

RA Care Services Limited

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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

RA Care Services Ltd is a domiciliary care service providing personal care to adults. At the time of this inspection 1 person was receiving a personal care service. 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 the service and what we found:

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to make choices and decisions in relation to the care they received.

People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly reviewed and involved relatives as appropriate. People were protected from the risks associated with the spread of infection.

Right Care

People's needs were assessed before they began to use the service to ensure the provider could meet those needs. People had personalised care and support plans which included physical and mental health needs. Care plans documented people's communication, cultural and spiritual needs. Where appropriate, people were supported with activities of their choice and to engage with their community.

A relative confirmed they were included in decision making about their relative's care. People were supported to eat and drink enough to maintain a balanced diet. Staff supported people to maintain their health and worked jointly with healthcare professionals to improve outcomes for people.

Right Culture

Management were available for relatives and staff to make contact with at any time. A relative and staff confirmed they would be able to raise concerns to enable improvements to be made to the service. Relatives were asked by the provider about their opinions of the service.

Staff were recruited safely and there were enough staff on duty to meet people's needs. People were

protected from abuse and poor care. The provider supported staff with training and supervision. Training included learning disability and autism so care could be provided effectively.

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 good (published 3 November 2018).

At the last inspection, we made a recommendation in relation to ensuring consent was obtained in line with the Mental Capacity Act 2005 (MCA). At this inspection we found the provider had acted on this and had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The provider had relocated and we received concerns about record keeping and staff training. A decision was made for us to inspect and examine those risks.

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.

RA Care Services Limited

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 team consisted of 3 inspectors.

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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was announced. We gave the service 24 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.

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 all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a care staff. We looked at a range of management records including quality audits, policies, staff supervision and training. We reviewed a person's care record including risk assessments and 3 staff recruitment records. After the office visit, we spoke with a relative and two care staff. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A relative told us, "[Person] feels safe with them [staff]. I do not have any problems with them."
- Staff were knowledgeable about what action to take if they suspected somebody was being abused. A staff member said, "I will contact my manager. If they do not act properly, I can call CQC and the local authority and I can hide my identity."
- The registered manager understood their responsibility to notify the relevant authorities of safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face. Risk assessments included moving and handling, falls, personal safety and infection control.
- A person's care record indicated they had reduced awareness of their surroundings and potential safety risks. Guidance for staff indicated the person needed close supervision when away from home to reduce the risk of the person wandering away from them.
- People had an environmental risk assessment carried out to ensure the premises were safe for the person and staff.
- The registered manager told us risk assessments covered health specific risk assessments if appropriate. They told us staff did not use restrictive interventions with people who became distressed or anxious.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. They allocated a small team of staff to work with individuals to ensure planned and unplanned absences could be covered. Staff confirmed this.
- A relative gave positive feedback about timekeeping and said, "In general, they are on time most of the time. Sometimes because of traffic they may be late but they do let me know. There has been no missed visits." Records confirmed there were no missed visits since the service began to work with the person.
- The provider operated safe recruitment processes. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of this inspection, nobody needed support with their medicines. The provider had a medicines policy and staff received medicines training so they would be prepared should this type of support be needed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. A relative told us, "Staff do wear PPE (personal protective equipment) when they support [person] and they also wash their hands."
- Staff explained how they prevented the spread of infection. A staff member told us, "In our training [we are told] we have to use our PPE so I use gloves, masks, shoe covers, hand sanitisers, and wash hands. We dispose of PPE carefully after using."
- We observed the provider had a large stock of PPE available in the office. The registered manager told us staff came to the office every 4 weeks to collect 5 weeks supply but they could come in sooner if extra supplies were needed.

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents and learned lessons when things had gone wrong. Staff confirmed lessons learnt from incidents were shared with them. A staff member said, "It would be shared so we can minimise the risk and not repeat the same mistake again."
- The registered manager gave an example where previously a person's visit was missed which meant they did not get their medicine. The action taken included informing all staff they could be a maximum of 5 minutes late and they were now required to log into the group message service to confirm arrival.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

At the last inspection, we made a recommendation in relation to ensuring consent was obtained in line with the MCA. At this inspection, the provider had made improvements.

- The service worked within the principles of the MCA. Where people were not able to sign to consent to receiving care, this was documented with the reason why.
- A relative confirmed staff asked for consent before giving care to the person. They told us, "Yes, they do ask and let me know what they will be doing before delivering care."
- Staff understood the need to obtain consent before giving care to people. A staff member said, "It's about dignity. I have to ask [person's] consent politely and positively. If [person] needs to change clothes, I will put a few of them out and ask which one they want."

Staff support: induction, training, skills and experience

- At the last inspection, we found although staff received adequate training to carry out their roles, it was unclear how often mandatory training needed to be refreshed. The provider had made improvements and records now showed this training was repeated annually.
- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. A relative told us, "I do not see any wrong doing, the staff look after [person] well. They [staff] know what they are doing."
- Staff confirmed they received training and found this useful. A staff member explained they watched videos and could ask the care coordinator to help them to understand, then they took a competency interview. The staff member told us they attended scheduled face to face training for certain topics like moving and handling and were required to pass a practical test.

- The registered manager told us they used an external training company to provide face to face training annually and this company provided the training materials. They said, "The daily report sheets, feedback from people and unannounced spot checks give us the understanding the care is being provided in the right way."
- The registered manager told us staff received supervision every 3 months and a spot check every month. Records confirmed this was the case.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's needs around physical health, personal care, communication, mental health, personal safety and dietary requirements.
- Care plans detailed what support a person needed and when and how they needed it. Records detailed what tasks the person could complete independently and what tasks family supported with.
- People's needs around social interests, maintaining friendships, culture, spirituality and likes and dislikes were included in the assessment process.

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

- People were supported to eat and drink enough to maintain a balanced diet. A relative told us, "They do support [person] with meals, they make the meals properly such as breakfast and also feed [person] properly as well."
- Staff supported people with their nutrition and hydration where required. A staff member explained for the person they supported, their family prepared the food and staff helped if needed to get it from the kitchen and give to the person or they supported the person to get a take-away meal.
- Care plans detailed people's nutritional requirements and included people's food and drink preferences.

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

- People were supported to maintain their health. A relative confirmed staff supported with the person's health when needed and told us, "[Person] is happy with the service. They do not support me, they support [person] with everything they need. I have no concerns."
- Staff told us how they supported a person to maintain their health. A staff member said, "I always encourage person to brush their teeth, taking regular showers and maintaining proper weight. I encourage person to listen to the GP. I chat with person."
- Care records detailed the support people needed with their healthcare needs. Where appropriate, records showed joint working between healthcare professionals and the care 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. A relative spoke positively about the staff and said, "[Staff] are friendly and kind to us. They know [person's] care needs and have a good relationship with [person]."
- Staff described how they got to know people and their support needs. A staff member told us a colleague introduced them to the person and relative and, "It took 1 or 2 days to make a relationship. I chatted with [person]; they like someone listening and paying them attention."
- Records showed staff had received equality and diversity training. A staff member told us, "It does not matter if a person has a different culture or religion. We all are human beings, so I would focus on my tasks and would ignore this."
- The registered manager told us the initial assessment gathered information about cultural and spiritual needs so they could match care staff appropriately. They explained they had previously provided a service to people who identified as lesbian, gay, bisexual or transgender.

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

- People were supported to express their views and make decisions about their care where they were able. A relative confirmed this and said, "They do listen both to me and [person]."
- Staff confirmed they supported people and their relatives to express their views. Comments included, "I just politely talk to [person] and respect their decision" and "Sometimes I chat with [relative]. I have to get consent from [relative]."
- Care records showed people and relatives were involved in decision making about the care they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. A relative confirmed this and said, "[Staff] do respect [person's] privacy. They cover them when they shower [person] and ensure doors and windows are closed. Staff do try to encourage [person] to be independent."
- Staff explained how they respected people's privacy, dignity and independence. A staff member gave an example of person changing their clothes and said, "I make sure [person] is covered up. I always encourage [person] to do [task] first but if they can't I help them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. A relative told us, "[Staff] do support [person] with care, in the way I told them to and also in line with [person's] wishes."
- Staff understood how to deliver a person-centred service. Comments included, "Everyone is different so you have to follow people's way" and "Individually, some people will say, 'I want [care] this way' and others will say 'I want it differently'."
- Care plans were outcome-based and regularly reviewed.

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 provider was meeting the Accessible Information Standard. People's communication needs were captured in care plans, including whether they used visual or hearing aids.
- The registered manager was knowledgeable about how to meet people's communication needs. They said for people with visual needs, "Some people can read with large text, some with braille and there is the accessibility option on the phone."
- The registered manager told us for people with hearing needs, "[Staff] can use sign language. We can [provide] a picture of tasks for the care worker to show [person]. If [person] can lip read the care worker has to stand in front of them so [person] can see their lips."

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- A relative told us how staff supported their relative and said, "[Relative] has no interest in activities at home. [Staff] take them out such as shopping, cinema, to the park and to bowling. [Relative] seems happy with this."
- A staff member explained how they supported a person with activities and said, "[Person] really enjoys playing football and cricket. [Person] likes to talk about holidays."
- Care plans captured people's support needs around activities. This included who the person liked to

spend time with and how they spent their time when at home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place. At the time of this inspection there were no recorded complaints. The registered manager told us they ensured people and relatives knew how to raise a concern explaining, "We have the handbook, we give to them which provides all the necessary information."
- A relative confirmed this was the case and said, "I know who to complain to. I will call the office and speak to the manager but I have no concerns. I am happy with [the service]. The manager keeps in touch through the telephone to check if there is any problem."
- Staff told us they were confident the outcome with complaints would be shared with them.

End of life care and support

- The provider told us they did not support anyone who was at the end of their life or expecting to receive this type of care. They had an end of life care policy and told us staff would receive relevant training should this type of care be required in the future.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- There was a positive and open culture at the service. A relative told us the service was managed well and said, "I have contact with the manager regularly, who is good and approachable."
- Staff told us management were always available should they need support. Comments included, "Our manager is very approachable and we can contact them any time we need any help" and "[Registered manager] always responds to us."
- The registered manager told us they had regular contact with the person using the service and their family. They also said, "[Staff] can contact me at any time. They can come to the office any time but phone me first."
- The registered manager told us as they were also the proprietor of the agency, they had engaged a consultant who they could contact for support as a manager.

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 provider understood their responsibilities under the duty of candour. They were aware of the need to notify the local authority and CQC of concerns.
- The registered manager told us, "We have to be very honest with the [person using the service] and the family if something happens or something goes wrong. We have to apologise to them and inform the local authority and CQC."

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

- Staff were clear about their roles and explained how they were kept updated about any changes. Comments included, "If we face any changes, [registered manager] informs us" and "We use the WhatsApp group chat; the next of kin is in the WhatsApp group. All the updates are in there." WhatsApp is an application on mobile phones which has a message function.
- The provider had a system of quality audits in place to check the quality of the service in order to identify areas for improvement. These included spot checks and file audits.
- We reviewed a sample of spot checks which documented these happened monthly. We saw these checks included the staff member's punctuality, personal appearance, knowledge and skills. For example, a spot check noted, "[Staff member] is very delicate and careful around [person] whilst managing tasks and completes tasks in good time."

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

- The provider had a system of obtaining monthly feedback from relatives using the service. We reviewed a sample of feedback collected from a relative over the previous 6 months and saw they had scored the service as outstanding.
- We noted the positive comments added to the feedback surveys. These included, "[Staff] always arrive on time and handle [relative] with care" and "We are satisfied by the service. [Staff] behave nicely and friendly with [relative]."
- A relative confirmed they were asked for feedback and said, "The [registered] manager calls me regularly asking for my views and if everything is going well. Everything is going well so far. I am happy with them."
- Staff confirmed they had monthly meetings to be updated on service development. A staff member told us, "We can share the problems and [management] can share their plans and views and how we can improve the quality of the service."
- We reviewed a sample of recent staff meeting minutes. Topics discussed included cleanliness, communication, personal appearance, daily work performance, time management and training.

Working in partnership with others

- The provider worked in partnership with others to improve outcomes for people. The registered manager told us, "We do this [joint working] regularly with local authorities, the GP and occupational therapist. We speak to consultants and CQC."
- Care records showed evidence of joint working with healthcare professionals and social services.