

Raystra Healthcare Limited

Raystra Healthcare

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Raystra Healthcare provides domiciliary care services to people who require care and support in their own homes. The service operates to provide short-term personal care as part of a reablement service to enable people to leave hospital, return home and regain independence. At the time of the inspection a service was being provided to 26 people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

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

We found all required staff recruitment checks had not been completed on staff, before they delivered people's care. This put people at risk of receiving care from those who may not be suitable to work with vulnerable people. We made a recommendation to support good recruitment practice.

Notifications of incidents relating to people using the service had not been submitted to CQC to ensure we were able to check if the correct actions had been taken.

The provider's monitoring systems had also not identified that their recruitment policy had not been fully implemented and required notifications had not been submitted to CQC.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff followed infection control procedures to protect people. People's medicines were safely managed. People and their relatives told us they felt assured that care visits would take place and staff would contact them in the event of any late calls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect and kindness and their privacy and dignity was upheld. There were arrangements in place for people and their representatives to raise concerns about the service.

We have made a recommendation about staff recruitment procedures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received from a local authority about the delivery of

personal care. A decision was made for us to inspect and examine those risks.

This service was registered with us on 13 August 2019 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Raystra Healthcare

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

This 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 houses and flats.

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 prior notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 January 2021 and ended on 28 January 2021. We visited the office location on 21 January 2021.

What we did before inspection

We received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual and a team leader. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four people who used the service, nine relatives and six staff on the telephone.

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plans and risk assessments and quality assurance records. We received comments from three professionals who worked with people using the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We found appropriate recruitment checks had not always been completed on staff, before they delivered people's care. We examined five staff files, these all showed shortfalls with the staff recruitment procedures. Relevant checks had not always been made where staff had previously worked with vulnerable adults or children. The provider was not following their own staff recruitment procedure in this respect. Other required checks such as criminal record and health checks had been carried out.

We recommend the provider follows their staff recruitment policy closely with regard to the link to the guidance relating to Fit and Proper persons employed.

- There were sufficient numbers of staff to meet people's needs. People and their relatives told us they received their visits within the time slot allocated.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. Staff received training on safeguarding adults and were aware of how to report any concerns.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- Initial assessments considered any environmental risks in people's homes so these could be assessed and managed.
- For people who required support with moving and handling, their risk assessments and care plans contained guidance for staff on how to support them safely.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Using medicines safely

- Most people using the service took their medicines independently or with support from relatives and did not require support from care staff. Where people did require support with medicines, they told us they were satisfied with how this was managed. One person told us they were "very impressed" with how staff had supported them to manage their medicines.

- People's medicines records were regularly audited by senior staff to ensure they were accurately completed.

Preventing and controlling infection

- People we spoke with told us staff wore the correct personal protective equipment (PPE) during their visits. Staff confirmed they had access to all of the PPE they required and had received infection control training.
- The service had implemented a number of additional infection control measures in response to the coronavirus pandemic to ensure people and staff remained safe including regular staff testing.
- Staff had received food hygiene training to ensure meals were safely prepared for people.

Learning lessons when things go wrong

- The provider had demonstrated how they had responded to issues about the delivery of care raised by people using the service and the local authority. One issue where staff had worn PPE incorrectly had been addressed and follow up checks had been carried out.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were fully assessed prior to them using the service to ensure staff could meet their needs.
- Assessments included individual and cultural needs taking account of any choices and preferences.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained for the work required. People confirmed that they felt staff had the skills to meet their needs and support them.
- The service aimed to recruit experienced care staff although all new staff completed an induction programme including training, shadowing experienced staff and understanding the services policies.
- Staff told us they had all the training they needed to safely and competently carry out their role.
- Observations of staff were carried out during some visits to ensure staff followed correct practice.
- Staff received supervisions sessions and annual performance appraisals were planned.

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

- Where meals and drinks were prepared for people, they told us they were satisfied with the standard of preparation.

Staff working with other agencies to provide consistent, effective, timely care

- As part of a reablement service to support people returning home from hospital, the service worked closely with the local authority and associated health and social care professionals.

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

- Staff worked closely with health and social care professionals such as social workers, occupational therapists and GPs to help support people to maintain their health and wellbeing.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's consent to care and the outcomes of MCA assessments were recorded within their care plans.
- People's care plans described if they needed any support with decision making in relation to the care and support they received.
- Staff had received training in the MCA and supporting people to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about staff and the care and support they received. Staff were described as, "Very helpful", "Very courteous" and "Kind". One person commented "I am delighted with the service and the staff. A relative told us staff had been "A great help to me" with caring for the person.
- Staff had received training in equality and diversity to enable them to support people's individual needs.

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

- The views of people using the service and their relatives had been listened to. People and their relatives gave examples of how staff had worked flexibly to provide individual support, such as changing visit times and responding to requests from relatives.
- Part of the initial assessment of a person's needs involved recording and assessing their views about the care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People's relatives confirmed staff worked in a way that ensured people had privacy and dignity when receiving care. People confirmed staff knocked on doors before entering their homes.
- Senior staff carried out checks on staff during visits to people, these included ensuring staff respected people's privacy and dignity.
- In line with the provision of a reablement service, people's care plans outlined planned outcomes in terms of regaining areas of independence.
- One relative commented positively on how staff had encouraged a person to become more independent.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support from staff who were responsive to their needs and changes in their care and wishes.
- People's care plans were person centred and included detailed information on how they wished to receive their care and support. One relative commented staff "did what was asked of them", when providing care to the person. Another relative told us how staff understood the person's care needs.

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 nominated individual told us they were aware of the AIS and would ensure that if needed, people had access to the information they needed in a format they could understand.

Improving care quality in response to complaints or concerns

- A system was in place to manage complaints appropriately, but at the time of our inspection, no formal complaints had been received directly by the service. However the nominated individual told us how any concerns were taken on board with the aim of improving the service provided to people.
- Information was available to people on how to raise a concern or complaint.

End of life care and support

- The reablement service currently operated did not involve providing end of life care to people.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always ensure regulatory requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found notifications relating to allegations of abuse and an incident where the police were called had not been submitted to us. CQC monitors important events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. We had not been notified of any of these incidents so we could check if the correct actions had been taken.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At this inspection we found the systems in place to monitor compliance with regulatory requirements were not effective as we found shortfalls in the service provided which had not been identified.
- Systems had not identified that regulatory requirements relating to obtaining information prior to employment about the conduct of staff in previous care related positions had not been met. In addition, notifications of incidents relating to people using the service had not been submitted to us and this had not been identified.

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

- The provider had systems in place to monitor the accuracy of medicine records and to monitor times of calls to people. They also completed checks to ensure staff were following the provider's policies when delivering people's care.

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

- The values of the service were outlined in the aims and objectives of the Statement of Purpose and included the statement, "We aim to provide high standard of personal care to vulnerable adults who require care to enable them to remain in their own homes while maintaining their independence and wellbeing."
- Staff meetings and supervision sessions ensured staff delivered care and support in line with the aims of the service.
- All of the staff we spoke with were positive about working for the service. They told us they received good levels of support from the management team who were readily available if staff needed to contact them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider was aware of the duty of candour responsibility to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service provided was short term, intended to last for no longer than two weeks. When the service ended feedback was sought from people and their relatives with the aim of identifying areas of improvement for the service.
- The service operated a reablement service to support people returning home from hospital. This involved close working with the local authority and associated health and social care professionals.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission of events which occurred whilst services were being provided in the carrying on of a regulated activity.</p> <p>Regulation 18 (1) (2) (e) (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated from ineffective quality and risk monitoring of the service.</p> <p>Regulation 17 (2)(a)</p>