Right Care Health Limited

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Inspection report

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West Midlands
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Tel: 08454675564

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13 June 2019

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Right Care Health Limited is a community based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 3 people receiving personal care.

People's experience of using this service and what we found
People were not always protected from the risk of harm. A lack of clear and detailed risk assessments placed people at risk of receiving unsafe or inappropriate care as staff did not always have sufficient guidance to follow. Medication records were not filled out for medication that was administered and therefore we could not be assured that people had received their medication as prescribed. The provider's recruitment process was not robust enough to ensure only suitable care staff were recruited. There were enough staff to support people.

People's needs were not always accurately reflected in their care plans. Staff did not always receive the appropriate training they needed to meet people's individual health needs. The provider did not always work within the principles of the Mental Capacity Act 2005. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were supported to eat a healthy diet and care staff knew people's specific dietary requirements. People were supported by regular staff.

Whilst people told us they were supported by care staff who were kind and caring, the provider's systems and processes did not support the service to deliver support that was always caring. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected. People's religious and cultural beliefs were respected.

Care records did not accurately reflect people's current support needs. The provider had a complaints policy in place and people knew who to talk to if they had any concerns.

The provider did not have effective governance or auditing systems in place to ensure that people received safe care and treatment. The registered manager was no on site regularly enough to ensure they had sufficient oversight of the service. Governance and oversight systems had failed to ensure risk assessments provided sufficient guidance to staff to ensure people received safe care. There was no robust system in place to ensure risk was appropriately managed. The provider did not have sufficient oversight of training to ensure care staff had specialist training to support people's individual needs. The provider's spot checks were ineffective and had not identified areas of concern.

Rating at last inspection
This service was registered with us on 05/08/2014 and this is the first inspection.

Why we inspected
This was a planned comprehensive inspection.

Enforcement
At this inspection, we have identified breaches in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in Regulation 12 (safe care and treatment), Regulation 11 (need for consent) and Regulation 17 (good governance).

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Right Care Health Ltd

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' 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.

What we did before the inspection
Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection
During the inspection process we spoke with one person, two relatives, four members of staff, and the provider.

We looked at the care records for three people who used the service and three staff files. We looked at recruitment and training files. We looked at a range of records relating to the running of the service. This

included incident and accident records, auditing systems and complaints.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Assessing risk, safety monitoring and management

● Risks for people were identified in their care plans, however, there was no guidance in place for staff on how to manage those risks in order to keep people safe. For example, one care plan stated that [name of person using the service] was not able to mobilise independently. There was no detail on what moving and handling techniques should be used by staff to mobilise [name of person using the service] safely and protect both them and the staff from the risk of harm.

● Care staff that we spoke with told us how they were supporting people to mobilise. Whilst care staff had received training in moving and handling practices, they were not following safe practices and this put people and the care staff supporting them at potential risk of harm.

Using medicines safely

● Medication records were not completed for people that were receiving medication and we could therefore not be assured that people had received their medication as required.

● Care plans contained conflicting information and lacked clear guidance to staff on whether or not they should actually be administering medication.

● Care staff we spoke with told us they were administering medication, however, the provider told us that no-one using the service was receiving support with medication. This meant that care staff were administering medication without the provider's knowledge and therefore no medication competency checks were being carried out to ensure they were administering medication correctly. The provider could not be assured that people were receiving their medication as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

● People and relatives we spoke with were happy with the care they received and felt that staff knew how to support them safely. One relative said, "I can sleep at night, I feel very reassured."

Staffing and recruitment

● The provider had a recruitment policy and we saw evidence of recruitment checks taking place before care staff were appointed. However, these systems were not always robust, for example, staff files seen did not contain full previous employment histories of care staff and therefore the provider could not be completely assured that these staff were suitable.

● There were enough care staff to support people.

Systems and processes to safeguard people from the risk of abuse

● Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
● The provider had a policy in place for recording accidents and incidents. There had been no accidents and incidents recorded. However, the provider had systems in place to monitor and investigate accidents and incidents to look for patterns and trends.
● The provider had security cameras around the office in order to keep people's confidential records safe.

Preventing and controlling infection
● People told us and staff confirmed that people were supported following good infection control practices to ensure they could protect against the spread of infection.
● Personal protective equipment was readily available for care staff to use.

Learning lessons when things go wrong
● Following our inspection, the provider told us they would take action to ensure that safe moving and handling practices are followed in future in order to keep people safe.

Requires Improvement

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.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty

● The provider was not working within the principles of the MCA. Where people did not have the capacity to consent, the provider had not considered what decisions people could make for themselves and had asked family to consent. For example, one person's care plan stated that they could not make decisions for themselves. The Provider had not considered whether the person had capacity to make simple day to day decisions for themselves.
● There was no lasting power of attorney for health and welfare on file to show relatives could sign on this person's behalf.
● Care staff had not received training in the MCA and did not have an understanding of the Act.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

● One person using the service had full capacity and we saw that this person had signed to agree what care they would like to receive.

Staff working with other agencies to provide consistent, effective, timely care
● When people's care needs required input from other health professionals, their advice had not been sought. For example, one care record we observed stated that the person using the service was at risk of falls. From discussions with the provider, it was not clear whether this person had the correct equipment in place to support their mobility safely. The provider agreed to speak with relevant health professionals to seek their advice in order to ensure this person was enabled to mobilise safely.

Staff support: induction, training, skills and experience

● The provider had not considered what specialist training or guidance care staff may need in order to support people with specialist needs. For example, care staff were supporting people with Dementia but had not received any training in this area. This was discussed with the provider during the inspection and they said they would address this.

● People were supported by a regular team of care staff, ensuring people were supported by care staff that they knew.

● Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

● The provider told us and care staff confirmed that they received regular supervisions.

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

● The provider carried out an initial assessments for people using the service, however, these were not robust and did not contain sufficient information to guide staff on what level of support people needed. For example, one assessment stated staff were to support a person using the service with seizures but there was no guidance for staff on what support was required to support this person safely.

● People using the service were involved in the assessment of their care.

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

● People were supported to eat a healthy diet.

● Care staff knew people's specific dietary requirements.

Supporting people to live healthier lives, access healthcare services and support

● People were not supported by the provider to access healthcare services to attend appointments as they received this support from their families.

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.

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Requires Improvement

Is the service caring?

Our findings

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

Requires improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Whilst people told us they were supported by care staff who were kind and caring, the provider's systems and processes did not support the service to deliver support that was always caring. For example, care plans identified risks to people but did not contain any information on how to support people to manage these risks. One person's care plan identified how one person using the service could become distressed but there was no guidance to staff on how to support this person's emotional well-being.
- One relative said, "[Name of person using the service] looks forward to seeing them [care staff]. They make [name of person using the service] feel at ease."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity to be able to meet people's needs.
- People and relatives told us that they were supported by regular staff who knew them well. One person told us, "I have regular carers." A relative said, "They [care staff] are a chirpy team. We appreciate their help. Without them we would be lost."

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

- People and their families were involved in care planning. However, the provider did not always fully involve people using the service who may lack capacity to ensure their views and wishes respected.
- As it was a small service, the provider was in regular contact with people. Feedback we received confirmed this. However, the provider did not keep any written records to accurately record what decisions had been made.
- One person we spoke with told us how care staff always ask for consent before supporting them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One care staff told us, "If I am helping someone with personal care, I always make sure the door is closed." A family member said, "They [care staff] are very respectful and polite."
- People were encouraged to maintain their independence. Care staff explained how they prompted and encouraged people to do as much as they could for themselves.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not always support people using the service to receive person centred care. People's care plans were reviewed regularly, however, these reviews had not always identified changes in people's support needs and it was not clear what support people needed.
- We found care plans lacked sufficient detail to determine what peoples' specific needs were in relation to key areas such as mobility and equipment which meant that care staff were not always provided with the information they required to deliver personalised care.
- Care plans contained information about people's backgrounds and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Provider was aware of the AIS. People using the service did not always have English as their first language and the provider ensured they had care staff to support them that were able to speak and understand their first language. The provider was able to produce documents in languages other than English.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns.
- There had been no complaints since the service registered but the provider knew the importance of monitoring any complaints and looking for patterns and trends.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the provider.

End of life care and support

- There were no end of life care plans in place, however, people using the service were not receiving end of life care. The provider said they would look at introducing end of life care plans if people wished to express their end of life wishes.

Requires Improvement

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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have effective governance or auditing systems in place to ensure that people received safe care and treatment.
- The registered manager was not present at the office enough to ensure they had sufficient oversight of the running of the service.
- Governance and oversight systems had failed to ensure risks identified provided sufficient guidance to staff to ensure people received safe care. There was no robust system in place to ensure risk was appropriately managed.
- Care plans had not been audited to ensure they reflected people's current needs.
- The provider's medication management systems were ineffective. Medication administration records were not being completed to ensure people received their medication as prescribed. The provider could not, therefore, be assured that people had not suffered any impact to their health as a result.
- The provider did not have an effective system in place to ensure care staff supervisions and spot checks identified whether care staff had the correct skills and competencies to support people's needs. The provider had not kept written records to accurately record areas where care staff had performed well and also where care staff needed more training or guidance.
- The provider did not have sufficient oversight of training to ensure care staff had received specialised training to be able to support people with specialist needs.
- The provider's lack of oversight of training had not identified that care staff had not received training in the Mental Capacity Act and had limited knowledge of the Act.
- The provider did not have good oversight of the recruitment process. There was no robust system in place to ensure that all recruitment checks were completed before care staff started work. Although DBS checks were carried out and references obtained, we identified that people's work history had not been recorded or was not recorded accurately. This meant the provider could not be completely assured that care staff recruited were suitable.

This was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

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

- Whilst people told us that the provider was in regular contact with them, the provider had not kept any written records of meetings or discussions they had with people using the service and staff and therefore, we

could not be assured that their views had been accurately reflected and considered.
● The provider told us and care staff confirmed they had supervisions. Care staff told us they felt supported by the provider, however, no records were kept of these meetings to record what was discussed and agreed.

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 provider understood about the duty of candour and was open and honest about the challenges they faced and where they needed to improve service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Continuous learning and improving care
● Discussions with the provider identified areas of the service that needed improving and the provider told us they would implement an action plan in order to improve.

Working in partnership with others
● The provider had not sought advice from other health professionals when needed in order to ensure that people received the correct level of support. For example, the provider had identified that one person using the service forgets to swallow and no advice had been sought from the speech and language team.

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 11 HSCA RA Regulations 2014 Need for consent Poor understanding of MCA and principles of MCA not followed when people lacked capacity

The enforcement action we took:

Issued an NOP to impose condition

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to ensure care and treatment is provided in a safe way for all service users. The provider has failed to effectively assess risks and do all that is reasonably practicable to mitigate risks to all service users.

The enforcement action we took:

NOP to impose conditions

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider does not have effective governance, assurance or auditing systems in place to ensure they have clear oversight of the service in order to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Issued an NOP to impose conditions.