

Rapid Improvement Limited

# Rapid Improvement Care Agency

## Inspection report

Thames Innovation Centre  
Studio G11, 2 Veridion Way  
Erith  
Kent  
DA18 4AL

Tel: 013322838935

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rapid Improvement Care Agency is a domiciliary care agency. It provides personal care and reablement service to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection 14 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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 received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people from the risk of abuse and to report any concerns to the office. Risks to people had been identified, assessed and managed well. People were supported to take their medicines safely and there were enough staff available to support people. Staff followed appropriate infection control procedures to minimise the spread of infections.

Before people started using the service, their needs were assessed to ensure they could be met. People received care and support from staff who had been supported through induction, training, supervision and appraisals. People were supported to maintain good health; eat healthily and access healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's communication needs had been assessed and met and they were involved in making decisions about their care and support. People knew how to make a complaint if they were unhappy.

People were complimentary about the service and told us it was well led. The service had effective systems in place to assess and monitor the quality and safety of the service. The service worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views were sought to improve on the quality of care and support provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, receiving and acting on complaints, good governance and staffing.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 27 February 2020. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rapid Improvement Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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.

# Rapid Improvement Care Agency

## **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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

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

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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke on the telephone with one person who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, branch manager, two care coordinators, an administrative officer and three care workers.

We reviewed a range of records. This included five people's care records and eight medication records. We looked at four staff files in relation to recruitment, staff supervision and appraisals. 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 provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to deploy staff effectively to ensure people were supported safely at the time it was planned for. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff deployment had improved since our last inspection. People were supported by regular staff who knew them, and the level of support they required. A relative informed us, "[My relative] wouldn't open the door if she didn't know the person, but there are two or three regulars now."
- People and their relatives told us care staff were usually on time and stayed for the arranged duration of the visit and they had not experienced missed visits. One person told us, "Very occasionally I may need to call them."
- A new electronic call monitoring system (ECM) showed that care visits were delivered within the agreed time frame and staff attended for their visits as planned. Staff told us they had enough travel time between care visits. Staff rotas we reviewed confirmed this.
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before new staff began working at the service. These checks included employment histories, identifications, two references, right to work in the United Kingdom and a criminal records check.

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure risks to people were assessed effectively and had management plans to mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed. A relative informed us, "[My relative] is safe, she has had Rapid Improvement Care Agency for three years, she is bed bound, doubly incontinent and had no problems with bed sores."
- Risks to people were assessed in areas including personal care, nutrition, medicines, continence care, mobility and people's home environment. Risk management records included guidance for staff to prevent or mitigate individual risks occurring.
- Risks were reviewed regularly to ensure people's changing needs were identified and managed. Care records were updated to ensure care staff had access to up to date information they needed to safely care for people.

- There was a culture of openness and staff were comfortable reporting any safety concerns. Staff told us they would report any concerns they had to the office or to healthcare professionals involved in people's treatment.

#### Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were managed safely. People and their relatives confirmed the support in place was safe and they had no concerns. A relative informed us, "Staff give [my relative] her medicines, they double check she has taken it now."
- Staff responsible for supporting people with their medicines had completed medicines training and their competency had been assessed to ensure they had the knowledge and skills to safely support people.
- Where people were supported with their medicines, staff signed the medicines administration records (MARs) to evidence the support they had provided.
- MARs were audited regularly to ensure that people were receiving their medicines as prescribed by healthcare professionals. Where there were gaps these were accounted for and actioned.

#### Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and neglect. One person told us, "I've used Rapid Improvement Care Agency for two years and I do feel safe with them."
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior managers, local authority or CQC.
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, the service was cooperating with the local authority to investigate a safeguarding allegation.

#### Preventing and controlling infection

- People were protected from the risk of infection. People and their relatives confirmed staff wore personal protective equipment (PPE) including masks, aprons and gloves.
- The provider had an up to date infection prevention and control policies and procedures in place and staff had access to this information.
- Staff had completed training in infection prevention and control and had access to PPE. One staff member said, "The service gives us enough PPE."
- The provider was proactive in ensuring staff took part in weekly COVID-19 testing to minimise the risk of an outbreak. All staff working at the service had received their first COVID-19 vaccine to prevent the spread of infections.

#### Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place and staff had followed the provider's policy and had reported and recorded any accidents or incidents that had occurred.
- There had been one incident recorded in the year 2020/2021 and any lessons learnt for example, about pressure sores were recorded and communicated to staff and this reduced the risk of repeat occurrences.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At our last inspection we recommended the provider review their existing systems to measure the effectiveness of the training being provided to care workers and ensure staff performance and their competence are assessed so any shortfalls in staff performance are promptly identified. At this inspection, we found the provider had made improvements.

- Staff received support through induction, training, supervision and appraisals. One person told us, "Staff have all been trained, and they pick things up well."
- There were systems in place to ensure new staff were inducted appropriately. Staff completed an induction programme in line with the Care Certificate where required, a nationally recognised programme for health and social care workers. One member of staff commented, "I went to the head office for training and it was good."
- All staff had completed or updated their training courses the provider considered mandatory since our last inspection. This included moving and handling, food safety, medicines management and safeguarding adults.
- Staff had also completed training in areas specific to people's needs including dementia care, diabetes and mental health awareness and pressure sore care to ensure they had the knowledge and skills to meet individual needs.
- Staff supervision and annual appraisals were being carried out in line with the provider's requirements and staff confirmed they felt supported in their role. One member of staff commented, "We get lots of supervision."

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

At our last inspection we recommended the provider to seek advice from a reputable source on best practice in supporting people with their nutritional needs and act accordingly. At this inspection, we found the provider had made improvements.

- People were supported to eat and drink enough for their health and wellbeing. People and their relatives confirmed they were happy with the level of support staff provided with their nutrition.
- Care records included information about people's nutritional needs; their likes, dislikes and the level of support required to ensure their needs were met.
- Some people were independent with their meal preparations. However, where people required support, staff consulted with them or their relatives on what types of food they preferred and any cultural requirements they had.
- Staff knew the level of support people required with their eating and drinking and informed us they would

report any concerns to the office. They also completed eating and drinking charts for people at risk of malnutrition and dehydration to ensure appropriate support was provided where required.

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

- Before people began using the service, their individual needs were assessed to ensure their needs could be met. A relative told us, "The service assessed [my relative] at first, the staff came again when she came back from hospital. Every six months or so they come and reassess and check whether we need anything else."
- Assessments contained information about people's physical, mental and social care needs; including personal care, eating and drinking, medicines, continence care, pressure areas and communication.
- These assessments along with referral information from the local authority that commissioned the service and/or hospital discharge notes were used to help develop people's care and risk management plans.
- Where required other health and social care professionals were involved in these assessments to ensure people received the support they needed.

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 access healthcare services including GPs where required. People and their relatives were responsible for coordinating their own healthcare appointments.
- However, where additional support was required, staff provided this. People and their relatives confirmed staff would help them contact healthcare professionals where required.
- Staff knew when to contact emergency services or other healthcare professionals for any concerns they may have about a person's health condition. A relative informed us, "Staff would call an ambulance if there was an emergency."
- The registered manager shared relevant information with other health and social care professionals including GPs, pharmacist, district nurses, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received.

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.

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.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. A relative informed us, "Staff ask for consent, I think it is sweet, my [relative] doesn't have a clue but I hear them chatting away to her."
- People had signed consent forms to be assessed and to receive care and support from the service.
- The registered manager informed us people using the service could make day-to-day decisions about their care and support needs.
- However, where people were unable to make specific decisions for themselves, the service had documented their lasting power of attorney to ensure they were involved in making specific decisions in their best interest.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure all complaints were handled effectively to improve the quality of the service. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints were handled effectively. The service followed the provider's policies and procedures when handling complaints. A relative told us, "We have no complaints, a couple of minor gripes but no fundamental problems. We're really pleased with [Rapid Improvement Care Agency, in fact we decided not to move areas because they are so good."
- People and their relatives knew how to make a complaint and told us their complaints were acted upon. A relative told us, "A couple of weeks ago a new care staff came without a mask. I phoned the office and left a message and it was immediately addressed."
- Both formal and verbal complaints were acknowledged and addressed to people's satisfaction. A complaint log showed the provider had received one verbal complaints since our last inspection. No formal complaints had been made.
- People told us complaints were handled to their satisfaction. A relative informed us, "I was satisfied with the outcome of the complaint, I like that they dealt with it straight away. The new manager is really on it."

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

- Care and support were planned and delivered to meet people's needs. People had choice and control of their day to day lives and their decisions were respected. One person told us, "Staff do respect my privacy and dignity, they do what needs doing and check nothing else needs doing."
- Each person had a care and support plan in place which included information about their personal care, nutrition, mobility, medicine, communication and continence care.
- The care plans included guidance for staff on the level of support they should provide. Staff told us they knew people well and the level of support to provide. One person said, "Staff are good at judging if they need to help and support me."
- Daily care notes showed the care and support provided was in line with the care and support planned for. Care plans were kept under regular review to ensure people's changing needs were met.
- The service worked within the principles of the Equality Act and staff supported people without any discrimination. A relative told us, "[My relative] doesn't always want young people as they can be impatient, and she wouldn't have a man for showering her."

### 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.

- People's communication needs were met. A relative informed us, "Staff do talk to [my relative] and chat even though she doesn't speak English and has dementia."
- Care records included information about how people communicated and how information should be presented to the person to help them make an informed choice or decision.
- Where people had difficulty communicating verbally or with hearing, there was guidance in place for staff on the support they should provide. This included for example, the use of simple words, and giving people a lot of time to respond.
- The registered manager informed us currently people and their relatives understood information in the standard format; however, where required information would be provided in other formats and to meet individual needs.

### End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. The registered manager informed us where required, they would ensure to work with the person, their relatives and health and social care professionals so their end of life care needs and wishes would be met.
- Staff had completed end of life care training, to ensure they had the knowledge and skills to support people where required.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure appropriate systems were in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-led. A relative informed us, "It's well managed and I'm happy with them."
- An effective system was in place and office staff monitored staff attendances using electronic call monitoring (ECM) system, to ensure visits were taking place as planned. A relative commented, "We are very happy with them, they come on time, they're good and kind with my relative."
- There was an organisational structure in place and staff understood their individual roles and responsibilities. The registered manager, branch manager, office staff and care staff all worked well together.
- The service had an effective governance and accountability system in place. Staff carried out various checks in areas including care files, staff recruitment, training, supervision and medicines charts. Unannounced visits were also carried out to monitor and improve staff practices.
- Where issues were identified lessons were learnt. For example, where a member of staff failed to identify a person was unwell, the provider acted and supported staff through supervision. Any lessons learnt such as signs to look out for with pressure sores was shared with care staff to prevent repeat occurrences. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and the branch manager demonstrated a commitment to provide meaningful, high quality, person centred care. They were open to learn new ways of operating the service to improve on the quality of care they provided.
- The management team aimed to support people to recover after they had been discharged from the hospital. The registered manager told us their aim was to promote, independence, privacy and dignity and effective communication.
- The management team understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought to improve the quality of the service. The service gathered feedback from people and their relatives through home visits, telephone quality checks and annual surveys.
- The result of a service user feedback questionnaire carried out in May 2021 showed 12 out of 14 people responded; this had not yet been analysed. People and their relatives gave positive feedback in areas including staff treating people with kindness and understanding and staff punctuality.
- Office staff had regular meetings. The registered manager informed us team meetings were no longer held with care staff since the beginning of the pandemic. However, staff supervision sessions had increased.
- Staff told us they felt supported in their roles and their views were listened to and acted upon.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, hospital teams and other health and social care professionals, to provide joined-up care. Health and social care professionals informed us they did not have any current concerns about the service but rather improvements had been noticed.