Rapid Improvement Limited

Rapid Improvement Care Agency

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 January 2018 and was announced. Rapid Improvement Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 22 people were using the service. This was their first inspection since the registration of the service in 2017.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

The systems in place to check the quality of care and service provided did not always identify issues. We found that staff did not ensure that best practice guidelines were followed in line with the Mental Capacity 2005 (MCA) in connection to the decision made about one person's care and support. The registered manager however took immediate steps to address our concerns. Staff had received training in the Mental Capacity Act 2005.

People's care needs and risks to their health, well-being and safety were assessed and care plans developed on how identified needs would be met. Staff had training to do the job. Staff were supported through regular supervision, appraisal, spot checks and direct observation to be effective in their roles. Staff supported people with their nutritional needs.

The service had policies and procedures in place to protect people from the risk of abuse. Staff were trained in safeguarding adults from abuse and they knew what actions to take if they suspected abuse had occurred. People received care visits from staff to meet their needs. Staff recruited to work with people were thoroughly vetted to ensure they were suitable for their roles.

People were supported to manage their medicines safely. Staff were trained and followed good infection control procedures. The service had a system for reporting incidents and these were reviewed by the registered manager.

People had access to healthcare services they needed to maintain their health and staff supported them to

attend their appointments. The service ensured people received the care they needed when the moved between services.

People and their relatives told us that staff were kind and caring towards them. Staff involved people in day to day decisions about their care. Staff respected people's dignity and privacy. People were encouraged to maintain their independence as much as possible. Staff knew how to support people with their needs.

The service planned people's care and support to meet their individual needs and requirements. The service supported people to maintain their religious beliefs and culture. Staff understood how to provide care to someone at the end of their life.

People and their relatives knew how to complain if they were unhappy about the service. People were asked for their views about the service. These were used to improve the service.

The service worked in partnership with other organisations to improve the service. They had an annual business improvement plan on how they would develop, sustain and improve the service.

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.

Risks to people were assessed and action plans developed to reduce identified risks.

Staff knew how to identify abuse and the procedure for reporting any concerns. The registered manager understood their role to protect people from abuse.

Staff reported incidents and accidents and they were reviewed by the registered manager. Lessons learned were shared with staff.

Recruitment practices were safe. There were enough staff available to meet people's needs and people received their care visits as planned.

Staff supported people to receive their medicines safely. Staff followed infection control procedure to reduce risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received MCA training and knew the importance of obtaining people's consent before care and support was provided. We found that staff did not follow best practice guidelines in the way a decision was made for one person. However, the registered manager took immediate steps to address our concerns and ensured.

Staff received training; appraisal and supervision to enable them deliver effective care to people.

People needs were assessed looking at various areas and how to meet them. Staff supported people to meet their nutritional needs and requirements.

Staff supported people to access healthcare services they needed to maintain their health. People were supported to

receive a coordinated service when they moved between services.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and kind towards them. Staff understood how to care people's emotional needs.

Staff promoted people's independence and treated them with dignity and respect.

People had input in their care planning. They were aware of the arrangement for their care.

Is the service responsive?

Good

The service was responsive.

People had care plans in place on how their individual needs would be met and staff followed them.

Staff supported people to maintain and practice their cultural and religious beliefs.

People knew how to complain about the service and the registered manager responded and addressed complaints in line with the provider's policy.

Staff were trained to provide end-of-life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager and compliance officer carried out audits to check quality of records. However, we identified an issue which was not picked up through audits and checks carried out.

The care coordinators conducted spot checks and monitoring to obtain feedback from people and assess the standard of care provided to people.

There was a registered manager in post who understood their roles and responsibilities. The registered manager knew to notify CQC of any significant incidents.

Staff told us they had the leadership and direction they needed. The service had plan in place on how they would improve and sustain the service.

The service worked closely with other organisations to improve and develop the service.

Rapid Improvement Care Agency

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 checked whether the provider is 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 for the service under the Care Act 2014.

This announced inspection took place on 16 January 2018. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office. We needed to be sure that they would be in. The inspection was undertaken by one inspector and an expert-by-experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about Rapid Improvement Care Agency including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. 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. We used this information in the planning of the inspection.

During the inspection we spoke with three people, five relatives, the registered manager, deputy manager, compliance and training officer and two care coordinators. We reviewed six people's care records and medicines administration records for four people. We looked at five staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments.

After the inspection, we spoke to three care staff by phone to find out how they supported people, and the support they received from the management.

Good

Our findings

People's relatives told us they felt safe with staff. One relative told us, "The carers speak nicely to [relative name]." Another relative said, "Yes, we feel safe. The carers use a key safe when we are not at home and this is used correctly. The carers are respectful to our family and to our home."

Staff were knowledgeable about the various forms of abuse, signs to recognise them and the procedure for raising their concerns to their manager. One staff member told us, "If I see something that is not normal. I will report it to the office staff. If even the person says I shouldn't. I still have to." Another staff member said, "If a suspect abuse I will inform the managers. They won't joke with any matter of abuse. They will take it seriously." Staff told us they would inform senior managers or social services if their concerns were not investigated or taken seriously. The registered manager and management staff understood their responsibilities to investigate and address an allegation of abuse in line with safeguarding procedures. This included involving the local authority safeguarding team and informing CQC. We saw that they had complied with this to address an alleged incident.

Risks to people were managed to keep them safe from harm. The care coordinators assessed potential risks to people and developed management plans on how recognised risks would be minimised. The assessment looked at risks to people's physical and mental health, behaviour, medicine management, moving and handling and environment. For example, people had moving and handling plans in place which provided information to ensure people were safely supported with their mobility and transfers. Where people used specialist equipment such as a hoist to transfer, two members of staff performed such moving and handling tasks to ensure people's safety. People at risk of developing pressure sores also had management plans in place to minimise harm to them. The actions for staff to follow included ensuring people's hygiene was maintained, skin was kept dry, clean and well moisturised, regular repositioning and liaising with district nurses when necessary. Where required, people had pressure relieving mattresses and cushions.

People were supported to take their medicines. Care plans detailed the support people needed to manage their medicines. Where relatives supported people with their medicines it was also stated in their care plans. Staff told us they had received training in safe medicine administration and felt confident doing this. Four people's medicines administration records [MAR] sheets we reviewed were fully completed with no gaps. The care coordinators monitored staff medicine administration practices during spot checks and observation to identify any errors.

There were sufficient staff available to care for people however we received mixed views about staff

timekeeping. One person said, "Most times they arrive on time and sometimes late. I was here one day waiting for the carer, it was a long wait." A relative told us, "The carers do not always turn up on time and can be an hour late. It has slightly improved lately though." Two other relatives however informed that care staff were generally on time. One said, "The care staff are on time. Sometimes delayed but they let us know." Another said, "I think the timekeeping is okay, the agency let us know if they will be late. There is a team of three or four and if someone is absent they work the time between them."

We discussed these comments from people and their relatives with the registered manager. They told us they were constantly working to find ways to reduce late calls. They said they were only currently accepting care packages within certain localities where staff can travel around easily.

Staff told us that the time allocated to them to care for people was enough for them to complete their tasks. One staff member said, "Time is usually enough. Sometimes it might take extra time; it depends on what is going on with the client that day but not a problem I must say." The staff confirmed they always had two staff complete moving and handling tasks. Another staff member told us, "Always have two carers to do double handed visits. Time allocated to us is enough most of the time but sometimes it's not enough. If we report they increase the time."

The rota was planned in advance using geographical locations where people and staff lived. This process reduced staff lateness. The service also checked staff availability and matched them with people's requirements. Staff confirmed they knew care visits allocated to them in advance. The care coordinators managed lateness and reduced the risk of missed visits by monitoring staff attendance through random phone calls and visits to people's homes. The service had a company vehicle available which the care coordinators and staff used in emergencies or when needed to complete care visits.

Staff underwent recruitment checks to ensure they were suitable and people would be safe with them. Recruitment records contained two satisfactory references from the applicant's current or most recent employment, Disclosure and Barring Services (DBS) checks, and proof of identity, employment history and right to work in the UK. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions. Gaps in applicants' employment histories were explained.

Staff knew their responsibilities to protect people and themselves from the risk of cross-contamination and infection. Staff confirmed they had been trained in infection control. Staff told us they always washed their hands before and after contact with people. They also used personal protective equipment (PPE) and disposed waste and sharps appropriately. The care coordinators monitored staff practices during spot checks and they discussed infection control procedures with staff during team meetings.

The service had systems in place for staff to report incidents and accidents. Staff knew the procedures for reporting incidents and near misses. The registered manager reviewed records of incidents and noted any actions taken to reduce recurrence. For example, one person's moving and handling plan was updated due to their history of falls.

Requires Improvement

Our findings

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of obtaining consent from people before providing day-to-day support. People's relatives were involved in making decisions as required. However, we found that people's rights under the MCA were not always protected. One person's care plan indicated they lacked mental capacity to make decisions and their relatives made decisions on their behalf. Mental capacity assessment was not completed. A best interest meeting was also not held in relation to a specific decision made for them about how they were supported to ensure it was to their benefit. .

We discussed this with the registered manager who understood the issues we raised and they immediately started to correct our concerns. They sent us evidence that they had arranged a best interests meeting to review this. They also informed us that staff had been booked on MCA training.

Staff assessed people's needs to establish what care they needed. Assessments undertaken covered medical conditions, physical and mental health; personal care, nutrition, mobility and skin care. Care plans were developed to provide guidance to staff on how they would support people appropriately. Care plans we looked at showed support people needed with their personal care including toileting, dental care, skin care, medicine management, nutritional and managing their health conditions. We saw that where necessary other professionals had been involved in developing care plans. For example, the occupational therapist had been involved to provide equipment and support with one person to help staff move them safely.

People told us staff knew how to care for them. One person said, "Yes, the care staff seem to know what they are doing." Another person commented, "Yes, [care staff] know what they are doing but some are more

experienced that the others." Staff told us and the training record showed staff completed an induction when they started. This included shadowing an experienced member of staff and completing the training courses the provider considered mandatory. Training records showed that staff had completed training in safeguarding, medicine management, infection control, health and safety and moving and handling. The provider had an in-house trainer who ensured staff were up-to-date with their training.

Staff told us and records showed staff were supported through supervision, observations and appraisals to be effective in their roles. One staff member told us, "I feel supported. We get supervision or observation monthly." Another staff member said, "I honestly feel supported. If I have questions or concerns I will speak to the manager. They meet with me often to check how I am doing and to discuss how to do the job." Records also showed that staff received annual appraisal of their performance.

Staff supported people to meet their nutritional and dietary needs. Care plans noted what support people needed with preparing their meals and with eating and drinking. One relative commented, "I sometimes leave a meal that has to be warmed up and this is done by the carer." Another relative said, "If I am not here, the carers have to prepare the food and ensure they eat enough but normally I do it all." Where people or their relatives were responsible for this, it was noted too. People's dietary needs and requirements were included in their care plans also. One person was a vegetarian and staff were aware of this. People who required assistance from staff, received support needed.

The service had systems in place and liaised with other services to ensure people's needs were met. Each person had a hospital information passport which contained information about their medications, medical histories, backgrounds, dietary requirements, next of kin details, GP details and summary of their support plan. Staff passed this personal profile sheet to other services when people need them. This ensured people received continuity in care.

Staff supported people to maintain their health. We saw record which showed people's appointments and contact with healthcare services such as GPs, dentists, opticians and district nurses. Record showed staff liaised closely with district nurses to care for one person's pressure ulcer.

Good

Our findings

Staff were caring towards people. One person told us, "Kind very kind the carers. They speak nicely to me and are so respectful." Another said, "They [carers] are lovely. They are kind." Relatives also commented, "The staff speak nicely to [family member]. The carers are respectful. I like the idea that there are consistent carers so a relationship is formed" and "The carers speak nicely to love one and to us the family and they always listen to us."

Care records detailed people's backgrounds, history and behaviours that may challenge. Care plans also detailed how people's cognition or mental health might affect their mood and behaviour that may challenge. Staff had been trained in dementia care and understood how to support people living with this condition. They told us people may be confused, forgetful or frustrated and said they knew to be patient, understanding and considerate.

Staff understood the way people communicated and expressed themselves. Care records detailed people's communication needs. One person's care plan stated, "Hearing – "[person's name] is hard of hearing and is totally deaf in their left ear. Speak to him/her slowly in an appropriate tone of voice and give them time to respond." Staff told us of some the ways people they supported expressed their wishes and choices. They said people might point at things, use facial expressions and through their body language. They added that being attentive and observant to verbal and non-verbal expressions was important.

People were involved in making decisions about the care and support they received. People and their relatives confirmed they were involved in discussing their care needs and planning it. One person told us, "I have a care plan. The carers write in it every time they come. My family look at it and they have a chat about it sometimes." A relative said, "The carers listen to what needs to be done." Staff gave us examples of how they involved people in their care. They told us they offered people choices of how they preferred their personal care done, what they want to eat and wear. One staff told us, "I always ask clients what they want you to do. I always follow what they want you to do. For example, ask what they want to eat, show clothes to choose from. Listen to what the client wants."

Staff demonstrated they understood how to promote people's privacy, dignity and independence. Training records showed and staff confirmed they had completed training in these subjects. Staff understood the importance of maintaining people's privacy and dignity. One staff member explained, "Cover clients as much as possible when supporting them with personal care. Speak to them nicely. Involve them in what you are doing." Another staff member commented, "Do not expose their bodies unnecessarily when attending to

their personal care. Inform them before touching them; encourage them to wash their private areas by themselves. Maintain confidentiality. Don't discuss information about your clients to other people."

Good

Our findings

People received support from staff to meet their individual needs. Care plans detailed people's physical, emotional and medical needs. Their preferences, likes and dislikes were also stated. People had support they required to maintain their personal hygiene, manage their health and well-being and promote their mental health. Care plans were agreed with people initially with regards to their care arrangements times of visits, duration and tasks to be undertaken. Care plans were regularly reviewed to reflect changes in people needs.

Care records showed that where required to meet people's needs, care arrangements were adjusted. For example, people's care visits times were changed, the duration increased or additional visits put in. People told us they knew about the arrangement for their care and were able to request for changes.

The service gathered information about people's religion, belief, faith, ethnicity and culture and they provided support to people to maintain these where needed. One person attended church twice weekly. The person arranged how to get there but staff supported them to get dressed and ready. People's requirements in terms of their cultural food were included in their care plans and staff supported them with this. For example, one person was a vegetarian and staff supported them to maintain this. Staff had completed training in equality and diversity and knew to respect people's differences.

People knew how to raise their concerns or complaints about the service if they were unhappy. One relative told us, "I would make a complaint if I was unhappy but have not made a complaint yet. There is a number I can call." A relative said, "I would write down my complaints to the agency." People were given information on how to complain when they first started using the service. The complaint procedure set out a three-stage complaint process including how to escalate their complaint to external agencies. We reviewed record of complaints and concerns and saw they were addressed in line with the provider's procedure. Complaints were investigated and the complainant responded to. Outcomes were also noted and lessons learned where appropriate. For example, staff were retrained on moving and handling following concerns being reported.

Staff knew how to care for people appropriately at the final stages of their life. Senior staff members had completed training on end-of-life care. The provider had training available for all staff when needed. The registered manager and care coordinators were clear on how they would ensure people were appropriately supported in line with their wishes. At the time of our visit, there was no one receiving end of life care from the service.

Requires Improvement

Our findings

We received mixed feedbacks from people and their relatives about how the service responded and met their needs. Positive comment received from one person was; "Yes, I would recommend the service. The carers have been good to us." Another person said, "The office staff are nice and helpful when if I speak with them." A relative also commented positively. They said, "I would recommend the agency. The other company we used previously, the care staff were not consistent and that is what I like about this company, the consistency of staff." Another relative said, "Yes, we are happy with the service, the main thing is that the carers are consistent which helps build a relationship." However, one person told us they had requested to be supported to bed at later than the time previously agreed but this change has not happened. Another person told us the service was not flexible to providing support outside their care arrangement. For example, they said they had requested support to socialise in the community but staff were restricted to the time they could spend with them. We spoke to the registered manager about these issues and they explained that the service operated within a time period and only provided care and support within that period. They added that they were however flexible to accommodate special requests if they were pre-planned and if they had the resources to do so.

We recommend the service finds a way to engage people to gather their views about the service.

The provider had systems which they used to assess and monitor the quality of service provided. They had a compliance officer who led in ensuring the service delivered was in line with the service level agreement with the commissioning authority. They checked staff files to ensure recruitment was safe and robust; policies and procedures were updated and available to guide for the effective running of the service. They also ensured staff were up to date with the provider's mandatory training. We saw that the service had complied with the action plan following a recent monitoring visit completed by the local authority monitoring team.

The registered manger audited care files quarterly to check they were update. We identified concerns in relation to staff not adhering to best practice guidelines in line with the Mental Capacity Act 2005. The registered manager had not picked this up before our inspection. We raised this matter with the registered manager and they took immediate actions to correct it. After the inspection, they sent us evidence of steps taken to improve on the issues we identified. Staff were also booked on training to improve their knowledge and practice. They assured us that the deputy manager was conducting an audit of all care records to identify and rectify any issues.

The care coordinators carried out spot checks to assess the quality of care staff provided to people. During

the spot checks they assessed staff conduct, attendance, communication, health and safety practices and documentation. We saw they gave feedback to staff to improve their performance and practices. For example, staff were reminded of the importance of having their work identity badge with them during care visits.

Staff told us that they had the support, direction and leadership they needed to carry out their jobs. One staff member said, "The managers are really involved. They are reliable, and committed. You can speak to them about anything and they will help you." Another staff member commented, "If I have any concerns I speak to the managers and they help us. They make sure we know what we are doing. A third staff member said, "Our managers are very lovely. They do a very challenging job and try their best. They listen and help me a lot."

The management team held regular meetings with staff. They used these to listen to staff, provide support, share good practice, and provide updates and to share learning and experience. Matters discussed during team meetings including record keeping, concerns about people, team work and maintaining care values. We also saw that team meetings were used to discuss staff roles and responsibilities and standard of work expected.
There was a registered manager in post who understood their role and the requirement of their CQC registration including submitting notifications of significant incidents. The registered manager was supported by a deputy manager who was newly employed at the service.

The service worked closely with a wide range of organisations to meet people's needs effectively and to develop the organisation. They worked closely with local authorities commissioning and contracts teams to develop the service they provided to people to ensure it achieves positive outcomes. They service also liaised with various training providers to deliver training to staff.

The service continuously aspires to sustain, develop and improve the service. They had an annual business improvement and development plan in place which sets out the strategic objectives for the year. The current plan's objective included improving customer satisfaction, and achieving intended outcomes for people. They also aimed at improving employee satisfaction levels and employee retention. Conducting surveys to obtain feedback was one of the plans developed to achieve these objectives. The registered manager told us they continued to review their processes and system to ensure they were effective. The provider was in the process of installing an information technology and electronic call monitoring system to help in care planning and managing care visits.