

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

Summary of findings

Overall summary

About the service: Rapid Improvement Care Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection 30 people were using the service.

People's experience of using this service:

- People were put at risk of receiving unsafe care and support because staff did not always arrive on time and the systems in place were not always effective in driving improvement.
- People received care and support that was personalised to their needs.
- Risks to people had been identified, assessed and they had management plans in place to reduce the risk occurring.
- People's medicines were managed safely.
- People were protected from infectious diseases because staff followed appropriate infection control protocols.
- There were enough staff available to support people's needs.
- 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.
- Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they carried out their roles effectively.
- People were supported to maintain good health and they had access to healthcare services where this was required.
- People's privacy and dignity was respected and their independence was promoted.
- People were involved in making decisions about their care needs.
- People and their relatives knew how to make a complaint if they were not happy with the service.
- No one using the service required end of life care and support; however, there were systems in place to ensure that people had access to end of life care when required.

- Feedback from people, their relatives and staff was being used to develop the service.
- The provider worked with key organisations to plan and deliver joined-up care.
- Staff said they enjoyed working at the service and felt supported in their role.

Rating at last inspection: Requires Improvement. (Report published 3 March 2018) This is therefore the second time the service has been rated as Requires Improvement.

Why we inspected: This inspection was part of a scheduled plan based on our last rating of the service and aimed to follow up on some concerns we had found at our inspection in January 2018.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed 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. Their area of expertise is in older people and dementia care.

Service and service type: Rapid Improvement Care Agency is a domiciliary care agency. It provides personal care to older people with varying needs living in their own homes.

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.

This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to contact them for their feedback.

Inspection site visit activity started on 6 February 2019 and ended on 7 February 2019. We visited the office location on both the 6 and 7 February to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people and five relatives to gather their views about the service. We spoke with the registered manager, branch manager and a care coordinator. We reviewed four people's care plans, risk assessments and medicines records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, accident and incident records, surveys, and minutes of meetings.

After our inspection, we spoke with five staff on the telephone to gather their views about the service, the level of support they received to perform their roles and the level of care and support they deliver.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- People told us that staff attendance and punctuality had improved recently but more could be done. We had mixed feedback from people and their relatives regarding staff punctuality and missed calls. One person told us, "We did have a bit of a hiccup at first, but it's all been sorted. The carers [staff] always turned up; there were a few late calls once, but as soon as we mentioned it to the management, they sorted it out straight away." A second person told us, "The initial timing we gave them they didn't stick to, but my daughter spoke to the office and things have improved. See our well-led section for actions we have asked the provider to take.
- Sufficient numbers of staff were deployed to support people's needs. People and their relatives told us that the right numbers of staff attended each visit and that where two staff were required, two staff attended.
- A member of staff told us, "There are enough staff available to meet people's needs. There was a time I wasn't feeling well and someone replaced me."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager.
- The registered manager knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and CQC. However, there had not been any concerns of abuse since our last inspection of the service.
- People and their relatives told us that they and their loved ones were safe and they did not have any concerns of abuse or discrimination.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and they had appropriate risk management plans in place. Risk assessments covered areas including mobility, medicines, infection control, behaviours, abuse, manual handling and the environment in people's homes.
- Risk management plans had clear guidance for staff on how to keep people safe and how to prevent or minimise the risk occurring.
- Staff understood individual risk to people and the level of support they required to reduce the risk of avoidable harm.

Using medicines safely

- Most people managed their own medicines. Where people required support to manage their medicines, the provider had a system in place to ensure they received their medicines safely.
- People told us they received their medicines on time and in a way, they wanted.
- Where people were supported with their medicines, a medicines administration record (MAR) was completed accordingly. This included a list of medicines, dosage, frequency and any allergies people had. The MARs we reviewed did not have any gaps on record.
- All staff had completed medicines training and a care coordinator monitored care staff medicines administration practices during spot checks and observations to ensure they supported people safely. Staff told us they felt confident to support people with their medicines.

Preventing and controlling infection

- The provider had policies and procedures on infection control and prevention which provided staff guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate protocols including the use of personal protective equipment and washing of hands to prevent the spread of infectious diseases.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accident or incidents since our last inspection of the service. The provider had accident and incident forms in place and the registered manager told us they would follow their policy where required and ensure lessons were learnt to improve the service.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found that one person was unable to make decisions for themselves and the service did not work within the principles of the Mental Capacity Act 2005 (MCA). At this inspection improvements had been made and the provider was working within the principles of MCA.

The MCA provides a legal framework for making 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff were knowledgeable about the MCA. They told us people could make decisions for themselves, therefore there had not been any need to carry out mental capacity assessments or best interest decisions.
- People told us that they could make decisions for example about their food and clothing for themselves and they had not experienced any restrictions or restraint.
- People's rights were protected because staff sought their consent before supporting them.
- Care files contained assessments of people's mental health needs. Where people's consent forms had been signed by a relative, we noted that appropriate legal authorisations (power of attorney) was in place.

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

- People received care and support based on their assessed needs. Before people started using the service their needs were assessed by a care coordinator to ensure they could be met.
- Initial assessments included people's medical, physical and social needs; personal care, medicines, eating and drinking, pressure and continence care. They also included people's likes and dislikes and the level of support they required.
- These assessments along with referral information from the local authority that commissioned the service and/or hospital discharge notes were used to develop people's care and risk management plans.
- Where required other health and social care professionals such as occupational therapists (OT) were involved in these assessments, they provided equipment and supported staff to deliver safe care and support.

Staff support: induction, training, skills and experience

- All staff had completed a comprehensive induction before they started working at the service.
- Staff training, supervision and appraisals were up to date and in line with the provider's requirements.
- Staff told us they felt supported in their role and were given opportunities to acquire new skills and develop professionally.
- People told us that staff knew how to use moving and handling equipment such as hoists safely.

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

- Where required, people were supported to eat and drink sufficient amounts for their health and wellbeing.
- One person said, "I can manage to eat and drink on my own. They [staff] prepare food for me, they give me a choice of what I want. I have ready meals and they prepare them for me." A relative told us, "They [staff] make a sandwich or microwave a meal. They give my loved one a choice as to what they want and we're happy with the support."
- Staff knew the level of support each person required with eating and drinking and told us if they had any concerns regarding a person's eating and drinking they would report to the office.

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

- People and their relatives were responsible for booking and attending health care appointments. However, where required staff, supported people to be ready for their transport.
- People and their relatives told us if they or their loved one required support with healthcare services staff would support them appropriately. One person said, "I do that myself, but they would help if they had to." Another person said, "They do offer to help if they think I look unwell."
- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. One person told us, "The staff are caring, I started having some health problems and they contacted the doctor for me."
- Hospital passports were used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, eating and drinking, communication and other important information to ensure emergency and hospital teams were made aware of their needs when supporting or treating them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring towards them. A relative told us, "On the whole, they are kind and caring, they seem to like my [loved one] and that helps." Another relative said, "The staff are caring, they all like my [loved one] and they are very kind to them."
- A staff member told us, "We always greet people and their families with a smile and then we have an effective communication with them and have a kindly approach. We treat people as you would like to be treated in your own home and I make eye contact and make them feel comfortable in their home."
- People received care and support from staff that were attentive and understood their individual care needs.
- People's life histories, preferences, including their likes and dislikes were included in their care plans and staff who supported them knew them well and the level of care and support they needed to provide.

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

- People and their relatives were involved in planning their care and support needs. One person told us, "Yes I am involved and my [relative] is involved too and the care plan has been updated." A relative told us, "I am involved in reviews and we've had the care plan updated because we are having more staff."
- People were supported to make day-to-day decisions for themselves and were provided with choices. A relative told us, "The staff always ask my loved one what they would like to eat." Staff we spoke with told us they respected people's choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in any way. One person told us, "They cover me up when washing and dressing." Another person said, "They make sure I am comfortable with whatever they do."
- Staff told us they promoted people's privacy and dignity when supporting them. A staff member told us, "We close the curtains, the window and the door and always knock. When you are washing someone, you have to tell them what you are doing and ask them if it is okay before you start doing it."
- Information about people was kept confidential and was shared only on need to know basis. People's care files were kept securely in lockable cabinets in the provider's office.
- People were supported to maintain their independence. People's care plans included guidance for staff on the things they could do for themselves and those that they needed staff support with. One person told us, "They let me do the stuff I can do, and they do the rest; they make sure things are in reach of me so that I can do the things I want to do."

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan which provided staff guidance of how their needs should be met. These care plans included people's medical conditions, preferences and the level of support they required from staff.
- Staff we spoke with knew each person they supported well and information they shared with us was in line with information in people's care plans.
- Care plans were kept under review and updated when people's needs changed. One person told us, "I have a care plan and it has been updated to accommodate changes."
- Staff understood the principles of the Equality Act and told us where people had diverse needs the service was non-discriminatory and they would support people in line with their individual preferences.
- Care plans included information on people's life history and staff told us this enabled them to initiate conversations. Care staff told us at they engaged with people at each visit and had meaningful communication with them. For example, a member of staff told us, "We ask people if they want the radio or TV on, we help them turn it on and we keep their remote close by. We leave them able to reach the things needed."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified and highlighted in their care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. People told us they were provided with information about the service and this suited their preferred mode of communication.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures on how to make a complaint.
- People and their relatives told us they knew how to make a complaint and told us their complaint would be listened to and acted upon in an open and transparent way. One person said, "I will call the agency, we complained about late arrivals ... and it has improved." Another person said, "I would call the agency to complain; I complained regarding late shows and the matter was dealt with to my satisfaction."
- A complaint logs we reviewed showed complaints were acknowledged and addressed in line with the provider's policy. Lessons learned from the complaints were being used to improve the service.

End of life care and support

- At the time of this inspection, no one using the service required end of life support. The registered manager told us where required, they would ensure they worked with the person, their relatives and health and social care professionals to ensure they were supported and their end of life wishes met.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection we recommended that the service finds a way to engage people to gather their views about the service. At this inspection we found that the provider had made some improvements, however we found a breach of legal requirements in relation to providing consistent care and improving the service.

Continuous learning and improving care

- People did not always receive a service at the time they were planned for. One person told us, "The service is reasonably well-led; The issue of no shows could be improved." In a recent survey, three of nine people had identified that staff attendances required improvement.
- There were systems in place to improve staff attendances but these systems were not always effective and did not always drive improvement. The provider had an electronic call monitoring system (ECMS) in place but this was not being used effectively to manage staff attendances or to ensure people received a consistent service at the time they were planned for. At the time of this inspection, the ECM was not being used.
- There was lack of management oversight on staff punctuality. Office staff could not monitor care staff attendances as planned for. The care coordinator informed us that where care staff were running late, they informed the office. However, where the care and support was not being delivered at the time and duration it was planned for and care staff had not informed the office, there was no other system in place to monitor staff attendance and to make alternate arrangements promptly. The provider had acquired vehicles with drivers to transport care staff for their visits; however, this action was not always effective and people were still experiencing late and missed calls.

This showed that the systems in place for monitoring staff attendance and punctuality were not operating effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these issues with the registered manager and they told us they had one missed call in January 2019 and were looking at ways to improve this. They said the ECMS was not working effectively and were considering getting that fixed so they could improve staff attendances.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team demonstrated a commitment and willingness to provide meaningful, high quality and person-centred care. However, the systems in place were not effective to ensure people received the high standard of care and support they aimed to deliver.

- The management team empowered people to be involved and make decisions about their support needs and had acted on feedback provided. For example, people told us that their complaints about staff punctuality was listened to and was being acted on.
- People's care and support needs were regularly reviewed to ensure their needs were met.
- 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.

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

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and to notify CQC of any significant event at their service. Since our last inspection, there had not been any significant issues that required the service to notify us. The service had a link on their website of their last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles and responsibility. Staff knew of the provider's values which included dignity, compassion, choice and independence and told us they upheld these values when performing their role.
- Staff told us the quality of support they received from management team had improved. One member of staff told us, "The management is better now; they have improved on punctuality, they train us regularly and they carry out regular unannounced checks; they want the staff to be at their best and they check on us regularly. I have recommended the care agency to a lot of people."
- Regular monitoring checks such as unannounced checks were carried out on staff practices to promote best practices and consistency. People's care files and staff files were checked regularly to ensure information was accurate and up-to-date. Medicines records were also checked to ensure people were supported with their medicines as prescribed by healthcare professionals. Where issues were identified these were being acted on to drive improvement.

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

- People's views were sought to develop the service. The service gathered feedback from people and their relatives through home visits and telephone surveys
- The result of a survey carried out in December 2018 showed that people were happy with the standard of care they received, staff showed them kindness and understanding and spent the allocated time planned for.
- Regular staff meetings were held to update staff of best practices and to gather their views about the service. We saw that topics including the care delivery, showing kindness and compassion, professionalism and staff attendances were discussed. Staff told us they felt listened to and supported in their role.
- Staff knowledge and skills were also updated at these meetings in areas including end of life and pressure care.

Working in partnership with others

- The provider worked in partnership with key organisations such as the local authority to plan and deliver an effective service. The local authority had carried out monitoring checks at the service. Their most recent monitoring check was carried out a week before our inspection. They recommended that the service put in place an accident and incident log book and an out-of-hours, missed and late calls log book. We saw that these were in place at the time of our inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were put at risk of receiving unsafe care and support because the systems in place for monitoring staff attendances were not always operating effectively.</p>