Rapid Care Ltd

Rapid Care

Inspection report

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20 December 2016
22 December 2016
23 December 2016
29 December 2016

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20, 22, 23 and 29 December 2016 and was announced. We visited the agency office on the 20 December 2016 and we carried out telephone interviews with relatives and staff on the 22, 23 and 29 December 2016. The inspection was undertaken by two inspectors.

Rapid Care is a Domiciliary Care Service that provides personal care for people in their own homes. At the time of the inspection we were informed that 65 people were using the service.

A registered manager was 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.

Risk assessments did not always identify the risks to people or others or the actions needed to mitigate the risks.

People's needs were assessed, however the care plans did not always reflect the actual care that was being provided by staff.

People received care from a consistent staff team. However identified risks to staff associated with lone working were not always managed appropriately.

Where the service was responsible for the administration of medicines, staff had not consistently followed safe practice in recording the medicines administration.

Complaints were responded to, but not always in writing in line with the providers own complaints policy.

The registered manager was knowledgeable of the needs of all people using the service and supportive of staff. However the internal audit systems were inconsistent and lacked management oversight in driving continuous improvement of the service.

Staff knew how to recognise signs of abuse and of what they needed to do to protect people from abuse.

The staff recruitment processes ensured that staff employed to work at the service had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Staff received appropriate training and support to enable them to carry out the duties they were employed to perform.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005 and they ensured that consent was

obtained before providing people with their care.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating. Staff took appropriate action in response to people's changing health conditions requiring medical intervention.

People using the service and/or their relatives were involved in the care reviews. People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

Staff aimed to deliver a quality service and understood and promoted the ethos and vision of the service.

You can see what action we told the provider to take at the back of the full version of the report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to the health and safety of people using the service and others had not always been identified and addressed.

Identified risks to staff associated with lone working were not always managed appropriately.

Where the service had taken on the responsibility, staff had not consistently followed safe practice in recording the medicines administration.

Staff knew how to recognise signs of abuse and of what they needed to do to protect people from abuse.

The staff recruitment processes ensured that staff employed to work at the service had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to enable them to carry out the duties they were employed to perform.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005 and they ensured that consent was obtained before providing people with their care.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff took appropriate action in response to people's changing health conditions requiring medical intervention.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People's privacy was respected.

The staff understood and promoted the principles of person centred care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect people's needs and preferences and the actual care that was being provided by staff.

Complaints were responded to, but not always in writing in line with the providers own complaints policy.

People using the service and/or their relatives were involved in their care reviews.

Is the service well-led?

Requires Improvement

The service was not always well - led.

The internal audit systems were inconsistent and lacked management oversight in driving continuous improvement of the service.

The registered manager was knowledgeable of the needs of all people using the service and supportive of staff.

Staff aimed to deliver a quality service and understood and promoted the ethos and vision of the service.

Rapid Care

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.

The inspection took place on 20, 22, 23 and 29 December 2016 and was announced. We visited the agency office on the 20 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the care agency office. As part of the inspection, we also conducted telephone interviews with relatives and staff on the 22, 23 and 29 December 2016.

The inspection was carried out by two inspectors. Prior to the inspection the provider had completed a Provider Information Return (PIR). This 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed other information we held about the service including statutory notifications that had been submitted by the provider to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law.

We received feedback from commissioners involved in the care of people using the service. We spoke with the relatives of four people using the service, the registered manager, deputy manager, field care supervisor and four care staff.

We reviewed the care records for seven people using the service. We reviewed three staff files and other records in relation to the governance and management of the service.

Requires Improvement

Is the service safe?

Our findings

We found that risks were not being appropriately managed at the service to ensure that people's care and treatment was provided in a safe way. Staff told us of situations when they had taken action to ensure people's safety. For example, one member of staff said, "I arrived at [Name of person's] house and found it was full of black smoke, they had left the toaster on. I always make sure I switch the appliances of when I leave. Another member of staff said, "We try to ensure [Name of person] keeps their independence, but there is a fine line between enabling independence and keeping people safe." However the risk assessments in place for the person entitled 'identified need / risk factors / accident prevention' simply recorded 'none at present time'.

We also saw that staff had recorded in the daily notes situations when they had felt at risk providing care for the person. For example, when the person became angry, shouting at a member of staff with clenched fists, causing the member of staff to flee the house and seek refuge in a nearby neighbour's house. On another occasion the person used a screwdriver as protection, thinking a person was hiding behind a car outside their house. On another occasion a member of staff had recorded they had to leave the house quickly because the person was showing signs of aggression towards them.

One member of staff said, "I didn't feel comfortable providing care for [Name of person] due to their unpredictable behaviour." They said, "I felt very vulnerable [Name of person] can suddenly becoming angry and threatening towards you. The kitchen is small, you are very aware you could easily get pinned in. I felt like I was constantly looking over my shoulder." They told us they had informed the registered manager and the deputy manager of their concerns providing care for person on their own. They said the deputy manager had supported them by attending some of the calls with them. They said for a short while the calls to the person were attended to by two staff. However they had then returned to a single call, by one member of staff. They told us they asked to be taken off the rota for the person as they did not feel safe attending to their care alone, they said their decision was respected and accommodated, and they no longer were providing care for the person. It had been recorded in the person's daily notes during in November 2016 that the person had been aggressive and threatening over the weekend, and two members of staff had attended their care for their own safety. However the risk assessments in place for the person entitled 'notable behaviours' simply recorded, 'needs encouragement, gets confused at times'.

The provider information return (PIR) submitted to the Care Quality Commission on 31 August 2016 informed us that risk assessments were reviewed regularly to identify any changing needs and information on people's changing needs. It also stated that information on people's changing needs was passed on to staff, both verbally and by way of new care plans. We found the care plan and risk assessments for the person had not been reviewed since they were put in place in May 2016 and did not reflect the serious risks that presented to them and staff attending to their care.

This meant that reasonable and practicable action had not been taken to ensure that risks to people using the service and others were continually assessed, monitored and timely action taken to mitigate the risks.

This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where the provider was responsible medicine administration records were not always effectively managed. One relative said, the staff give [Name of person] their medicines in the morning and at lunch time; they are dispensed in a dossett box from the chemist that contains the tablets to be taken each day. We have never had any problems with the medicines not being given correctly." Other relatives told us they retained the responsibility for administering medicines to their family members.

We found unexplained gaps where staff had not signed to confirm they had administered the medicines. We also found that medicines administration record (MAR) chart audits had not regularly taken place to identify and address discrepancies within the medicines records. This meant the medicines administration records were not sufficiently robust to evidence that people consistently received their medicines as prescribed.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff told us they were provided with medicines administration training and this was also confirmed in the staff training records seen. One member of staff said, "I received medicines training during my induction, but I have chosen not to administer medicines until I have received further training. I work on double up calls and the other member of staff I work with is very experienced, she shows me what needs to be done when giving people their medicines, but I wouldn't give them without having more training." Another member of staff said, "I have completed medicines training and I know we can only give people medicines from dossett boxes that are supplied directly from the chemist. We are not allowed to give medicines to people that the family have put into dossett boxes, as we don't know exactly what tablets they may be."

The registered manager and the deputy manager told us the importance of keeping robust MAR records had been addressed with all staff during a meeting held in September 2016. We saw this was also recorded in the minutes of the meeting. The deputy manager showed us a new MAR chart format they had devised so that each medicine prescribed for a person could be listed along with the instructions for administering the medicines. They said the new format was soon to be implemented at the service.

We saw that in the event of an emergency such as adverse weather conditions people's needs had been assessed and prioritised. People had been given a rating of red, amber and green (RAG rating) with green being a low priority and red the highest.

One relative said, "I am sure that [Name of person] is very safe. Another relative said, "I am here when the staff attend, they know how to use the hoist and other moving and handling equipment, [Name of person] trusts them when the staff need help to move her." The staff told us they received training on moving and handling, that included practical training in using specific hoists and other moving and handling equipment. The deputy manager also confirmed the staff had recently undertaken updates to their moving and handling training.

The staff confirmed they had received training on safeguarding people from abuse and on the safeguarding reporting procedures. One member of staff said, "If I found any of the people I visit were at risk of abuse I would report it to the office immediately". Another member of staff said, "We are informed in the training how to report abuse, if I suspected or saw any abuse I would know exactly what to do about it". We saw records held within the staff files that itemised that safeguarding as one of the mandatory elements for all staff to complete during their induction training. We also saw that refresher safeguarding training was

provided for all staff annually. The registered manager told us that there were no safeguarding incidents currently being investigated.

Safe recruitment practices were followed. The registered manager told us that staff had undergone a full Disclosure and Barring Service (DBS) check. She also told us that staff were not able to start work until security checks had been completed. We saw that that the service maintained a record of all staff members' DBS checks. We looked at staff recruitment files and found applications forms a record of a formal interview, two valid references and proof of identity had been obtained.

Relatives told us the same staff usually provided care for their family members. One relative said, "Generally we always have the same staff, it only changes when somebody is on holiday or off sick." Another relative said, "All the staff are very good, we generally have the same staff, they know [Name of person's] needs very well." The staff also told us they thought there was sufficient staff available to meet the demands of the service. One member of staff said, "I usually work on single calls, they are people with lower dependency needs." Another member of staff said, "I work on 'double up' calls where people need two staff to operate the hoist and other moving and handling equipment safely. A third member of staff said, "We all work well as a team, I feel the communication is very good, if a member of staff is off sick we cover for each other".

Systems were in place for staff to record accidents and incidents. The registered manager was aware of their responsibility to inform the Care Quality Commission (CQC) of notifiable incidents under the registration regulations.

Good

Is the service effective?

Our findings

The service made sure that the needs of people were met by staff that had the right competencies to provide effective care. One relative said, "The staff appear well trained and professional." Another person said, "I feel the staff are properly trained, I have never had any concerns, I have been here when spot checks have been carried out too."

The staff we spoke with confirmed they had completed induction training when first starting working for the service. One member of staff said, "I have previous experience of care work, but I feel it is important to regularly update your knowledge." Within the staff files we saw certificates to confirm that staff had been provided with mandatory training, for example, moving and handling, first aid, fire safety, infection control, food hygiene, safeguarding, including whistleblowing, the principles of the mental capacity act, and medicines administration.

In addition specific training had been provided for staff on dementia care, equality and diversity, dignity and respect, effective communication, person centred care, nutrition and hydration and promoting health and well-being.

Newly recruited staff did not work alone unsupervised until they and the provider were confident they were competent to do so. One member of staff said, "The training is very good, when I first started I worked alongside an experienced member of staff on a number of shifts, before working on my own."

Information in the provider information return (PIR) stated that staff supervision and spot checks were carried out to support staff and identify any further training needs. They also said that staff were encouraged to inform the management if they needed any further training particularly relevant to the needs of the people they supported. They said that any performance issues were identified and action plans put in place to support the staff. Such as, retraining or working on double up calls, so the member of staff could be mentored and their performance continuously assessed and reviewed.

We saw that some staff had attended supervision meetings with the registered manager. One member of staff said, "I have attended three supervision meetings since I took up employment here." Whilst other staff told us they had not specifically attended supervision meetings but they felt they could contact the registered manager at any time for support and guidance. One member of staff spoke of experiencing difficulties when providing care for a person that made them feel vulnerable. They told us the deputy manager had provided additional support by attending the calls with them. They said, "I decided I did not feel safe providing care for the person on my own, the manager and the deputy manager respected this and I no longer attend to the person." We saw records were available in the staff files that evidenced when staff had supervision meetings and when observation of their care practice had taken place.

The provider PIR stated that as the service was growing, a supervisor had been appointed whose main responsibility was to ensure the training matrix was kept up to date and that staff one to one supervision was carried out regularly. We saw the training matrix was also used to record when staff supervision had

taken place and to plan dates for further meetings. The information on the matrix indicated that one to one supervision was in its early stages and area to be further service development.

Group staff meetings had taken place to discuss work related matters and cascade information from the provider to the staff. We saw that during a recent meeting held in September 2016 the registered manager had discussed with staff the importance of keeping accurate records on the medicines administration record (MAR) charts, also keeping detailed records in the daily logs and the importance of maintaining confidentiality. One member of staff said, "I try to attend the meetings, but if I can't make them I always make sure I read the minutes."

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 the 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. The application procedure for domiciliary care services is called the Court of Protection.

The relatives we spoke with told us that staff always sought their family members consent and permission before they carried out any task or personal care. Staff told us they had received training on the MCA 2005 and there was evidence of this within the staff training records. All the relatives we spoke with confirmed that the staff always sought consent from their family members before providing any care tasks. The staff understood the importance of obtaining people's consent before providing their care. The provider told us they worked with other health and social care professionals when a person's capacity was in doubt, so capacity assessments could be carried out and to establish whether best interests' decisions needed to be made on the person's behalf. For example, when people did not have the capacity to safely manage their own medicines.

Relatives told us that the staff prepared snacks and reheated ready meals for their family members. The staff told us when they visited people's homes they ensured that people had food and drinks available to them. We saw that people's care records contained information about their dietary needs and preferences and the level of support required to eat and drink sufficient amounts.

People were supported to access health services as required. The staff told us they had contacted relatives and the GP in response to changes in people's health conditions. We saw within people's care files staff had recorded when they had contacted other healthcare professionals in response to the person's changing needs. For example, one person's mobility had decreased and the support of an occupational therapist had been sought.

Good

Is the service caring?

Our findings

People received care and support from staff that knew and understood them and were aware of their preferences likes and dislikes. One relative said, "We are extremely pleased with everything, the staff are very caring." Another relative said, "The staff are so nice, we get along with them very well." A third relative said, "We know and trust all of the staff, they always treat [Name of person] with great kindness and compassion." One member of staff said, "I like to think I treat people how I would want to be treated."

Information in the provider information return (PIR) indicated that staff were caring, compassionate individuals and they understood that people's care must be person centred. One member of staff said, "You have to want to do this kind of work, it's not something you can just do as a job."

The PIR informed us that the provider always made sure that staff used the time allotted by social services to provide whatever care is required and during this time, they would engage with the person using the service, their family members and others present during the visits. One member of staff said, "People have good and bad days, it's important we spend time with people, sometimes we are the only people they see for hours at a time."

The PIR stated that during personal care the staff would chat about the person's interests and that attention was paid to preserving privacy and dignity. This was also confirmed by relatives, one relative said, "The staff are very mindful of maintained [Name of person's] privacy and dignity at all times."

The registered manager and the deputy manager told us the emphasis was on people and staff getting to know each other. They also spoke of the importance of staff taking the time to listen and take into account people's wishes, so that support could be enabled without the staff taking over.
This meant spending time to build trust to help people regain a level of independence and confidence.

People's independence was promoted so they could maintain their skills. One relative said, "The staff are very good at interacting with [Name of person], she finds it difficult if she is given too many choices to make, but at the same time she doesn't like to be told what to do. The staff are very good at gauging what mood she is in." We saw that people's care plans recorded their level of skills and abilities.

Requires Improvement

Is the service responsive?

Our findings

The staff recorded in the daily notes the care and support they provided for people on each visit. Most of the care plans we reviewed contained sufficient information for staff to follow in meeting people's needs. They had been reviewed and updated as and when people's needs had changed.

The registered manager and the deputy manager told us that after the first six weeks of receiving care, people's needs were reassessed and thereafter every six months. However one care plan did not reflect the actual care the staff were providing for the person. One member of staff said, "In the six months I provided care for [Name of person] not once did they allow me to provide them with any personal care." This was also reflected within the daily logs that were written up by staff at the end of each visit. For example, most of the records stated [Name of person] already up and dressed on arrival.

An internal audit of the person's daily notes, covering the period 30 October 2016 to 30 November 2016 recorded that they declined any help with personal care. However it did not prompt a review of the care plan to ensure it was updated to fully reflect their current needs. We brought our findings to the attention of the registered manager and they gave a verbal assurance that the care plan for the person would be updated. Following the inspection visit at our request they provided us with an updated care plan that reflected how staff were to provide care and support for the person.

All of the relatives we spoke with confirmed they had not had any reason to complain about the service. They said they would not hesitate to speak directly with the registered manager if they had any concerns and that they had information on how to make a complaint available within the information packs held in their homes. Information in the provider information return (PIR) told us that people were given information on how to raise any complaints. That the complaints process was explained to them, their family member or advocate and they were encouraged to contact the office by telephone if they felt there were any problems with the care they received. They said they examined all complaints carefully to establish whether there were any lessons to be learnt.

The registered manager told us that since the last inspection two complaints had been received at the service from the same person. We looked at records held on the complaints and found action had been taken in response to the complaint. However the registered manager had not responded in writing to the complainant as stipulated in the providers complaints policy. The registered manager said she had spoken with the complainant who had been satisfied with the actions that had been taken.

The provider complaints policy stated that complaints would be 'investigated and responded to in writing within seven days'. We also noted the contact details of the local ombudsman were not made available, should a complainant feel their complaint had not been appropriately investigated. The registered manager confirmed they would bring our findings to the attention of the provider to prompt a full review of the complaints policy.

Arrangements were in place for people to plan their care and their views were listened to and acted upon.

Relatives told us they felt fully involved and consulted in planning the care of their family members. One relative said, "They came out to see us to discuss what sort of care we needed. I was fully involved in the whole process." Another relative said, said, "We met with the social worker and somebody from the office to discuss [Name of person's] needs when he came out of hospital." They confirmed they received the care and support as agreed and they were given a choice about who provided their care. One relative said, "Everything is fine, we have regular staff, sometimes there are staff changes at the weekends, but it's always staff that we know that attend."

Requires Improvement

Is the service well-led?

Our findings

The oversight of the service had not been effective in recognising and responding to people's changing needs. The frequency of internal audits was inconsistent and lacked management oversight in assessing, monitoring and mitigating the risks relating to the safety and welfare of people using the service and others.

Risk assessments did not contain sufficient detail to address the specific risks presented to individuals and how staff were to safely manage the risks. There was no clear strategy in place to seek to understand and mitigate the risks in relation to staff providing care for people that displayed challenging behaviours.

Some of the care plans did not always contain sufficient detail to inform staff on the current needs of the people using the service. They had also not always been updated as people's needs had changed.

Where the provider had taken on the responsibility the medicines administration, the records were not sufficiently robust to fully evidence people continuously received their medicines as prescribed; this was because staff had not always signed the medicines records. We saw that the registered manager had highlighted with the staff team the importance of keeping robust medicines records and new medicines administration record (MAR) charts were being introduced.

This was a breach of 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive comments about the service from the relatives. We also saw that people were asked to give feedback on the care they received. This was through written questionnaires and home visits. We saw that the feedback from recent questionnaires completed by people using the service and their relatives was complimentary of the care they received. We also saw that cards of appreciation had been sent to the service from relatives with comments such as, 'We are able to go away and not worry, the staff are professional, kind, caring, angels on earth.' 'We are so grateful for the tremendous support from the staff at Rapid Care.'

People using the service and relatives felt that the registered manager was approachable and operated an open door policy. The registered manager informed us that she was currently completing the Qualifications and Credit Framework (QCF) level 5 accredited award in Health and Social Care.

The registered manager had kept the Care Quality Commission (CQC) informed of events and incidents, as legally required under the registration regulations. Safeguarding procedures were in place and communicated with all staff to ensure they were all aware of their responsibility to protect all people using the service from the risks of abuse. Staff were aware of the whistleblowing procedures and their responsibility to report any abuse to the local safeguarding authority, if they believed the manager or provider did not take appropriate action to protect people from abuse.

Systems were in place to provide staff with suitable support and training. The staff we spoke with were

positive about the management of the service; they said they received good training and supported by the management. One member of staff said, "I really enjoy working for the company, you really do feel supported and that the manager listens to what you have to say." Another member of staff said, "She's one of a kind, she gives great support."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Where the provider had taken on the responsibility, medicines administration records were not sufficiently robust to evidence that people consistently received their medicines as prescribed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The frequency of internal audits was inconsistent and lacked management oversight in assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people using the service and others.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not being appropriately managed at the service to ensure that care and treatment was provided in a safe way. Reasonably practicable action had not been taken to ensure that risks to service users and others were continually assessed, monitored and timely action taken to mitigate those risks.

The enforcement action we took:

We have issued a warning notice.