

Rayman Group Limited

Rayman Healthcare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rayman Healthcare is a domiciliary care service based in Swinton, Greater Manchester. The service provides personal care and support to people living in their own homes.

Not everyone who used the service received personal care. 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. At the time of our inspection there were 26 people using the service, however, only nine of these received personal care and were included in the inspection.

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

People told us the service provided safe care which met their needs. Relatives also had confidence the service would keep their loved ones safe. Staff received training in safeguarding and knew how to identify and report concerns. Risks to people had been assessed with guidance for staff to follow to ensure their and people's safety. Medicines were administered by staff who had been trained and assessed as competent. Care visits were completed timely with staff consistently remaining for the allocated amount of time.

Staff received the necessary training and support to provide safe and effective care. 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 receiving support with food and drink were complimentary about the assistance provided.

People and relatives told us the care provided was very good. Care staff were described as kind, caring and patient and took the time to get to know people. We were told they also respected people's privacy and dignity and ensured people were offered choice and allowed to complete any tasks they could manage for themselves.

Care files contained detailed information about each person and how they wished to be supported. People and relatives were fully involved in discussions around care planning and regularly asked for their views about whether needs continued to be met. The complaints process was provided to people at the beginning of their care package. Each person or relative we spoke with knew how to raise concerns but had not needed to.

People, relatives and staff spoke positively about the management of the service and support provided. A range of systems and processes were used to monitor the quality and effectiveness of the service, with an improvement plan used to ensure any identified issues were addressed.

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

Rating at last inspection

This service was registered with us on 11 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration in order to provide an initial rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rayman 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience, who conducted telephone calls with people using the service and their relatives. 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. It provides personal care to people living in their own houses, flats and specialist housing.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Inspection activity started on 10 May 2022 and ended on 23 May 2022, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 12 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experiences of the care provided. We spoke with the registered manager and captured the views of three staff members via questionnaires.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including reviewing policies and procedures, survey data, feedback forms and questionnaires.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and being supported by its staff. Comments included, "Yes, I do [feel safe]" and "Oh 100% [feel safe], it's one of the best agencies I've had." Relatives also spoke positively about the safe care provided. One stated, "Yes, absolutely safe. I am really impressed."
- Staff had received training in safeguarding and knew how to identify and report concerns.
- The service had an up to date safeguarding policy and the registered manager was aware of the local authorities reporting guidance. A log was in place to document any referrals, although none had been required to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and documented within their care files.
- Each person's care records contained a number of generic and individual risk assessments, which detailed any risks and the control measures in place to minimise these. This ensured staff knew how to support people safely and the environment they worked in was safe.
- Accidents and incidents were logged on the providers electronic care planning system. A log was used to document what had occurred, actions taken and outcomes, to help prevent a reoccurrence.
- An automatic alert was sent to the registered manager when staff submitted any information of concern. This ensured accidents and incidents were reviewed promptly.

Staffing and recruitment

- People and relatives spoke positively about the punctuality of care staff, who generally arrived on time and remained for the length of the planned call. People confirmed they were always notified should care staff be running late.
- People also commented on the continuity of care, with them having a small set of consistent carers, which they appreciated. One person told us, "I usually have the three [carers]. They know me and my routine and what works best for me."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- Care plans provided guidance for staff about what medicines people took and why. Where people were prescribed 'as required' medicines, such as paracetamol, additional guidance was in place to ensure staff

knew when to administer these.

- Medicine administration records (MAR) viewed on inspection had been completed correctly. MAR audits had been completed monthly to identify and address any issues, such as missing signatures.

Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Current COVID-19 guidance around risk assessments, personal protective equipment (PPE usage) and staff testing were being adhered to.
- Staff had received training in infection control, COVID-19 and the safe use of PPE, with spot checks completed to ensure staff were donning, doffing and wearing PPE correctly.

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

- Assessments had been completed with people before their care package was put in place, to ensure the service was suitable and could meet their needs. A relative told us, "We had a social worker come out with [registered manager] to make sure all [relative's] needs were catered for. [Registered manager] was fantastic with her".
- The service was responsive to people's needs and assessed and implemented care quickly when required. One person stated, "I made contact with them [Rayman Healthcare], because my agency at the time had let me down. [Registered manager] put things in place as quickly as possible. They were amazing, the way they looked after me."

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 MCA 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. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and knew how the legislation applied to their roles. Comments included, "The MCA is designed for people who may lack capacity to make decisions about their care and treatment" and "The MCA ensures where people don't have the capacity decision are made in their best interest."
- People's consent had been sought as part of the assessment and care planning process, to ensure they agreed to a number of factors, such as care staff accessing their property, providing planned care and disclosing information with relevant professionals.
- People and relatives confirmed care staff also sought consent prior to delivering care. One person stated, "They [staff] are all well-mannered. They always ask me would I like this or do I need that, they are very good."

Staff support: induction, training, skills and experience

- Staff received enough training, support and supervision to carry out their roles safely and effectively. People and relatives told us care staff who visited were well trained and competent.
- Staff new to care had to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they received supervision and appraisal in line with the providers policy, as well as have their competency checked on a regular basis. One told us, "We do these [supervisions] every three months." Another stated, "Managers and senior staff have been out to complete checks, they do like to check in."

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

- People who received support with meal preparation, eating and drinking, were happy with the assistance provided. A relative told us, "They help [family member] with her meals and always give her a choice."
- Care plans contained information about people's nutrition and hydration needs and how these should be met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where necessary the service supported people to stay well and contact or access healthcare services.
- We noted the service had worked closely with a physiotherapist to create checklists to help a person complete daily exercises.

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 relatives spoke positively about the care provided by Rayman Healthcare. Comments included, "They [staff] are friendly, they are becoming like part of the family. Nothing is too much trouble" and "They [staff] are very nice, very friendly and [relative] likes them all."
- Staff explained the ways in which they ensured people received the care and support they wanted. One told us, "Asking how they want their needs to be met is the easiest way to ensure everything we do is up to the standard of the client. I like to get to know them, their past, hobbies, family history. I've found people have more trust and faith in you if you are genuinely interested in knowing things about them."
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and had their privacy respected. One person said, "Yes, the staff do [treat with dignity]. They give me the time I need, as it takes me longer to do things now."
- Staff told us they ways in which they ensured people's privacy and dignity was respected. One stated, "We treat people with respect and dignity by allowing them to make their own choices, letting them be an individual. With personal care, such as a bed bath, we use their clothes or a towel to keep one half covered whilst we clean the other."
- People were supported to maintain their independence by completing tasks they could do themselves. One person told us, "I do what I can and the carers do the rest." Whilst a relative stated, "Yes, [they promote independence], [relative] does some things for herself. She will try to get herself dressed and only if she needs a hand will they [staff] help."

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

- People's views were sought through care plan reviews and telephone monitoring calls.
- People and relatives were involved in deciding what went into the care plan, along with ongoing discussions as to whether it continued to meet needs or required updating.
- We looked at a selection of completed monitoring forms, which captured people's verbal feedback about the service and if they were happy with it. All responses received had been positive, which mirrored the feedback we received during calls to people and relatives during the inspection.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care which was personalised and met their needs and wishes.
- Care plans contained a range of person centred information, which helped care staff understand people as individuals and provided a clear guide about how they wanted to be supported.
- People and relatives confirmed the care plans was discussed with them and they had choice and control over what care and support was provided. A relative told us, "We talk a lot, everything is discussed, even down to [relatives] meals." A person stated, "[Registered manager comes regularly to update paperwork. They also do regular checks over the phone."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the AIS. Information was available in a range of different formats, including large font, braille, audio and alternate languages.
- Care files included details of people's communication needs and how these could be met. This included and aids or adaptations required.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they knew how to complain. The complaints procedure had been provided upon their care package commencing. However, no one we spoke with had needed to make a complaint.
- One person told us, "[Registered manager] has explained all this [complaints process]. If we have any complaints is one of the questions they ask when they ring you up. They ask are you happy with this, happy with that."
- A system was in place for logging any complaints made and action taken to address. However, as none had been received to date, this had yet to be utilised.

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. Care files contained a section relating to people's end of life care wishes, should they choose to complete this.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the service, how it was run and the registered manager themselves. Comments included, "Yes, it's well managed. They have never let us down. If there is a problem [registered manager] will call" and "I think it's being run very well to be honest. I can't rate [registered manager] highly enough."
- Staff were complimentary about the service, stating it was a good company to work for and management were supportive and understanding. One told us, "It's a great company, we have great staff and I'm very thankful to have been employed by them. I feel fully supported by the management, who are always willing to help whenever they can."
- People, relative and staff views were captured via questionnaires. Feedback received had all been positive. The provider also utilised a programme to reward staff when any positive feedback had been made about them by people or relatives.

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 manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives were complimentary about the quality of communication from the service, specifically the registered manager. Comments included, "[Registered manager] rings me up every couple of weeks, to see how things are going and if I'm happy" and "[Registered manager] is very responsive, she communicates very well."

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

- A range of audits and monitoring systems were used to assess the quality and performance of the service. We noted these had been completed consistently.
- The service used a continuous improvement plan to log any required actions from audits, document timescales for completion, feedback on outcomes and lessons learned, to help prevent a reoccurrence.
- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Working in partnership with others

- We noted a number examples of the home working in partnership with other professionals and/or stakeholders to benefit people using the service. This included social workers, medical professionals and family members.