

RA Care Services Limited

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Inspection report

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Date of inspection visit:
11 December 2017

Date of publication:
04 January 2018

Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced focused inspection of R.A. Care services on 11 December 2017. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when in order to meet regulations. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 6 March 2017 had been made.

The team inspected the service against two of the five questions we ask about services: is the service responsive, is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were two people using the service. Not everyone using R.A. Care Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager, who was the managing director of the company. 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.

At the last inspection, we had found a breach of regulation regarding person centred care. This was because care plans did not always contain sufficient information in order to meet people's needs and some issues of concern were not followed up. At this inspection we found the provider was meeting this regulation. We found that care plans were now of a greatly improved standard and contained detailed personalised information on how people liked and needed to be supported.

Care workers maintained suitable logs of the care people received and these were checked by managers. There was a suitable complaints policy and system for recording and addressing complaints should they be received.

The registered manager had clear systems in place to ensure that records of care were of a good standard and that people were satisfied with the care they received. There was a clear strategy for overseeing the improvement of the service, including through the use of audits and communications with care workers.

Both people using the service were not English speakers and benefitted from having care workers who spoke their language.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained detailed and person centred information on the support people required and how to do this. There were regular reviews of care to make sure they still met people's needs.

There was some information available in people's own language and people were supported by care workers who spoke their language.

There was a clear system in place for recording and responding to complaints and a complaints procedure available.

We have changed the rating to "good" as the service was now meeting this requirement.

Is the service well-led?

Good ●

The service was well led.

There were detailed and clear systems in place for improving and monitoring the service, including an action plan in response to the previous inspection.

The manager carried out regular checks of the care people received and acted on the findings.

We have changed the rating to "good" as the management of the service has improved since our last inspection.

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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 was planned to check 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.

Why we inspected – The inspection was carried out to check the provider had followed their action plan and was now meeting legal requirements regarding person centred care. Since our last inspection we had not received any information of concern regarding the quality or safety of the care people received.

This inspection took place on 11 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 11 December 2017 and was carried out by one inspector. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We looked at records of care and support relating to two people, and the records of training and supervision for two care workers. We looked at records of team meetings, policies and procedures and audits carried out by the registered manager.

On 15 December 2017 the inspector and a Bengali interpreter made calls to two people who used the service and one relative. We spoke with two people who used the service and made calls to two care workers.

Is the service responsive?

Our findings

At our last inspection in March 2017, we found that the provider was not meeting a regulation regarding person centred care. This was because some care plans did not contain suitable information on people's care needs, for example with regards to people's dietary needs or what do if people fell. In some cases concerns were recorded by care workers but not followed up.

At this inspection we found the provider was meeting this regulation. Care plans were of a greatly improved standard and contained detailed person centred information. These included a core needs assessment, a service user plan and a clear timetable for what should take place on visits. People had one-page profiles, which told care workers what people liked to be called, what was important to the person and how best to support them. There was information such as how people's moods affected them and how care workers could approach this. There was also information on people's lives, including family background and a short biography.

Plans contained details about how best to communicate with people, including language needs and dialect and any communication aids such as hearing aids and glasses. There was information about people's dietary preferences, such as the exact foods people liked and the support people received. It was clear when people were independent in a particular area and, when some support was required, what care workers needed to do. For example one person's plan stated they could cook independently, but required "an extra pair of hands" in the kitchen, and had time allocated to provide this. Where people required support to bathe, there were clear instructions on how this was to be carried out, including how people used aids such as bath stools. Care workers told us they found the information useful and gave examples of useful details about people's wishes. A care worker said, "They're very useful, by looking you know what to do."

Plans were reviewed at least three times per year, and had all been reviewed in the past two months to ensure that they still met people's needs. There had not been any changes required at the most recent reviews, but at times people asked the provider for additional support, for example to advocate on their behalf to the local authority, and there were emails that showed that this had taken place.

For each person care logs contained a personalised checklist of what was done on each visit, such as preparing meals and carrying out personal care tasks, and care workers also provided a written account of what had been done in each visit. We identified one plan which stated that the visit was due to take place at 10am, but in reality this took place at 12pm, which we confirmed was in line with the person's wishes. People's care notes were checked on a fortnightly basis, and managers assessed the quality of recording and whether any follow-up was required. Timesheets were also checked monthly to ensure that care was delivered as planned. Comments from people using the service included "They do everything they are supposed to do" and "If I don't need her today I'll tell my carer and she doesn't come." People told us that care workers arrived at their preferred times.

We found that the provider made some information accessible to people in their preferred languages. There was a service handbook which had information on the standards people could expect and how they could

complain and who they could contact in an emergency. This was provided in Bengali, however this document was not well translated and would have been difficult for people to understand. People received support from care workers who spoke their language. People relied on the provider or their relatives in order to understand the content of their care plans, but told us that they did not think they would benefit from having this information provided in their language.

People we spoke with knew how to make a complaint to the registered manager. The provider had reviewed their complaints policy, which contained a clear framework on what to record when people complained and how to record any subsequent investigation and outcomes and actions taken as a result of this. No complaints had been received since our last inspection.

Is the service well-led?

Our findings

Since our last inspection the provider had compiled an action plan in order to address the breach of regulation and bring about an improvement in the service. This included developing clear systems of audit. For example, monthly audits were carried out in areas including daily records, complaints, recruitment, spot checks, supervisions and team meetings. Additionally, there was a yearly audit system for people's care files, which involved checking that key information such as care plans and reviews were in place and that consent had been obtained to care. The audit also involved checking staff files to ensure that there was a complete record of safer recruitment and induction, training, supervision and performance reviews. There was a policy in place for managing medicines, although nobody was being supported with medicines at the time of our inspection. There were checklists on care and staff files on the information that should be in place. Plans were also clear about the roles of people who provided support, such as the support people received from family members and other agencies such as district nurses.

Since our last inspection, the provider had obtained ISO9001 certification. This is an international standard that specifies requirements for a quality management system, which meant that people using the service could be assured that a suitable system of checks was in place. The registered manager told us "I've learnt my lesson since last time."

The provider's improvement plan was discussed in a monthly manager's meeting which included reviews of policies and quality checking systems. There were also monthly meetings for care workers where policies were discussed, including clarifying requirements in areas such as recording, the use of personal protective equipment, timesheets and training requirements. Staff discussed the action plan in response to the previous inspection. Some requirements, such as those to report concerns and to bring documents to the office were displayed on the notice board.

Policies and procedures had been reviewed by the provider and some of these were displayed in the office, such as the whistleblowing policy. We reviewed training materials for care workers on the standards expected of them in order to deliver good care. For example, there was a display on the importance of listening to people, showing respect, reporting concerns and maintaining confidentiality. Care workers told us they felt well supported by the registered manager who listened to their views. Comments included "He's very supportive", "If I need help with anything he will help me with it", and "I like the manager because every time I call he picks up the phone."

Care workers had received a nationally recognised qualification in Health and Social Care, which was the NCFE level 2 diploma. In addition to this there was a list of mandatory training requirements which were checked by the registered manager, and clear training plans for the coming year to ensure that people's training remained up to date. Care workers received yearly appraisals, including an analysis of their strengths and weaknesses and comments on their performance from their manager and themselves. The registered manager also carried out monthly spot checks on care workers in order to assess their punctuality, how they carried out care and whether they treated people with politeness and respect.

We reviewed records of incidents and accidents and confirmed that no significant events had taken place that the provider would have been required to notify the Care Quality Commission of. The provider was displaying the ratings of their previous inspection in the office and on their website.

The registered manager met with people using the service on a monthly basis in order to check they were satisfied with the service. This included recording people's views on the punctuality of care workers, and whether they felt they were treated well and received the support they required. The registered manager also sent out information to people that they may find useful in order to stay healthy and safe, for example information about how to prepare for winter, and had followed these up in people's reviews to see if they had found this useful. People told us the manager visited them to check that the service was running well.