

Ram Personnel Healthcare Ltd

Ram Personnel Healthcare

Inspection report

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Tel: 07723135133

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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

Ram Personnel Healthcare is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 6 people using the service, 2 people were receiving the regulated activity of personal care.

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.

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

People received care from staff who were kind and caring. However, aspects of the providers governance systems needed to improve to ensure people received safe care by staff who had been safely recruited.

The management of people's risks and personalised care were known by staff. However this information hadn't always been comprehensively recorded. People received their medicines as prescribed, however medicines care plans were not always complete or accurate. This meant staff did not always have the information to support people safely with their care, risks and medicines.

Safe recruitment practices of new staff had not always been followed.

Although we found shortfalls in the providers quality monitoring and governance systems, the registered manager had good oversight of the service. Relatives felt confident in the management of the service and that any concerns would be acted on.

People were well cared for by staff who treated them with respect and dignity. People's relatives said they felt safe and knew the staff coming into their homes. There were enough staff to meet people's needs and who knew them well. Staff had formed working relationships with health care professionals and families which helped promote consistency in the delivery of people's 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.

Staff had completed training and shadowed staff to understand people's specific care needs. However, the registered manager was developing improved systems to train and monitor the skills of staff.

The registered manager was passionate about delivering high quality and personalised care. They used feedback from people to drive improvements across the service and to ensure people's needs were being fully met.

Systems were in place to monitor the infection control practices, complaints, accidents and incidents.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 28 February 2022, this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We have identified breaches in relation to the management of people's risks and medicines and also recruitment and quality monitoring at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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?

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 ●

Ram Personnel 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 by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2023 and ended on 17 May 2023. We visited the location's office/service on 10 May 2023.

What we did before the inspection

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 used information gathered as part of monitoring activity that took place on 29 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

People were unable to speak to us, however we spoke with 2 people's relatives who used the service about their experience of the care provided. We spoke with 3 members of staff, including the registered manager (who was also the nominated individual), and two care workers.

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 2 people's care records and medication records. We looked at electronic staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 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.

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

- People's risks associated with their health and well-being had been identified as part of their initial assessment. However, the description of the control and support measures required to help mitigate their risks was basic and did not always provide staff with the information they needed to support people safely such as management of people's skin and mobility needs. This meant people may be at risk of not receiving care from staff which was in line with best practice.
- The registered manager may not be assured that care was delivered in line with people's needs, as staff's records of the care they delivered at each care call did not fully reflect the support they had provided to help mitigate people's risks.
- The role of staff and management of people's medicines had not been comprehensively recorded. This placed people at risk of not receiving their medicines as prescribed. For example, details of who was responsible for ordering, collecting and administering people's medicines where there was joint responsibility with family members or other agencies were not clear in people's medicines care plans.
- People's medicines and medicinal creams had not consistently been accurately transcribed on to Medicines administration record (MAR) charts or signed by staff when they had administered people's medicines.
- Staff administered people's medicines as required, however the registered manager did not always maintain comprehensive records of their observations of staff practices in medicines management. Records of staff training, and competency checks in the administration of intravenous medicines had not been kept.
- Accidents and incidents reported to management team had been investigated and actions taken to prevent reoccurrences. These actions had been shared with staff; however, people's care plans had not been updated to reflect the actions taken and their current support requirements.

We found no evidence that people had been harmed. However, effective control measures had not been put into place or comprehensively recorded to manage people's risks, incidents and medicines placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives had no concerns about staff care practices and spoke positively about the management of people's medicines and risks. They told us staff assisted them in the monitoring of their relative's well-being.
- The registered manager regularly delivered care to people which enabled them to monitor people's health and staff practices and address any concerns. They said they were aware of the need to learn if situations

went wrong.

- Staff had access to an effective on call system and could contact the registered manager if they had concerns about people's well-being or required support.

Staffing and recruitment

- Safe recruitment practices had not always been implemented when employing new staff. Staff pre-employment checks had not been consistently completed in line with the providers policy and legislation.
- Recruitment checks such as criminal checks had been carried out, however comprehensive employment checks such as gaps, reasons for leaving and discrepancies had not been always explored or recorded. This meant the registered manager had not been fully assured that staff supporting people were of good character.

We found no evidence that people had been harmed. However, safe recruitment practices had not been implemented or maintained. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff to support people to stay safe and meet their needs.
- People were supported by a core staff team who knew them well. New staff shared with us they had been given opportunities to shadow the registered manager to enable them to fully understand people's needs.
- People's relatives praised the staff and told us they were supported by regular staff who knew people well. They confirmed staff were reliable and punctual.
- People's care calls and staff rotas were planned in advance. Staff reported their rotas were manageable and met people's needs in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People's relatives confirmed that they felt safe when being supported by staff. Comments included "We feel very safe with them [staff]. We find them [staff] brilliant."
- There had been no safeguarding incidents since their registration. However, the registered manager had a good understanding of the provider's safeguarding procedures and confirmed their understanding of notifiable events and incidents.
- The provider had a safeguarding policy in place and posters in the office with guidance on how safeguarding concerns should be investigated and managed.
- Staff had received safeguarding training and knew how to keep people safe from harm. The training was completed by new staff during induction and would be refreshed at regular intervals.

Preventing and controlling infection

- We were assured that the provider was effectively managing and preventing infection control risks.
- People's relative confirmed staff used protective personal equipment (PPE) when providing people with personal care.
- Staff had been trained on maintaining good infection control practices. The registered manager monitored staff practices including the correct use and disposal of PPE and hand washing. These infection control approaches helped to protect people from acquiring infectious diseases.

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 received an initial assessment before they received care and support to ensure the service could meet their needs.
- Staff said they were supported to understand people's support needs through shadowing and support from the registered manager.
- People's relative praised the staff who supported their relative and stated they were satisfied with the care being provided.
- Staff understood the importance of respecting people's diverse needs and treating them as individuals.

Staff support: induction, training, skills and experience

- Staff were trained and supported to carry out their role through training, support and shadowing their colleagues. This was confirmed by staff.
- The registered manager provided opportunities for staff to discuss any work issues, and their learning requirements.
- The provider was planning to enhance their training systems around staff development including implementing staff champions in specific topics and reviewing their training platform to ensure it aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager had completed 'train the trainer' training in various subjects relating to health and social care to enable them to provide practical training with staff and assess their competencies.
- People's relatives confirmed that staff were skilled in their role and were knowledgeable about different aspects of people's care such as the management and monitoring of people's skin integrity.

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

- Staff worked alongside people's families to ensure their nutritional and hydration needs and preferences were known by staff.
- People's dietary requirements and cultural and food preferences were met where required. For example, staff had been provided with additional monitoring guidance relating to one person's dietary needs.
- Any concerns about people's eating and drinking needs were discussed with their families and the person's GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people and worked closely with their families and health care professionals to ensure people received specialised support in a timely manner.
- Staff told us they would alert people's family and the registered manager if they felt a person was unwell or required additional support from health care professionals.
- People were supported to access relevant health professionals if their needs changed. Staff followed the advice and recommendations provided by health care professionals.

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.

- At the time of our inspection, people being supported by Ram Personnel Healthcare had the mental capacity to make decisions about their care and support needs.
- Through our conversations with the registered manager, staff and people, we judged that staff had a good understanding of gaining consent from people before delivering personal care.
- The registered manager could describe the principles of MCA and how they would expect staff to support people in their best interest if people were unable to make decisions about their care. They agreed to review their systems relating to people's consent to care and choices within their care plans and their MCA processes in line with guidance and their policies in the event of supporting people who may lack mental capacity in the future.

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

- Staff treated people with respect and kindness.
- Overwhelmingly we received positive feedback from people's families about the caring and compassionate nature of the staff who supported them.
- People's relatives said staff listened to them and were kind and caring. Comments included, "I find them [staff] brilliant. I can't knock them at all" and "They [staff] are very friendly and approachable."
- The registered manager and staff were aware of the importance of respecting people's diverse needs and treating them as individuals such as respecting their cultural and mental health needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain as independent as possible. Staff told us they provided people with choice and encouraged them to retain their independence in daily activities.
- People's relatives said staff were very respectful and always considered people's privacy. One relative shared that they thought staff were very respectful of people's dignity and never rushed their relative and always involved them in decisions about the care.
- Staff described how they helped people to maintain their dignity when supporting people with their personal hygiene and toileting needs.
- People's views of the service were regularly sought to enable the provider to monitor the quality of care being delivered by staff and to identify if any changes were needed.
- People and their families were given information about the service and how to contact the managers if they had any concerns.

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 which was personalised and reflected their support requirements such as supporting people to build up their own confidence and independence. People had the ability to communicate their support requirements to staff.
- People's relatives explained staff were attentive to the care needs of their family member and themselves. One relative said, "They [staff] always ask how I am doing. They are very kind like that." They said, "The carers always make sure [relatives name] is comfortable and important items are left by them when they leave."
- People's care requirements and personal details were held on the provider's electronic care management system. Staff could access the system on an application (app) on their mobile devices and record the care they provided to people and their visit times.
- The system provided the registered manager with real time information and alerted them if there were any discrepancies in people's planned care visits, care delivery or incidents. This enabled the registered manager to take prompt action to resolve any issues.
- Staff knew people well; however the registered manager had identified that people's care plans required further personalised detail relating to people's preferences and choices. This would help staff to understand people's personalised care needs if they supported people with limited mental capacity in the future.

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.

- People's communication needs were assessed and discussed with them as part of their initial assessment. People who were being supported had no specific communication needs, however, records of people's preferred methods of communication and whether any aids or accessible resources were needed to assist with people's communication would help those with more specific communication needs in the future.

Improving care quality in response to complaints or concerns

- There had been no complaints since registering with CQC. The registered manager explained they managed people's day to day concerns when they delivered care to people. They explained the action they would take in line with the provider's complaints policy if a complaint was received.
- People's relatives were aware of how to make a complaint. They told us they felt confident that the

registered manager would be responsive to any complaints and their concerns would be listened to and acted on.

- The provider sought feedback from people which helped them monitor the service, make changes as required, and drive improvements.

End of life care and support

- No-one was receiving end of life care at the time of this inspection.
- The registered manager said people's end of life care wishes were not routinely discussed during their initial assessment. They explained they had no plans to deliver end of life care at the moment as end of life care systems and staff training had not been implemented.

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 support the delivery of high-quality, person-centred care.

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

- We found some aspects of the service were not always safe as good practice guidance and the provider's policies had not always been followed.
- The provider did not always operate effective systems to monitor the accuracy and completeness of people's care plans, medicines plans and risk management plans.
- The registered manager could not be assured people had received the prescribed medicines as the systems used to monitor people's MARS had not identified gaps in staff signatures and incorrect recording of the frequency of people's medicines.
- The provider systems to monitor the safe recruitment of staff had not identified gaps in staff's pre-employment checks and their legal recruitment of safe recruitment.

Effective systems to assess and monitor the quality of the service and record keeping had not been fully established. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager's oversight and involvement in the delivery of people's care enabled them to monitor the quality of care being delivered and therefore reduce the risk to people. However, having robust governance systems would assist the register manager in monitoring the service and their legal requirements if the service expanded.
- The provider shared they had experienced recruitment challenges since their registration. They had decided to only support people who had family members available to support people in an emergency, if there were any unplanned staff absences which could not be covered by the provider.
- The provider was receptive to our feedback and agreed to review their systems and consider measures which would address the registered manager's accountability when delivering care.
- The provider had identified further development was needed in the development and frequency of staff spot checks, observations, supervisions and competences of staff practices and skills.

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

- The registered manager was passionate about delivering high quality care and promoted a positive culture across the service. Their approach was personalised and aimed to achieve good outcomes for people.

- The provider's vision was to provide a service which focused on people's needs and promoted a positive culture which empowered both people and staff to achieve their potential.
- People's experience of the service was good, and they received care that was personalised to their needs. One relative said, "The carers are wonderful and there is good management at Ram."
- Staff were aware of person-centred care and what it meant for people.

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; Continuous learning and improving care

- The provider had developed clear processes to follow when things went wrong, and any lessons learnt were shared with staff.
- The registered manager reviewed all incidents and understood and acted on their duty of candour responsibilities. They promoted the principles of duty candour through an open approach and encouraged staff to report mistakes. For examples, if errors were identified, the actions taken to reduce further incidents would be discussed appropriately and shared with staff.

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

- People's relatives were positive about the service and the confirmed that the communication from staff and the office was good.
- Staff spoke positively about the responsiveness of the management team and the culture of the service.

Working in partnership with others

- The registered manager kept themselves up to date with changes in the health and social care sector to learn from others and improve practice.
- Staff worked in partnership with people's families and health professionals to ensure people's care needs were being met.

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>Effective control measures had not been put into place or comprehensively recorded to manage people's risks, incidents and medicines placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems to assess and monitor the quality of the service and record keeping had not been fully established. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Safe recruitment practices had not been implemented or maintained. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>