

RSM Topjobs Ltd

RSM Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Redbridge. The service provided personal care to adults and in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, the service provided personal care to 19 people.

People's experience of using this service

Since our last inspection on 1 May 2018, staff had completed essential training to perform their roles effectively. However, induction processes were not robust as some people raised concerns about new staff members understanding of people's needs. We made a recommendation in this area.

Since our last inspection, improvements had been made on risk assessments. Care plans contained suitable and sufficient risk assessments to effectively manage risks and keep people safe.

Pre-employment checks had been carried out to ensure staff were suitable to support people. Some people raised concerns with timekeeping. However, arrangements were being put in place to ensure staff attended visits on time. Safeguarding procedures were in place to ensure people were safe.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate.

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 received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

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

Rating at last inspection

The last rating for this service was requires improvement (published 7 June 2018). We identified four breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, need for consent, training and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Good ●

RSM Care Services

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. At the time of the inspection, the services provided personal care to adults living in their own homes.

The service did not have a manager registered with the CQC. The previous registered manager had left. There was a manager in place who was in the process of registering with the CQC. 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.

Notice of inspection

Our inspection was announced. We gave the provider 72 hours' notice as we needed to be sure that the provider or a manager would be in the office to support the inspection.

What we did

Before the inspection, we reviewed relevant information that we had about the service. The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with the manager and provider. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection, we spoke with five people who used the service, four relatives and five staff for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection on 1 May 2018, we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times.
- During this inspection, we found improvements had been made to risk assessments. Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments in place for moving and handling, falls, skin integrity and the environment.
- Risk assessments had been completed in relation to people's health conditions such as epilepsy, diabetes and asthma. Assessments included 'warning signs' such as symptoms people may display and what staff should do.
- Staff told us that they understood risks to people and found the risk assessments helpful. A staff member told us, "Risk assessments tell us how to keep people safe."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.
- People and relatives told us people were safe. A relative told us, "My [person] has had service with this agency since January and we all feel that [person] is always safe in their care." A person told us, "I do feel safe."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- Incidents had been recorded along with details of the incidents and the action taken.
- The manager told us that should incidents occur, then this would always be analysed to learn from lessons, to minimise the risk of re-occurrence.

Using medicines safely

- The service did not support people with medicines.
- There was a medicine profile that detailed any support people might require with medicines and the type of medicines people took and the side effects to this.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to.

Staffing and recruitment

- Systems were in place to monitor staff time keeping. Staff had to complete timesheets, which were also reviewed by the manager.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I have enough time to travel."
- People and relatives had mixed reviews about time keeping. A person told us, "The staff that come to me are all reliable. I've had no problems with the carers. I really like [carer]. [Carer] comes every morning Monday to Friday. [Carer] stays the full hour and some of the others don't." A relative told us, "I would say that 80% of the time, when it comes to new carers and their lateness; it's because they have problems finding the property. There have been some missed calls as well, but I immediately inform the supervisor."
- The manager showed us a digital monitoring system that had recently been purchased that would allow the service to have oversight of time of visits and duration of visits. The manager told us the system would minimise the risk of missed visits and late calls.
- Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely.
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care. A relative told us, "They wear gloves, aprons and disposable tabards."

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection on 1 May 2018, we found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that staff had received training from a member of staff who had not been qualified to deliver training and staff had not received training in catheter care.
- During this inspection, records showed that staff had completed most mandatory training and refresher courses to perform their roles effectively. A staff member told us, "Training was good."
- Some of the training had been delivered by the previous registered manager who had left prior to our inspection. The manager showed us records that showed the registered manager had completed relevant qualification to deliver training.
- Most people and relatives told us that staff were suitably skilled to support people. A person told us, "They do exactly what I want." A relative told us, "The carers help with washing and dressing, and they help [person] drink his tea. The carers are good." A person said, "The carer is a lovely girl. She is able, I'm not sure of her experience, I haven't asked her. I know she was a carer for her grandparents."
- However, some concerns were raised that staff were not familiar on how to support people with dementia.
- The training matrix showed that staff had not completed training in dementia. We fed this back to the manager, who informed that this training would be booked.
- Staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people. A staff member told us, "I got an induction. They showed me roles and I shadowed. It was helpful."
- However, induction processes may not be robust as some people raised concerns on the lack of knowledge from new carers on people's conditions. A person told us, "The office should let the new ones know what ails me and what affects me. They need to be more aware of people's conditions."

We recommend the service follows best practice guidance on induction prior to supporting people.

- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development.
- Staff told us they felt supported. A staff member told us, "[The manager] is nice, kind and understanding. If I have any problems, [they] help me, very supportive."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support

needs to determine if the service was able to support them.

- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes with meals.
- Care plans included that people should be offered choices when supporting them with meals. One care plan included, 'Ask me what I would like for lunch.'

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A staff member told us, "I will know through facial expressions. Sometimes it depends on their mood as well. I will ask how they were feeling. If not well, I will call supervisor or 999 if emergency." A relative told us, "They ask [person] how [they are] feeling and if [they are] feeling sick, they'll let me know."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, we found the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Most staff we spoke to were not aware of the principles of the Mental Capacity Act 2005 (MCA). Further the service supported people that did not have capacity to make certain decisions and an MCA assessment had not been completed to determine capacity and make a best interest decision. During this inspection, we found improvements had been made.
- Assessments had been completed to determine if people had capacity using the MCA principles. Where people had capacity, the assessments had been signed by people.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I ask for consent, it's their choice."
- Records showed that people's consent had been sought prior to receiving care from the service.

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.

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People and relatives told us staff were caring. A person told us, "The carers are definitely kind and caring, we have a good chat, lots of banter." A relative told us, "[Person] can sometimes be unwilling, but they are very caring and they understand [person]."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them.
- People and relatives confirmed that staff had a good relationship with people. A relative told us, "The carers have a positive relationship with [person]. They talk a lot and have great conversations." A person told us, "The agency really cares about me. I've got a good relationship with [one member of staff]. [Staff member] try to help me with my mood, [staff member] are like a mum."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or relatives were involved in decisions about their care. Care plans showed that people or their relatives had been involved with the support people would receive.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.
- Care plans included that people should be involved with decision making. For example, one care plan included, 'Assist me in picking out my choice of clothes to wear for the day.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I make sure door is closed and curtains is closed so no one can see from outside." A person told us, "I get as much as it can be with privacy. Curtains get closed."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A relative told us, "They always encourage [person] to do things for himself."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed people's support needs.
- There was an 'All about me' section that included information on people's backgrounds and likes and dislikes.
- Staff told us they found the care plans helpful. A staff member told us, "The care plans help you know people's backgrounds. It is helpful." Another staff member commented, "Care plans are always helpful. It tells you what we need to do, what person needs and how we need to do it."
- Staff were responsive to people's needs. A person told us, "I like them! They always try to do extra for me. 45 minutes is not enough, they stay longer, they don't mind." Another person commented, "I once got stuck because my Sainsbury's shop hadn't been delivered, so my carer picked up some bits on the way in." A relative commented, "They talk to [person] and encourage [person] to do activities. They tell [person] to exercise and they challenge [person]."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. A person told us, "Everyone communicates well. I'm very happy with my carers, there is one lady who listens, she speaks really nicely to me."

Improving care quality in response to complaints or concerns

- Complaints were managed in accordance to the provider's complaints procedures
- Complaints received had been recorded with details of the complaints and the action taken.
- However, we noted that complaints were not being analysed to identify trends or patterns to ensure the risk of re-occurrence was minimised and if there were any actions that required to be taken to improve the service. The manager told us, they would ensure that this would be in place.
- People and relatives were aware of how to make complaints.
- Staff were able to tell us how to manage complaints.

End of Life Care:

- The service supported people with end of life care. An end of life policy was in place and staff were trained on end of life care. Care plans were also in place for people that were being supported with end of life care, which reflected their preference and support needs.

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.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection on 1 May 2018, we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The quality assurance processes in place had not identified the shortfalls we found during our last inspection. During this inspection, improvements had been made.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care such as reviewing care plans and risk assessments.
- The manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care.
- The current manager used to be a deputy manager for the service and was planning to register as a manager with the CQC. The manager told us their plans for the service and that significant efforts had been made to improve the service. Part of that involved giving back contracts back to the local authority and only supporting people that the service can support safely to ensure people received high quality care and support.

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

- There was an effective system to gather people's and staff feedback on the service.
- Quality monitoring visits were carried out to gather people's feedback about the service.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us they liked the service. A relative commented, "Some of them from the agency do a good job, we moved over from another agency, so we know they try hard." Another relative told us, "The supervisor is great, and the coordinator is very responsive to texts and emails."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I am very happy with them. They are committed. I enjoy it." Another staff member commented, "It is quite a good agency. [The manager] is very good. They encourage us to do well. They are very supportive."

- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Quality monitoring such as telephone and visits were carried out to obtain people's thoughts about the service and act on their feedback where possible, to create a cycle of continuous improvement. These focused on attitude of staff, punctuality and professionalism.
- The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the local authority who carried out quality monitoring visits.