

Rapid Care Ltd

Rapid Care

Inspection report

67 Station Road

Rainham

Gillingham

Kent

ME8 7SB

Tel: 01634377755

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20 January 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rapid Care is a domiciliary care agency providing personal care to people in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection 70 older people were receiving this support.

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

Risks to people's health, safety and welfare had not been consistently assessed and there was a lack of guidance for staff about how to support people safely. Whilst staff understood how to support people, and had completed regular training, there was a risk new staff may not support people safely.

People were not supported by staff who had been safely recruited. Checks with previous employers had not been consistently completed. Obtaining references from previous employers helps to make sure new staff are safe to work with people.

There was a lack of oversight at Rapid Care. Whilst some checks and audits were being completed, they were not routinely recorded. Shortfalls identified throughout the inspection had not been recognised by the management team.

Accidents and incidents had been recorded and action taken to ensure people were safe. These had been raised with the local authority safeguarding team, however notifications for 2 incidents had not been reported to CQC in line with guidance.

People were supported by staff who understood the potential signs of abuse. Staff felt confident to raise concerns and told us action would be taken to keep people safe.

People told us their care calls were generally on time and they received support from regular carers. People received their medicines on time and as prescribed.

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.

People and their relative spoke positively about the care and support they received. They felt listened to and had provided positive feedback in quality assurance surveys. Staff felt valued and supported by the management team.

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

Rating at last inspection

The last rating for this service was good (published 9 May 2018).

Why we inspected

We received concerns in relation to the recruitment of staff. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rapid Care on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk assessing, recruitment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rapid Care

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 1 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. The Expert by Experience spoke with people and their relatives.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service had not had a registered manager in post for over 12 months. A new manager had been appointed and an application to register with CQC had been submitted.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 January 2023 and ended on 20 January 2023. We visited the location's office on 11 and 17 January 2023.

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 the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 3 relatives about their experience of the care and support provided by Rapid Care. We also spoke with 9 staff, including the management team and office administrator.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had not been consistently assessed. There was a lack of guidance for staff about how to keep people safe.
- There was a lack of guidance for staff to ensure equipment was used safely. For example, when a person needed the use of a hoist to help them transfer from bed to a chair, there was no detailed guidance to ensure staff used the hoist safely. There was a risk new staff may not have the step by step guidance to ensure people were moved safely.
- When a person had a catheter, to drain urine from their bladder, there was no information to guide staff to the possible risks of infection, for example changes in the colour of urine. This information should be provided to make sure any new staff know how to provide the right support and be able to identify concerns with the person's catheter. However, staff were able to tell us about catheter care. One member of staff commented, "I had training from the nurse to know how to support a person with their catheter care." Staff completed practical moving and handling training, provided by an external trainer to ensure they understood how to support people safely.

The provider failed to assess risks and do all that is practicable to mitigate risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe care and treatment.

- During the inspection the nominated individual informed CQC the risk assessments were being completed and guidance for the use of a hoist had been updated to make sure staff had the correct guidance.
- People told us they felt safe and supported well by staff. People told us, "They do all I ask and more, shower and cream me all over and hoist me into a chair. They return later to hoist me back. They are pretty good. I am confident with the hoisting".

Staffing and recruitment

- People were not supported by staff who had been recruited safely.
- Checks had not been consistently completed to make sure new staff were safe to work with people. For example, a staff member's file noted they had provided 2 references. There was no reference on file and no evidence these had been requested. A second staff file noted references had been requested, however they had not been received. During the inspection, these reference requests were followed up and the references obtained.

The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation

19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Fit and proper persons employed.

- Following the inspection, the nominated individual told us a full audit of staff recruitment files was being completed to ensure any further identified shortfalls could be addressed.
- Disclosure and Barring Service checks were completed. These provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records of interviews were completed. Staff Rights to Work in the UK were completed. Proof of ID was recorded on each staff file.
- People and relatives told us staff team were consistent, usually on time and stayed the required length of time. A person told us, "The same carers come. They know what I like, so I don't have to show them."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and discrimination. Staff completed regular training about safeguarding people.
- Staff understood how to recognise the signs of potential abuse and knew how to report any concerns. A staff member told us, "The first thing I do is ring my manager. She wants to know immediately there is any worry about someone. Then, of course, I put notes on [the electronic system]. I know I can whistle blow to CQC, but I can't imagine needing to. I know I can contact the local authority or even a care manager if I was worried."
- All the people and relatives we spoke with knew who to contact if they had any worries and felt they would be supported, with any necessary action being taken.

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.

- We found the service was working within the principles of the MCA. At the time of the inspection there were no authorised court of protection orders in place.

Using medicines safely

- People received their medicines safely and as prescribed. Staff used an electronic system to records when medicines had been administered. This system was checked regularly by office staff to ensure medicines had been administered as they should.
- People told us that when staff supported them with their medicines, they felt confident this was done well. One person told us, "I get help to take my medication and all goes well. The carers record everything on their iPads. I get my medicines at the right time."
- Staff competency was checked regularly to ensure staff were following safe practice. There were systems to report any medicines concerns. There was guidance for staff for when a new medicine, such as an antibiotic, had been prescribed. This ensured people started new medicines promptly.
- When people needed creams to help keep their skin healthy, there was information for staff about where to apply creams and how often.

Preventing and controlling infection

- Staff followed safe infection prevention and control (IPC) process. Staff completed IPC training. One person commented, "The carers wear all gloves, aprons and masks. They empty the commode for me. I have been so satisfied with the care."
- Staff told us they always had plenty of PPE. One member of staff said, "I always have PPE, and have never had a problem with it. It is OK at the moment, but it only takes walking into a call to find a person has tested positive or is showing symptoms of Covid-19 and I would go straight to wearing full PPE. It is about protecting the clients and also myself."
- Staff completed training about food hygiene to make sure they prepared food for people safely.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated; lessons were learned from these and used to improve the quality and safety of care provided.
- When there had been incidents concerning people's safety, the local authority safeguarding team had been informed and / or there had been referrals to health care professionals.
- The service monitored the timing of calls to ensure they met people's preferences. A relative commented, "I am extremely pleased. They keep me informed and, if there is anything untoward, they let me know. We trialled a change to the timing of visits which worked very well."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality and assurances systems in place did not allow for effective monitoring of the service. Shortfalls identified during the inspection had not been identified. Checks to ensure risk assessments were in place to guide staff about how to reduce risks to people's health, safety and welfare, had not been completed.
- There was no registered manager at the service. Since the previous registered manager left the service, some checks and audits had not been recorded regularly. For example, office staff made sure that late calls were monitored and took action to check any reasons for this, however, this was not recorded. The nominated individual did not have clear oversight of the day to day running of the service.
- Care plans were completed on an electronic system, however not all the information from previous records had been transferred across. This meant the care records were not as person centred as previous versions. However, when people's needs had changed, this had been recorded. Following the inspection, the nominated individual confirmed all care plans were being checked and updated.
- The service was being managed on a day to day basis by a manager as a temporary measure. A new manager was undertaking a handover and had submitted their application to register with the Care Quality Commission.

Systems to assess, monitor and improve the quality and safety of the service had not been operated effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Good governance.

- We identified 2 incidents, in the previous 12 months, which had been reported to the local safeguarding authority, that had not been reported to the Care Quality Commission (CQC) in line with guidance. Action had been taken to ensure people were safe.

The provider failed to notify the Commission, without delay, of incidents which occurred. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 nominated individual understood their responsibilities under the duty of candour. This is a specific set of legal requirements that services must follow when things go wrong with care and treatment. We did not identify any incidents within the remit of duty of candour.

- Regular spot checks were completed by senior staff and, when shortfalls were identified, action was taken to address these concerns. New staff were closely monitored throughout their induction and worked with experienced members of staff. Their competencies were assessed, and their care calls were monitored to ensure they were providing a good quality of care and support.
- Following the inspection, a new management structure, including defined roles and responsibilities was shared with CQC. This included the sharing of guidance regarding what notifications must be submitted to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and positive culture where people and staff views and experiences were welcomed. People told us, "It is an excellent service."
- People and their relatives told us the service was well-led. They knew who to contact and felt they would be listened to. A person said, "It works well. The Manager is very, very nice. I have got their number. I get very anxious and they rang me to ask if I was coping. They are very supportive."
- People and their relatives were involved with their care and support from the beginning. Care and support centred on people's individual needs and preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with people and health care professionals to make sure people received the support they needed when they needed it. People told us, and staff confirmed, they worked with occupational therapists, community nurses and other nurse specialists, to ensure there was effective, joined-up care and support.
- People told us they were asked to provide feedback about the service they received through surveys. Comments from a recent survey included, 'Very happy with the service given. Carers most kind. Always friendly and professional' and, 'My family and I are highly delighted with the excellent care I receive from Rapid Care. Thank you for all you do.'
- People, relatives and staff felt the communication was good. One person told us, "Very good communication. They can read me like a book and the carers work well together. They are in sync."
- One to one staff supervision meetings had not been held regularly. This had been identified and staff had begun to meet with their line managers to discuss their performance. Staff supervisions reviewed noted staff felt supported and there was a good level of job satisfaction. Staff told us they felt valued and supported. They said, "Nothing is too much trouble and there are opportunities to develop my knowledge" and, "[My line manager] is friendly, outgoing, lovely and really supportive. I can go to them with any concerns."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission, without delay, of incidents which occurred.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess risks and do all that is practicable to mitigate risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service had not been operated effectively.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate effective

recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff.