RA Care Services Limited

RA Care Services Limited

Inspection report

Room 5, First floor
36-40 Copperfield Road
London
E3 4RR

Tel: 07969559041
Website: www.racareservices.co.uk

Date of inspection visit:
06 March 2017

Date of publication:
24 May 2017

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

We carried out an inspection of RA Care Services Limited on 6 March 2017 and the inspection was announced.

Our last comprehensive inspection took place on 12 and 14 October 2016 and we found continuous breaches of regulations in relation to safe care and treatment, fit and proper persons employed, consent, staffing, person centred care and good governance. The service was rated inadequate overall and remained in 'special measures'. Following this the provider sent us an action plan telling us how they were going to make improvements to the service. During this inspection we found that the provider had made improvements to the service, but some further actions were required.

RA Care Services Limited provides personal care and support for people living in their own homes. People used direct payments to purchase their care, which meant they had chosen to buy services from the provider. At the time of the inspection there were four people using the service.

The service had a registered manager. 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.

Risks to people's care and support needs had been assessed and records contained detailed information on how to manage the risks associated with people's care. Staff understood their responsibilities of safeguarding people from abuse, but could not describe how they would recognise the different types of abuse.

Although people did not require support with their medicines, staff had received medicines training and people's medicines were recorded in their care plans. However, the provider did not follow best practice guidance in relation to the use of topical creams.

Staff told us they received appropriate training and attended supervision meetings to enhance and develop their skills.

People were supported to access health professionals and made their own choices about their dietary requirements. They were happy with the care they received and told us they felt listened to by staff who met their diverse needs.

People's consent to care was assessed before they received a service in accordance with the Mental Capacity Act 2005 (MCA).

Care plans contained good background information in relation to people's preferences, care needs and

lifestyle choices, however further guidance was required to ensure staff supported people appropriately with their individual needs. People using the service and their relatives had no complaints about the service. Processes were in place to monitor and respond to any concerns, but the complaints policy required updating.

People and their relatives spoke positively about the provider and questionnaires had been sent to people to obtain their feedback to improve the way the provider delivered their service. Audits were carried out to monitor the quality of care however they did not identify the shortfalls we found.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We have made three recommendations relating to medicines, fit and proper persons employed and good governance. We found one breach of regulation relating to person centred care. You can see what action we asked the provider to take at the back of the full version of this report.

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 consistently safe.

The provider had reviewed their recruitment files after our last inspection, however, recruitment checks did not fully explore the employment history of staff to ensure they were suitable to work with people using the service.

People told us they were not supported with their medicines; however the provider did not take into account the use of homely remedies. Staff had completed medicines training.

Risk assessments were updated and contained guidance for staff on how to mitigate risks.

People using the service and their relatives told us they felt safe. Staff understood who to report safeguarding concerns to however they had limited awareness of recognising signs of abuse.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to ensure they were able to meet people's needs effectively.

Consent was sought in relation to people's care needs in accordance with the Mental Capacity Act 2005 (MCA).

People had access to healthcare professionals to ensure their health needs were met.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care they received.

The support people received was personalised to meet their preferred choices and their diverse needs were met.

People were involved in decisions about their care. The provider liaised with people and their relatives to discuss any changes to their care needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans contained detailed information about people's needs, however required further guidance to ensure people's needs were fully met.

Peoples told us they had no concerns. There was a system in place to monitor complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had a system in place to monitor the quality of care provided, but some shortfalls were not identified.

Feedback had been sought from people who used the service and this was positive.

People and their relatives told us they were happy with the care delivered by the service. Staff felt supported by the provider and met with the registered manager frequently to review their performance.

RA Care Services Limited

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, and to check if breached regulations, identified during our inspection of 12 and 14 October 2016 had been met. We looked at the overall quality of the service to provide a new rating for the service under the Care Act 2014; prior to this inspection, the rating for the service was Inadequate.

The inspection took place on 6 March 2017. The inspection was announced and was carried out by two inspectors. An interpreter who spoke Sylheti, the language spoken by the majority of the people using the service made calls to people after the inspection to obtain their views of the service.

Before the inspection, we reviewed the action plan and progress updates sent to us by the provider following the last inspection. We checked information that the Care Quality Commission (CQC) held about the service, which included the previous inspection report and notifications sent to CQC by the provider before the inspection. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

We contacted the local authorities and Healthwatch and spoke with two health and social care professionals to obtain their views about the service the provider delivered. Healthwatch are a consumer group that gathers and represents the views of the public about health and social care. We did not receive a response from Healthwatch.

During the inspection we spoke with three care workers, the deputy manager and the registered manager. We looked at the records in relation to four people's care. We also reviewed four staff recruitment and training records, minutes of meetings, quality assurance audits and some of the records relating to the management of the service.

After the inspection we spoke with two people who use the service and two relatives to obtain the views of a person who was unable to verbally communicate with us.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that the provider was not carrying out sufficient checks to ensure that new staff were suitable to work with people using the service. For example, there were gaps in the employment dates on the application forms, employment references were not verified and there were discrepancies identified in application forms.

During this inspection we found that some improvements had been undertaken to address this shortfall but further action was required. Recruitment checks had been carried out to ensure that care workers were suitable to work with people and the provider had reviewed the recruitment records of all staff since the last inspection. Criminal record checks had taken place, references had been obtained and verified and people's identity checked. We noted that one care worker's residence permit was due to expire, however, the registered manager told us that he was aware of this and that the care worker was taking steps to renew this. Although the provider had asked care workers to provide a full employment history, the dates of these were not specific enough to enable the provider to determine if there were any gaps in employment that needed to be explored. We recommend that the provider reviews staff recruitment processes to ensure that the information provided by prospective staff is fully explored.

At our last comprehensive inspection of the service on 12 and 14 October 2016, we found that people's safety was compromised in a number of areas. Our previous inspection identified that the risks relating to people's health care needs were not always adequately managed to ensure people received safe care. For example, risk assessments did not contain information to show how to mitigate risks and assessments were not reviewed and updated to reflect people's changing needs.

During this inspection we found that risk assessments were in place for areas of risk such as falls, the environment, infection control and moving and handling. These were detailed and contained information about the measures in place to mitigate risks. There was clear information in people's files about the aids and adaptations in people's homes to help them remain independent and move around safely. There was clear information for care workers about how to mitigate risks. For example, there was information in care plans about ensuring spillages were cleared up, that people were left with items such as walking aids within reach and information about how to support people safely to help avoid falls. Where people had refused to use their aids, such as pendants and glasses, this had been recorded.

At our previous inspection on 12 and 14 October 2016 we found a number of concerns regarding people's medicines. For example, medicines administration records (MAR) were not fully completed and there was no clear guidance in people's care records to show how their medicines should be managed.

During this inspection we found that some improvements had been undertaken to address this shortfall but further action was required. The provider told us people using the service self-administered their medicines and did not require support with this area of their care, and the people we spoke with confirmed this. Although staff did not support people with their medicines, we found that their care plans listed the types of medicines used and guidance for staff to show how to manage any concerns with their medicines should

they arise. For example, care plans contained guidance for staff to contact emergency services and encourage relatives to contact the GP to review people's medicines. However, in one person's daily record we saw that a care worker had supported a person to apply a prescribed topical cream but this was not recorded in the person's care plan. The provider acknowledged this and agreed to update their records. We recommend the provider seeks advice from a reputable source about the safe management of topical medicines.

People and their relatives told us, "I am comfortable with the carers, they call me before they arrive," and a relative said, "Once [the person] knows the carer [the person] feels quite safe." The staff we spoke with told us they had received training to safeguard people from abuse and would report any concerns to the registered manager in the first instance. One care worker said, "If there were any concerns or issues I would contact social services or my manager" and "If I noticed if they have any bruises and if they are upset, I would call the manager or dial the emergency services if there was an emergency." However when we asked them about the different types of abuse they were unable to describe this to us. The registered manager told us there had been no safeguarding incident reported since the last inspection. The provider had a safeguarding policy in place. We saw that there was an ambiguous point in the policy that did not make it clear that all safeguarding concerns should be reported to the local authority safeguarding team. The provider said that this would be addressed.

People told us that their care workers arrived on time. One person said, "They come when they should, the carer arrives on time, if they are ill another carer would come." Comments from relatives included, "We have had the same two care workers for the last two months, we are happy" and "We get odd occasions when carers are not available, but they come on time." Staff confirmed they had enough time to travel to their visits. The registered manager showed us the rotas that were in place which identified which staff were assigned to work with each person. They told us if staff took planned leave they were able to allocate another care worker to attend the visit, as presently they had enough staff to cover the times that people required.

Good

Is the service effective?

Our findings

At our previous inspection, we found that the requirements of the Mental Capacity Act 2005 were not always met or fully understood to ensure that people's rights were protected in relation to consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

During this inspection we found there were consent forms in place that people had signed to say they agreed with their planned care. People had also signed a form agreeing for their photograph to be taken for identification purposes in their care records. Care plans recorded information about people's ability to consent to their care, for example, two people's capacity was assessed during their initial assessment and their relatives were advised by the provider to pursue a lasting power of attorney (LPA) on their behalf. Staff had completed the required training and told us, "It's about giving people choices and asking them what they want, and if they can agree with this" and "It is to make sure they understand what they want."

At our previous inspection, we found that supervision and appraisals of staff performance were inconsistent and not clearly recorded and that there was no written record of the disciplinary action or details to show that any discussions with the registered manager had taken place. Care workers competency had not been assessed following training to ensure this was effective.

During this inspection we found the provider had sourced training for care workers in a range of areas to support them in their roles. For example, care workers had attended face to face training in topics such as first aid, fire awareness, food safety, medicines awareness, care planning, epilepsy, the Mental Capacity Act 2005, person centred care planning, risk assessments, diabetes and asthma.

Care workers had also completed the Care Certificate and were in the process of completing a vocational qualification in health and social care. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff had personal development plans in place which enabled them to discuss their training needs and aspirations. Records showed that care workers were receiving regular supervision that enabled them to discuss any concerns about the people they supported, their performance and any training needs. Comments from care workers included, "The agency gave me feedback every two months I have supervision" and "I have supervision and talk about if there are any changes with the clients."

Care plans contained information about people's health conditions and how they were affected by these. There were also guidelines in one person's file about diabetes that included details of how this affected the person and what to do if they showed signs of ill health related to their diabetes. For another person we found that a referral had been made to the wheelchair service to support them with their mobility needs.

There were contact details for healthcare professionals and information about the support people received.

Records in relation to people's nutritional intake showed that their meals were mainly prepared by their relatives. The plans highlighted what foods people enjoyed, how they liked their meals prepared and their specific dietary and cultural requirements, such as halal food. Where people did not require support with their meals this was documented in their care records. One care worker said, "[The person] has problems with cooking, but [the person] likes to prepare [their] own food."

Good

Is the service caring?

Our findings

At our last inspection people told us that the care provided was not always carried out in a respectful and dignified manner.

During this inspection, people and their relatives told us they had no concerns with the care they received and they were satisfied with the support the care workers provided. Comments from people included, "I am happy with the personal care, they do listen and if they don't I remind them. They always ring the bell before they come in" and "I like the care workers she gives me breakfast and helps me with bathing." A relative told us, "We are very happy with the service, the care people are good and the package is good." Records gave guidance for care workers to provide choices about their care needs and how to maintain people's dignity when providing personal care. For one person we saw they had been signposted to an advocacy service to have their voice heard about any issues that were important to them.

We found that care records contained detailed information about people's likes, dislikes and preferences. For example, there was information about TV channels that people liked, food they preferred to eat and leisure activities they enjoyed. People had been involved in planning their care and there was evidence that people had been listened to when issues had been raised. For example, one person had told the provider that they would like support to access the community on a regular basis. We saw an email to the local authority requesting that they reassess the person and consider this to meet their needs.

Care plans also contained details of people's experiences and the circumstances that had led to them receiving care. This included information about what affected people's moods which helped care workers understand people and provide a more personalised service. Care plans emphasised that people should be given choices whilst being supported with their care.

People's relatives and those who were involved in their daily lives, in non-caring roles such as the neighbours were listed in their records, to inform staff of who to contact in the event of any emergencies. The provider kept in regular contact with people's relatives (where appropriate) to update them on information that was important to their wellbeing. For example, discussions had been held with one person's relative regarding their end of life care.

People's diverse needs were met. The provider matched care workers to meet people's preferences in terms of gender, religion, culture and language. This meant that care workers could build relationships with the people they supported that were meaningful and based on shared understanding. We saw information in people's care plans such as, '[Person] likes Asian home prepared foods such as curries' and 'Communicates [their] wishes to [family member] and the family requested a Bengali/Sylheti speaking female'.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, we found that the provider was not responsive to people's individual needs as care records had not been updated to reflect people's changing needs, daily records were not fully completed and were inconsistent, discrepancies were found in care records and relatives told us that care was carried out hurriedly, which increased the risk of people receiving inadequate care.

During this inspection we found that some improvements had been undertaken to address this shortfall but further actions were required. There were comprehensive needs assessments in place in people's care records. A relative told us, "I initially made the plan with social services; I was there for the first assessment with the agency for the care they do." The provider had undertaken a reassessment of the needs of all four people using the service since the last inspection to ensure that there was an accurate record of people's current needs. One person told us, "They clean the house, once a week and help me with bathing. I have the number of the agency, but I don't know how to dial this, I sometimes rely on people in the community to help me with this." A relative told us, "They help with getting [family member] a body wash and getting dressed, it is always a female which [family member] wants."

Care plans were detailed and generally contained clear guidance for care workers about how to meet people's needs, however, further detail was required in places to ensure that care workers had all the information they needed. For example, one care plan stated that the care worker knew what to do in the event of a person falling but there was no actual detail stating what action they should take. This was also the case in relation to bathing where there were no instructions about how a person should be supported to bathe and no information about tasks they could manage independently. In one file there was information about a person requiring a restricted diet but no further information about how their diet should be restricted.

The daily records that we looked at were signed and dated by the care workers; however, we found for two people that these records had not been reviewed by the provider. For example, for one person we saw that the care worker had noted on three separate occasions that the person was unwell, however there were no records to show what action had been taken by the care worker to ensure their health needs were met and this was not identified in the provider's audit.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Reviews had taken place of people's care since the last inspection and there was clear evidence that people and their families where appropriate had been present at the meetings and involved in any decision making. For two people we saw that following reviews the provider had contacted local authorities on their behalf in response to the views they shared during the review.

People and their relatives told us they had no complaints and would contact the manager if they had any concerns. There had not been any complaints since the last inspection, however the provider was able to

show us the system they had developed to record and monitor complaints centrally to ensure that complaints were managed appropriately and monitored effectively. This included a central record with monthly recording to aid management oversight and analysis of complaints. The provider had a complaints policy and procedure that was made available for people using the service. However this was not produced in a format that was easy for people to access and it did not contain sufficient detail. For example, the complaints procedure did not contain contact details for external agencies that they may wish to contact such as the Local Government Ombudsman and was not written in a way that would be easy for people to understand.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found the provider had failed to effectively implement their action plan to ensure that the required improvements were made. We saw no evidence that the provider's monitoring systems would identify any patterns or trends that would highlight potential risks to ensure that action was taken to help prevent a reoccurrence. The provider had failed to notify CQC of allegations of abuse.

During this inspection we found that audits had taken place in relation to the call times, reviews of care plans, capacity and medicines but had not identified the issues we found with regard to the daily records, medicines, care plans and recruitment. For example, we saw that one care worker had written the time the care was supposed to take place rather than the times they arrived and left and had written throughout 'care delivered according to care plan' which was not sufficient. This meant that some systems were not effectively monitored to improve the quality and safety of the services provided to people. We recommend that the provider seek advice from a reputable source to ensure that effective quality monitoring takes place.

The provider had updated policies and procedures and documentation since the last inspection but was still in the process of completing this. The registered manager told us there had been no reported incidents of abuse and understood their responsibilities to report this to the Care Quality Commission (CQC) as soon as they were made aware of them.

We saw that people had completed satisfaction questionnaires about the service since the last inspection. These were very positive about the care workers and comments included '[Care worker] is a very good carer. She looks after me nicely. I like her very much', 'She is on time and caring' and 'I like her professional behaviour'. We saw spot checks had taken place to ensure that care workers were providing care to people as planned. These had taken place on a monthly basis since the last inspection and provided information about the care workers performance.

We asked people and their relatives if they thought the service was well run and one person said, "The manger has come twice to visit me, I am happy with the service." A relative commented, "I don't know much about the organisation, [the person] does not get along with some, one carer does not follow direction very well but the manager gets things sorted, he is quick to respond, and calls back very quickly whether he can deal with the issue or not. It reassures me that something's done." Staff spoke positively about the provider and comments from care workers included, "They have been improving a lot, we get better opportunities, [the manager] is quite good and friendly person, they communicate with me they are quite friendly", "The service is really good" and "I think it is a good agency."

We saw the minutes for team meetings that had taken place since the last inspection. These had taken place on a monthly basis. The records showed that staff had been involved in the discussions about the previous inspection findings and the improvements that the provider had planned to meet legal requirements. Discussions had been held with staff during their one to one meetings to address new ways of working, such as improvements on moving and handling techniques and ensuring care workers understood their

responsibilities in relation to reporting safeguarding concerns.

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 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not met The registered person did not ensure that the care of service users was appropriate, met their needs and reflected their preferences to demonstrate that care was appropriate to meet their assessed needs. Regulation 9(1)(b)(c)