

# RT-Care Solution Limited

## Main Office

### Inspection report

147 Narborough Road  
Leicester  
LE3 0PD

Tel: 07863667722

Website: [www.rtcaresolution.com](http://www.rtcaresolution.com)

Date of inspection visit:  
08 January 2024  
09 January 2024  
10 January 2024

Date of publication:  
14 March 2024

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Main Office is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 5 people using the service.

Not everyone who used the service received personal care. 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 our inspection there were 3 people receiving a regulated activity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

Some people did not have all relevant health specific risk assessments in place, but staff had received training relevant to their roles including Learning Disabilities and Autism.

Some people did not appear to always receive medicines they were prescribed. Audit systems were not effectively used to identify gaps in recording of medicines in a timely manner.

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 but was not embedded.

### Right Culture:

Oversight of the service required improvement. We identified shortfalls at inspection that had not been independently identified by systems and processes already in place. These included audits not effectively being used to identify risk. This meant opportunities to make improvements were lost. People using the service and staff felt the culture was open, and the registered manager was easily accessible. Concerns raised were listened to and people and staff had faith the registered manager would act upon any issues to make positive changes for people where needed. People were happy with the care they received from a consistent team of care workers.

### Right Care:

Systems were in place to identify safeguarding concerns, although there were no recorded incidents to

review to demonstrate practice was embedded. Staff were able to identify adult safeguarding concerns and the registered manager was aware of their responsibility to investigate and report concerns to relevant partner agencies.

People were supported by staff who were highly passionate about delivering good care and going above and beyond for people. Staff understood consent and processes to support the assessment of people's capacity was in place. It was difficult to establish if practice was embedded as people's capacity in relation to decision specific choices had not been assessed.

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 inadequate (published 02 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of some regulations.

#### Why we inspected

We carried out an announced inspection of this service on 08 January 2024. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how risks were identified and monitored; how medicines were administered; how staff were recruited safely and how governance of the service would be improved.

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 and Well-led which contain those requirements.

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 Inadequate to Requires Improvement. 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 Main Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to people's care needs and associated risks not always being assessed; safe administration of medicines and how the service was governed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# Main Office

## 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, 1 regulatory co-ordinator 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.

#### 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 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 a registered manager in post.

#### Notice of inspection

We gave the service a short period 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.

Inspection activity started on date 08 January 2024 and ended on 15 January 2024. We visited the location's office on 08, 09 and 10 January 2024.

#### 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 who work with the service. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who use the service to understand people's experiences of the care provided. We spoke with 1 relative to understand their experiences. We spoke with 6 members of staff including the registered manager care staff.



# 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 Inadequate. 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; Using medicines safely

At our last inspection the provider had failed to assess the risks relating to the health, safety and welfare of people. The provider had also failed to ensure medicines were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some changes had been implemented there was not enough improvement at this inspection and the provider was still in breach of Regulation 12.

Improvements to daily records had occurred and audits to monitor how care was being delivered was in place. Staff had received training in areas such as catheter care which had previously been identified as an area of concern. A medicines policy which contained relevant national guidance on as required medicines was available to staff.

- Some risk assessments were not always in place. We found some people did not have risk assessments in place for specific health conditions such as Parkinson's Disease and Dementia. Staff knew people well, but there was a risk staff did not have guidance regarding signs of deterioration or how to respond in an emergency. This meant there was a risk people were exposed unnecessarily to harm.
- Some risk assessments were not reflective of people's current needs. Information differed between what was recorded, and what support people were receiving. While there was no impact to people identified, there was a failure to ensure documentation which supported staff to safely manage and monitor risk was in place.
- Medicines were not always safely administered. Medicine Administration Records (MARs) were not always completed which did not provide assurances people always received the medicines they were prescribed. This meant there was a risk people's health needs were not always safely managed.
- Medicine risk assessments and care plans were not always accurate. We found 1 person who required their medicines administering did not have an up-to-date risk assessment in place as information recorded was contrary to the support staff were providing. The registered manager told us staff were administering medicines after concerns were raised about the person's safety, but changes had not been made to risk assessments. This meant there could be a risk staff were not fully aware of how and when to administer prescribed medicines safely to the person.

Systems were still not effectively established to assess, monitor and mitigate risks to the health, safety and

welfare of people using the service. Systems to effectively monitor medicine administration were not sufficiently established. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed risk assessments that were missing had been implemented, and a medicines audit was completed to establish oversight of people's medicines.

- Daily records were maintained. Staff documented support provided and recorded the amount of time they spent with people. This allowed the registered manager to review how care was delivered and make improvements required.
- A medicines policy was in place. This provided guidance on how staff should safely consider administering as required medicines or covert medicines in accordance with national guidelines and professional advice. Covert medicines are placed in food or drinks to ensure people take medicines they require if they lack understanding around the risk of not taking them. At the time of inspection there were no people who required medicines in this way.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff pre-employment checks had been completed, and safe recruitment processes were followed. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.

- Pre-employment checks had been completed. Gaps in employment history had been explored with staff. All staff employed had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff. People were supported by a consistent staffing team who had received training relevant to their roles. One person told us, "There are enough staff. I have 3 people who support me and they work alternative days." Staff told us they did not feel rushed and were able to provide the support and care people required.
- Electronic monitoring systems were not yet in place. The registered manager was reliant upon staff or people using the service to tell them if care calls were not delivered. While there had not been any impact to people, there was a risk the system in place may not be effective at identifying missed calls in a timely manner. The registered manager told us plans to begin using an electronic monitoring system were scheduled for the end of the month.

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

- Staff understood how to safeguard people. They told us what types of abuse people could be exposed to and knew to report concerns to the registered manager. One staff member told us, "If I notice something wrong with a person, I can raise the alarm. I can inform the supervisor or my manager who will deal with any concerns."
- People felt safe. All people spoken with told us staff knew how to keep them safe and treated them kindly and with respect. One person told us, "If I did not feel safe [with staff], I wouldn't let them through the door." A person's relative told us, "We've never had any problems; staff do what they are supposed to do to keep



[person] safe."

- A system to monitor safeguarding concerns was in place. Any potential safeguarding concern or incident was documented and reviewed to ensure relevant agencies had been informed, and steps taken to mitigate risks. At the time of inspection however there were no documented safeguarding incidents, so assurances of embedded working practice were not available.

#### Preventing and controlling infection

- Staff used personal protective equipment (PPE). People and staff told us they used PPE when providing personal care support. One staff member told us, "I wear an apron, face mask and gloves all the time. PPE is kept in the office, and I can go and collect it whenever I need it." The registered manager monitored stock and organised delivery of PPE to people's homes as required also.

#### Learning lessons when things go wrong

- Lessons were learned. When things went wrong the registered manager reviewed incidents and shared learning with staff. This helped to reduce the likelihood of incidents reoccurring.
- Improvements following the previous inspection were being made. The registered manager had learnt from the previous inspection and had taken steps to improve and change the governance of the service. The registered manager was aware more changes were required and demonstrated a willingness and commitment to work with CQC.



# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some care plans were not always reflective of people's needs. We found some people did not have all care plans relating to all their specific health diagnoses in place. We also found discrepancies in information recorded around people's care needs, to what staff were providing. This meant if a person's usual staffing team were unavailable, staff may not have access to current and reflective information to deliver person-centred care.
- People were involved in planning their care. People and a relative told us the registered manager visited frequently to review their needs and make changes required as required. Formal documentation of these meetings however was not in place and evidence care plans were amended to reflect current need was not always in place. While impact was not identified, there was a risk changes to people's needs and preferences were not always captured.

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 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.

- Consent was sought before providing care. Staff understood people's rights to make choices about their lives and care needs and sought consent before providing care. One staff member told us, "We have learned about consent, if you are there to help, you have to ask consent and gain permission to do the task." One person told us, "If I need help with something I will ask the staff, I authorise them to do things with me in my accommodation."
- Mental capacity assessment forms were available. At the time of inspection, the registered manager advised assessments had not been completed for people, but involvement of relevant health and social care professionals had been requested if a person's capacity to make a specific decision was queried. This meant we could not assess if good practice was fully embedded at the service.

We recommend the provider consider current guidance regarding The Mental Capacity Act (2005) to ensure people's needs are fully assessed in accordance with its principles.

Staff support: induction, training, skills and experience

- Staff received training. Mandatory training covering a range of areas was provided, as well as health specific training such as Diabetes and Learning Disabilities and Autism. Some staff were completing The Care Certificate to support them in their roles. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed an induction. We spoke with staff who told us the training and induction period prepared them to undertake their roles. One staff member told us, "I received an induction and shadowed other carers. The mandatory training was so good." Another staff member told us, "If the need arises additional training would be arranged for us. We are trying to be excellent at what we do."
- Staff received supervision. They told us they found supervisions supportive and an opportunity to ask questions and improve their performance. One staff member told us, "I have supervisions every 3 months. There have been areas I haven't understood, and I was able to ask questions and get feedback. The experience has encouraged me to ask more questions."

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

- People were supported to eat and drink when this was part of the care provided. Staff had relevant training to prepare meals and encouraged people to make healthy choices in accordance with their health conditions and personal preferences.

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

- People received consistent care. Staff communicated with one another to share information regarding people's current health needs and changes. This helped to ensure people received joined up care that met their health needs. One staff member told us, "We share information with each other and send staff emails too. We always have access to this, and we check it, for example if people have appointments or are not well we know what is happening." This helped staff to provide effective care based on people's current presentation.
- People were supported to access healthcare. Where required staff contacted health care professionals such as the GP, and also ensured people attended face to face appointments. One person told us, "Staff take me to my appointments and help with my medicines." Records of contact with health and social care professionals was maintained by the registered manager to allow monitoring to occur.

# 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 Inadequate. 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.

At our last inspection the provider had failed to implement systems and processes to assess, monitor and improve the quality-of-care people received. There was also lack of oversight which meant people were at risk of receiving unsafe care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some changes had been implemented there was not enough improvement at this inspection and the provider was still in breach of Regulation 17.

Processes were in place to support safe recruitment of staff. Staff were now receiving regular supervision and spot checks of their practice were undertaken. External support had been sourced to improve the quality of care plans and risk assessments to ensure people's needs and the support required was being documented in a reflective and detailed manner. Improvements had been made to recording and reviews of accidents and incidents which allowed the registered manager to develop oversight and take steps to minimise the likelihood of incidents reoccurring.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not always oversight of the service. Shortfalls identified during inspection had not been independently recognised by the registered manager. This meant there was a risk issues may have continued, and improvements required may not have been made.
- Systems and processes were not always effectively used or imbedded. While improvements had been made, the registered manager was not always aware of how staff were delivering care and support. For example, daily care notes were reviewed but follow up actions were not always evidenced as completed. This meant opportunities to make improvements were not always taken.
- Quality assurance processes were not always effective. Audits were completed but not always accurately which meant concerns and issues were not identified in a timely manner. For example, medicines audits did not identify MAR charts were not being completed. This meant opportunities to improve the care people received were missed.
- People's outcomes may have been affected. Discrepancies in information recorded in care plans and risk assessments meant there was a risk staff may deliver care that did not support their needs. For example, staff provided care in a way that was not recorded as being required in people's care plans. This exposed people to the possible risk of harm and being supported by staff who lacked accurate information and

guidance about their needs.

Systems and processes were not effectively used or embedded at the service. This meant there was a failure to establish full over-sight of the running of the service, and improvements required had not been made in a timely manner. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was an open culture. People and staff told us they felt able to raise any concerns or ask for support from the registered manager. One person told us, "If I have any queries I will speak to the support worker and tell them I would like to speak to the manager." Another person told us, "The staff are open and honest." Staff told us the registered manager was supportive and approachable. This helped to foster a positive working environment and improve the care people received.
- People's views were sought. The registered manager visited people in their homes regularly as well as sending surveys out to understand people's experiences of care. One person told us, "The registered manager unexpectedly comes to check I'm happy with the staff." People felt positive about the care and support they received and felt respected by staff and the registered manager.

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 understood duty of candour. Processes in place may not have always supported the registered manager to be undertake their duty however due to how information was recorded and stored. For example, accidents and incidents were kept in two different places which meant the monitoring audit completed did not contain all incidents that had occurred. This meant it was difficult for the registered manager to maintain oversight and ensure appropriate actions were taken.
- The registered manager was aware of their legal responsibility to CQC. There was a lack of notifications submitted which meant full assurances around embedded practice was not obtained during this inspection.

Continuous learning and improving care

- People's feedback of care was sought. The registered manager frequently visited people to understand their experiences and worked to resolve issues quickly. Surveys were due to be sent to people and staff to obtain their views. The registered manager told us they would use this information to improve the quality of care being delivered.
- Plans to use technology were in place. An electronic monitoring system was due to be implemented to allow the registered manager increased oversight of care delivery. The registered manager had invested into equipment which would improve the way staff were able to monitor and document care.

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

- People felt supported by staff. People and their relative told us care provided was caring and delivered in a way that met people's personal preferences and characteristics. For example, the registered manager worked to ensure people were not supported with personal care by staff of the opposite gender.
- Staff felt able to shape the service. Staff we spoke with felt their views would be heard and where possible implemented to improve people's outcomes and how care was provided. Staff meetings took place to share information required to drive changes needed at the service.

Working in partnership with others

- Effective partnership working was in place. The registered manager and staff shared information with

health and social care professionals to help ensure people's needs were met. The registered manager recorded conversations with health and social care professionals and any relevant actions also. This helped to support joined-up care for people.