

Rick Limited

# Responsive Care

## Inspection report

Osram House Office 105 & 106  
10 Osram Road, East Lane Business Park  
Wembley  
Middlesex  
HA9 7NG

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Tel: 02089009158

Website: [www.ricklimited.co.uk](http://www.ricklimited.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Our inspection of Responsive Care took place on 9 March 2017 and was announced. 48 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Responsive Care is a domiciliary care agency that provides a range of support to adults living in their own homes. At the time of our inspection the service provided care and support to 22 people.

Responsive Care was re-registered with The Care Quality Commission on 14 August 2015 due to a change of address. This was their first inspection under their new registration.

The registered manager for the service had recently left their post to take up another role within the service. 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. A new manager had been appointed and at the time of our inspection they had commenced the process of applying for registration with CQC.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people who they supported.

We found that people were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. The staff members that we spoke with demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training and information had been provided to staff.

The service had developed risk assessments and risk management plans for people. However we found that these did not always include information in relation to conditions such as diabetes and swallowing difficulties. Guidance was not in place to ensure that staff were able to identify and safely manage any potential risks associated with these conditions.

Arrangements were in place to ensure that people's medicines were administered and recorded. Staff members had received training in safe administration of medicines. We found, however, that details of the medicines that people received were not always recorded within their care documents. There was no medicines risk assessment for a person whose medicines were administered by staff members.

The provider had staff recruitment processes in place to ensure that workers employed by the service were suitable for the duties that they were undertaking. However, we found that the provider had not obtained references for a recently appointed staff member who was supporting people who used the service.

Staffing rotas at the service met the current support needs of people. There was a system for ensuring that care calls were managed and monitored and staff members had time allocated for travelling between care calls. Staff and people who used the service had access to management support outside of office hours via a telephone on-call service.

Staff members at the service received training that was relevant to the needs of the people they supported. The provider also enabled staff members to achieve a qualification in health and social care. We saw that staff received regular supervision sessions with a manager to ensure that they were supported in their work.

The service was meeting the requirements of the Mental Capacity Act 2005. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided. However we found that where people were unable to record consent this was not always noted in their care files.

People's religious and cultural needs and preferences were supported. The people we spoke with told us that staff members respected their wishes and treated them with dignity and respect. However, the care plans that we saw did not always record information about how staff should support people's needs in relation to communication and dietary requirements. Staff members spoke positively and respectfully about their approaches to care and the people that they provided care to.

People who used the service told us that they knew what to do if they had a concern or complaint. Complaints that had been received by the service had been fully investigated.

People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits and spot checks of care practice. Although a number of improvements had been made, there was still work to do in order to meet the regulations of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe. Risk assessments did not always include information about how staff should manage risks to people.

Medicines records did not always include details of people's medicines.

Written references had not been obtained for a recently appointed staff member.

The service had already commenced actions to address the concerns that we found.

**Requires Improvement** ●

### Is the service effective?

The service was effective. People who used the service were satisfied with the support that they received.

Staff members received regular training and supervision.

The service was following guidance linked to the Mental Capacity Act.

**Good** ●

### Is the service caring?

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described sensitive approaches to care.

People received accessible information from the service.

**Good** ●

### Is the service responsive?

Aspects of the service were not responsive. Care plans did not always include information about how people should be supported.

Care assessments contained information about people's needs,

**Requires Improvement** ●

interests and preferences.

People who used the service knew what to do if they had a complaint. Complaints had been addressed appropriately.

### **Is the service well-led?**

Aspects of the service were not well led. A new management team had been appointed and actions were in place to improve the service. However there were improvements to service records yet to be made.

Although quality assurance processes were in place, there had not yet been a formal satisfaction survey of people who used the service.

People who used the service and staff spoke positively about the management of the service.

**Requires Improvement** ●

# Responsive Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Responsive Care on 9 March 2017. The inspection was carried out by a single inspector. We gave the service 48 hours' notice of our inspection.

We reviewed records held by the service that included the care records for six people using the service and six staff records, along with records relating to management of the service. We spoke with the Operations Director, the new manager and the visiting officer. Visiting officer is the title that the service uses to describe a senior staff member who is responsible for assessing care needs and co-ordinating the care and support that is provided to people. We also spoke with three care staff, five people who used the service and a family member.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

# Is the service safe?

## Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "They are working hard to improve things and I am seeing the results," and another told us, "I do feel that my carer treats me very safely."

The risk assessments that had been put in place for people who used the service did not always reflect risks related to conditions identified in people's care plans. We identified that risk assessments had been developed for a range of risks including moving and handling, mobility and home environment. We saw there was guidance in place in respect of the management of conditions such as Parkinson's disease and vertigo. However, we found that this was not the case for everyone who used the service. We looked at the risk assessments for six people and found that three of these were lacking information about significant health conditions. For example, we looked at care files for two people with diabetes and noted that they contained no risk assessment or risk management plan related to this condition. This meant that we could not be sure that staff members could recognise any signs of hyper and hypoglycaemia and be aware of how to respond to these.

Another person had a condition which impacted on their ability in chewing and swallowing food. Their risk management plan referred only to the preparation of 'soft food'. However, there was no guidance for staff supporting the person as to what this meant in practice such as the type of foods that they were able to eat. This risk assessment did not include information for staff about what to do if the person experienced difficulties in eating their meals, for example, choking on their food. This meant that we were unable to identify whether or not the person was safely supported by staff members who were assisting them with eating.

Although we saw that the provider was developing new risk assessments that were specific to people's needs, these had not been completed for everyone who used the service. The operations director told us that there were plans to ensure that the new risk assessment process was used to update the risk assessments for everyone who used the service. However, the risk assessments that we viewed at this inspection had yet to be updated using the new system.

The service had a policy and procedure for administration of medicines. The care plans showed that some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. Of the six care files that we viewed we noted that two people received support from staff members to take their medicines. We looked at completed medicines administration records for these two people and saw that they had been staff had signed to indicate that medicines had been administered. However, we found that risk assessments were not in place for one of these people which meant that care staff may be unaware of any risk and would not know how to manage a situation where, for example, a person refused their medicines. The care record for the other person did not include information about the medicines that were administered to them by care staff and this information was not included on their medicines administration record.

The above evidence about risk assessments and medicines demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the operations director and the manager who showed us an example of a risk assessment that had been updated to ensure that it was person centred and included clear information about managing risk. They assured us that all risk assessments would, in the future, reflect any potential risks identified in people's care assessments and plans. They also told us that medicines records and risk assessments were being reviewed to ensure that they reflected people's needs. We saw that this was included as an action in the service improvement plan.

We looked at six staff files. The majority of the recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service (DBS). However, although a recently recruited staff member had commenced working with a satisfactory DBS clearance, there was no record of satisfactory references having been obtained, or any record of verbal references having been sought. The staff member had completed their induction and was working with people unsupervised. This meant that we could not be sure that the provider had made efforts to ensure that the staff member was of good character and were suitable for the work that was required of them. We also found that only one reference was in place for another member of staff who had been working at the service since 2015.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the operations director and the manager who showed us that the lack of references had been identified in an audit of staff files in February 2017. They informed us that that references were being sought.

The service had an up- to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

The safeguarding log maintained by the service showed that concerns were addressed appropriately and immediately reported to the local authority adult safeguarding team. Regulatory notifications were provided to CQC.

There were sufficient staff members available to support the people who used the service. The manager told us that they would not take on new care contracts unless they had enough staff members to cover the support required.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a carer had not logged into the system within 30 minutes of the due time, and this was immediately followed up by the service. The service's records showed that actions had been taken to address any concerns arising in relation to late or missed calls. Outside of office hours the system was monitored by an on-call manager. The manager told us that staff usually informed the office if they were unavoidably delayed so that a message could be passed on to the person they were supporting. The operations director told us that there were fewer late or missed calls since the electronic monitoring system had been introduced. This was reflected in the feedback that we received from people who used the service. We were also told that staff members were rostered so that there was sufficient time travelling between care calls. This was confirmed by two staff members that we

spoke with.

All staff had received training on infection control procedures and were provided with disposable gloves, aprons, shoe covers and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office. Staff members that we spoke with confirmed that they came to the office to obtain fresh supplies of these.

All staff members received a copy of a staff handbook at induction. This included information about safe practice and emergency procedures and contacts. This information reflected good practice in care and covered a range of potential emergency situations such as responding to safeguarding and health concerns and no response from a person's address when a care call was made.

The service maintained a 24 hour on-call service. Staff members and people who used the service told us that they were aware of this and would use it if they had any concerns outside of office hours.

## Is the service effective?

### Our findings

People who used the service felt that the service was effective. We were told, "The carers are very good and do everything they can to help me," and, "I think they can't do more for me."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services and included time shadowing more experienced staff members. The provider had recently commissioned an external training agency to formally deliver training leading to the Care Certificate. Six staff members had also been registered to commence training towards the achievement of a qualification in health and social care. Mandatory training that was provided to all staff members included sessions on safeguarding, moving and handling, medicines, health and safety and infection control. We saw that a programme had been put in place to ensure that training was 'refreshed' on a regular basis. Staff members that we spoke with were able to list the training that they had received and one stated that, "I think that the training is very good here."

We saw records that showed that staff members received regular supervision from a manager. The supervision programme included spot checks of care practice that took place in people's homes. Records of supervision sessions and spot checks were detailed and identified any follow-up actions where required. The staff members that we spoke with told us that they felt well supported. One told us, "I can always call or come to the office for a chat if I have a question or problem."

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.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this as part of their induction.

Some people had signed their individual care agreements to show that they had consented to the care that was being provided by the service, but this was not always the case. We found that two people had not signed these. We asked the manager and operations director about the fact that some care agreements had not been signed. We were told that people were not always able or willing to sign these at the time that they were produced but that a note of this would be added to the file in the future.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported.

## Is the service caring?

### Our findings

People told us that they considered that the service was caring. One person said that, "I can't fault my carers." Another person said, "The carer is good. She listens to me and does what I need."

We were unable to see care being carried out, but the staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I really like this work. I feel that I am helping people to be more independent." Another staff member said, "It's important that I listen to my clients and do things the way they want me to." The staff members that we spoke with described how they were familiar with the needs and preferences of the people they supported. We were told, "I need to know what's in the care plan and also how [the person] wants me to support them when I visit."

The manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records that showed that this had taken place.

People's care plans were being revised at the time of our inspection. Although some information contained in the previous versions was limited, we saw that the new plans included clear guidance for staff members on how they should support people to make choices about how their care was delivered. Plans included information about people's religious, cultural and other special needs and preferences, and information was provided on how these should be supported by staff. The people we spoke with told us that they had been involved with planning and reviewing their care. A family member said, "They were helpful when we wanted a change to be made"

We asked about approaches to dignity and privacy. One person said, "They do make sure that I have my care how I want." A staff member told us, "I need to know what my clients want so I always ask them each time I see them." The care plans that we viewed identified the tasks that people could complete for themselves and the staff members that we spoke with told us about the importance of helping people to be as independent as possible.

We asked the operations director about advocacy services and he told us that people were advised about local advocacy and other support services where they required this. He told us that the service would support people to use advocacy services and work with them to achieve any outcomes required.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. At the time of our inspection the files containing information for people that were kept in their homes were being revised to ensure that they were more accessible. We saw copies of these and noted that they were accessible and easy to read and use. People told us that they were satisfied with the information that they were given. One person said, "They explain it to me, but if I'm not sure I can phone the office."

## Is the service responsive?

### Our findings

People who used the service told us that they were pleased with the support provided. One person said, "They do help me if there are any changes in what I need."

Care documentation included assessments of people's care needs that were linked to the local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments. However we saw that, although care plans provided information about each task, guidance for staff about how people should be supported was not always detailed. For example, one person's care plan referred to 'feeding' them, but there was no information about how staff members should be supporting them eating. Another person's plan highlighted the fact that they communicated mostly in languages other than English, but there was no guidance for staff members on how best to communicate with them. This meant that we could not be sure that staff members always had the information they required to support people's needs in a responsive way.

We discussed this with the operations director who showed us that the provider had introduced a new care planning system. The updated care plans that we saw showed that there was clear and detailed guidance on how staff members should work with people. For example we saw that new guidance that had been put in place for a person with communication impairment and another with agoraphobia. This demonstrated that the service was working towards ensuring that people's individual needs were considered within the context of best practice for staff working with people with these conditions. However, at the time of our inspection there remained a number of care plans that required updating using the new system. Therefore we could not be sure that care staff who were supporting people always had clear information about how care should be delivered.

All care plans were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and full participation in care activities. We also noted that the service made efforts to match people with staff according to specific needs and preferences. For example, people had been provided with care staff of the same gender where this was requested.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for five people and we saw that these contained information about care delivered, along with detail about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in. The quality of care notes had been reviewed and support had been provided to staff members to ensure that these were completed appropriately and accurately. This support included training in report writing.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that there had been two complaints during the past year. We saw that these had been fully investigated and resolved in a timely manner to people's satisfaction.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services.

## Is the service well-led?

### Our findings

People who used the service spoke positively about the management of the service. Everyone we spoke told us that the service had improved. One person said, "It wasn't always very good but it has got better." Another person told us, "I don't know if she is the manager, but the lady who comes to ask me about my care is very nice and helpful."

The provider had made changes to the management team for the service. An operations director had been appointed in November 2016. A new manager was in post and they had commenced the process of registration with CQC.

Although we noted that positive improvements to the service had been made by the new management team there were further improvements required in relation to the quality of records relating to care and staffing. We found two breaches of regulations under The Health and Social Care Act 2008 (Regulated Activities) 2014. Regular audits of care and staffing records had not taken place in the past. However, we saw that the new management team had audited these records in February 2017. The completed audit forms that we saw identified where there were gaps in documentation, but did not always specify what these were, nor identify actions to address these. This meant that we could not ascertain that the shortcomings that we noted during our inspection, for example, in relation to specific risk assessments and staffing records, were being addressed.

We discussed this with the operations director and manager. They acknowledged that the audit forms did not include information about actions to address specific issues found when documents were being audited and told us that this would be remedied in the future. We were shown service improvement plans completed in February and March 2017 which identified that care plans, risk assessments and staff records required improvement. The March 2017 plan identified actions in relation to ensuring that gaps in care and staff files were addressed. However, these actions had not yet been completed.

The service had recently introduced an electronic monitoring and audit system and we saw that this was being updated to ensure that a systemic approach to monitoring and auditing of the service was in place. We noted that actions in relation to recent audits had not yet been entered on this system. The operations director and manager informed us that they were in the process of doing so and would shortly be able to run reports on actions and progress using the system.

The documentation that we viewed showed that other quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by senior staff to check on people's views of the service took place. One person said, "They do come and check that I am happy with my care." Outcomes of these processes were recorded and showed positive responses. Although we did not see evidence of a formal annual survey of people's views the operations manager told us that the service would be undertaking such a survey at the end of March 2017.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments did not always include information about how risks should be managed. 12(2)(a)(b)</p> <p>Medicines records did not always include details of the medicines that were administered to people. 12(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Written references had not been obtained for a recently appointed staff member. 19(1)(a)(2)</p>