their induction, which were a set of standards that health and social care workers adhere to in their day to day work. Some care workers were also enrolled on to Diplomas in health and social care. The training quality officer said, "After starting work, care workers undertake a twelve week induction in the Care Certificate. We observe them and sign them off. They are all very eager to learn." We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for training in the future. The training quality officer told us, "I cover a lot of areas as part of the mandatory training, which we do in the classroom. We work together so that it helps carers to learn."

Newly recruited care workers completed an initial induction and shadowed more experienced workers to learn about people's individual care needs and preferences. Care workers told us the induction training they received provided them with the knowledge they needed. A care worker informed us, "I have received a lot of good training and I am doing the Care Certificate at home, it is very helpful." Another care worker said, "I was given enough training when I started and I did manual handling, health and safety and safeguarding

training. The training manager is very good."

Care workers were supported and monitored by managers. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and how to ensure they kept themselves and people safe. Care workers confirmed that they had read the handbook and were familiar with it. This ensured that staff were aware of their responsibilities.

Staff told us that supervision took place every three months, including group supervisions or team meetings, which they said they found helpful and supportive. One care worker told us, "The supervision helps me, we talk about our needs and our client's needs." Staff received appraisals annually. Records confirmed that one-to one supervision meetings took place every three months. Care workers confirmed that any training needs or areas of concern were discussed in order for them to develop and gain further skills.

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. People told us that care workers provided them with food or gave them cups of tea when required. One care worker told us "I make my client breakfast or sometimes by the relative, it depends on the care plan." Care workers took appropriate steps when a person was unwell and knew what to do in emergencies. A care worker said, "I would phone the GP or an ambulance and would let the office know as well." A relative said, "The carer will let us know if they were worried about their health or we would let them know. As long as we call the doctor." Records confirmed that care workers had taken the appropriate steps when a person had been unwell.

Good

Is the service caring?

Our findings

People told us that the care workers treated them with respect and kindness. One person said, "They are very caring." A relative told us, "The carers give my relative privacy and are very nice." Another person said, "I love my carer, and I cannot fault them. They are very good at looking after my needs and I couldn't ask for a better person to care for me."

Care workers understood the importance of respecting and promoting people's privacy and dignity. One care worker told us, "We listen and respect privacy. We close the door when we are doing personal care, such as when washing and dressing." Care workers knew about people's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. In most cases, people from a wide range of ethnic backgrounds were able to be matched with care workers from similar backgrounds or who spoke the same language, which enabled people to feel comfortable and relaxed in their company. One person said, "They are very understanding and respectful. We speak the same language, so we get on well." The recruitment manager told us, "Because we operate in east London, where it is multi-cultural, we recruit carers from diverse backgrounds."

Care workers told us it was important that they developed positive relationships with people and this was supported by the responsible individual, who told us that they encouraged staff to develop close relationships with people they cared for. The responsible individual said, "Our carers really care about our service users, it is lovely to see." We spoke with a care worker and they told us, "I have a good relationship with my client. The family know me." The training quality officer informed us that they had discussed with care workers that, not only must they deliver care that was person centred but also log it in such a way. They said, "We want to make sure carers understand how to write their logs appropriately and respectfully such as saying 'We asked the person if they wanted tea' and not say 'We gave them tea'." We saw evidence that the training quality officer's advice was taken on board by care workers.

One person told us, "I have a regular carer and they often stay longer. They are very good natured." Another person felt that care workers were "quiet and friendly." People and their relatives told us they were asked for consent before agreeing to receive care. Staff told us that information was shared with the person receiving care and support. We looked at records which showed that people had been involved in their care planning and they had agreed with the contents.

Files held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any subsequent changes to their individual care plan. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records This ensured people received support which reflected their current care needs. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care and support. One person told us, "Yes, they listen to me and help me when necessary. I am happy with them." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

The training quality officer told us that, "The service is unlike any I have worked with before. It is culturally inclined and very caring. Our carers have strong relationships with people because they mostly come from similar backgrounds." Most of the people we spoke with told us they had regular carers but one person said they were not always contacted by the service when their regular carer was not able to visit. They also said, "The carers are ok but sometimes I have got a different person each morning, without me knowing and I didn't like that. My carer kept changing." We asked if this was a continuing problem and they said, "I did tell them about it but I am not sure if they took it seriously." Another person spoke about cultural differences and said, "They're good but sometimes I don't think we always understand each other because of language barriers but it's ok, they do their job."

We recommend that the provider ensures that people are contacted and updated with any changes to their care worker. We recommend that the provider reviews training in equality and diversity within the service so that care workers can respond to the diversity of people's individual preferences and needs.

The service received referrals from the local authority or from the Clinical Commissioning Group (CCG) for people who required emergency support or End of Life Care, following their discharge from hospital. The service also received referrals to provide additional care to a person who was receiving more regular care from another service. The service ensured that they had the staff available to provide care before agreeing any care packages. During our inspection, we saw that an initial assessment established what specific personal care needs the person, including any risk assessments. This was supported by completed assessments which were discussed with relevant health professionals, an allocated carer, people and their relatives.

A personalised care plan was then developed from the discussions which outlined their needs with the involvement and agreement of the person. People had a care plan in their homes and a copy was held in the office. We saw that care plans were reviewed every three months and updated to reflect people's changing needs. The care plans held personal details about each person, for example, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. People told us that their care visits were usually on time.

We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, for example in the morning, at lunchtime and in the evening. People told us they were involved in the compilation of their care plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care they received from care workers. One person told us, "The manager and staff are very helpful and ask how things are going." Care workers were able to

outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. We looked at daily records and found that they were hand written by staff and contained details about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read hand book left in a folder in their homes. People confirmed that they knew how to complain. A person told us, "Yes, I would know what to do. Where I am capable, I can make a complaint if necessary." Another person said, "I'd just phone to their office, I haven't got any complaints though." The service had not received any formal complaints but we noted that any issues and concerns from people, were brought to the attention of the responsible individual and senior staff. We looked at records and saw that action was taken promptly in response to concerns.

Good

Is the service well-led?

Our findings

The service was managed by the responsible individual, who was the director of the agency and other senior managers of different departments within the organisation. The managers demonstrated a good understanding and knowledge of the people who used the service, as well the staff who worked there.

Care staff told us the service was well organised and that they enjoyed working there. People confirmed that the service was managed well. People told us that they were treated fairly, listened to and that they could contact the service if they had a problem. The care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. Items discussed during team meetings included guidance for care workers for completing log sheets and medicine administration forms, the importance of person centred care, communication, accident and incident reporting, training and more general discussions. We saw that minutes of team meetings were detailed and that they were well attended. Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs.

We spoke with the responsible individual and they told us senior staff were always available in the head office to tend to the business and the delivery of the service. They said, "We can better protect the business if we have senior staff on hand. We have monthly meetings. I will also register as the manager as well as carry on my role as the responsible individual." They also said, "The service has achieved good outcomes and improved people's quality of life because we are able to match people and carers who have the same backgrounds or cultural beliefs."

A member of staff told us that the responsible individual "worked very hard and they are always available to support and help. The head of the service is very encouraging and approachable." They told us that the day to day management of the service was of a high standard. A care worker said, "I love working here and my job. The staff are so nice and supportive. The management is very good."

We looked at various records including minutes of meetings, training information, safeguarding information, health and safety information. We saw updated policies and procedures for the service, including recruitment, complaints, infection control and medicine. Care plans were up to date and reflected people's current needs and health care conditions. Reviews of care workers were completed internally through spot checks and unannounced observations of care workers when they were providing care to people in their homes.

Daily notes, which included what medicines were administered, were brought back to the office each month to be audited and quality checked to ensure that care workers had completed them thoroughly. We saw that they were easy to read. If any discrepancies were found, the training quality officer would have a discussion with the care workers and address any particular patterns more widely in team meetings. We saw evidence of this in the minutes of meetings that we viewed and meant that the service was ensuring that there was consistency in the quality of their work.

We saw that people were required to sign care worker's timesheets, so that the managers and office staff would know that care workers had carried out personal care to people at the correct times. We also saw that a new online system was to be introduced for care workers to log in and out of visits to people's homes using their smartphones. Staff based in the office demonstrated to us a database that was in development which would store people's information electronically.

The responsible individual understood their role and responsibilities. The responsible individual carried out assessments to check whether the service was running as it should be. They notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. The registered provider sent surveys to people and relatives to seek their views and opinions. We saw the latest questionnaires and telephone monitoring checks which had been sent out or returned. The service had received compliments and feedback from people and relatives which were positive. Most people said they were either "always happy" or "usually happy" with the quality of the service. Care files and other confidential information about people were kept in the main office securely and were only accessed by authorised people.