

Right Care (NW) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Right Care (NW) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, people with physical disabilities or learning disabilities, sensory impairments, mental health conditions, and dementia. At the time of this inspection 22 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (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

The provider was not following best practice in medicines and the National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. Improvement was required with medication administration records (MARs).

Recruitment checks were not robust to ensure staff were suitable to work with vulnerable adults before being appointed.

Systems in place to manage and record risks were not robust. People's moving and handling risk assessments were not detailed or were missing. There were no risk management systems in relation to end of life care.

Governance systems were not effective. Audit systems were not robust and there was a lack of quality assurance audits recorded to assess the quality of records. There were no processes in place to improve the quality of care and treatment delivered by the service and feedback from people were not responded to. Governance systems in relation to staff support were not effective. The management of staff rotas was poor.

Staff had received training in safeguarding adults and understood how to recognise signs of abuse. People felt safe receiving support from the staff.

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 25 July 2018).

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider had started to take action to mitigate the risks identified during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Right Care (NW) Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe recruitment of staff and governance systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Right Care (NW) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

The service did not have a manager registered with CQC. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The manager running the service had applied to register with CQC.

Notice of inspection

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

Inspection activity started on 21 August 2020 and ended on 4 September 2020. We visited the office location on 21 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the care co-ordinator, care workers and the nominated individual. 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 five people's care records and six people's medication records. We looked at three staff files in relation to recruitment and staff supervision. 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- Recruitment checks were not robust to ensure staff were suitable to work with vulnerable adults before being appointed. Application forms for two staff members were not fully completed and gaps in employment were not explored. Interview records for three staff members were not maintained.
- The fitness of employees was not robustly assessed. One staff member received an inadequate reference from their previous care employer, and no risk assessment or risk management system was put in place.

The provider had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems in place to manage people's moving and handling risks were not robust. Staff were not adequately trained in moving and handling and all staff members had not received both, the theory and practical aspects of the training. One staff member was not provided practical training and deployed to support people using hoists. Staff told us, "I have had online training in moving and handling, however, no practical training, I just shadowed other carers" and "Moving and handling training was done in my last job but not with Right Care."
- People's moving and handling risk assessments were not robust. Two people's risk assessments did not detail each person's moving and handling needs, or direct staff how best to support each individual person. Eighteen people had the core page missing, which should have detailed how to mitigate the risks, and support people with their moving and handling needs. One staff member told us, "If I am honest, some (moving and handling risk assessments) are detailed and some are not."
- There were no risk management systems in relation to end of life care. The provider told us they did not provide support to people who are at the end of their lives, however, we reviewed one person's care plan who was receiving end of life care. This care plan lacked detail and no risk assessments were in place in relation to the person's end of life support or moving and handling needs. No end of life training had been provided to any staff members.

We found no evidence people had been harmed however, the provider had ineffective governance arrangements and failed to maintain accurate complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and booked staff members onto moving and handling training sessions and started to update and implement risk assessments.

Using medicines safely

- The provider was not following best practice in medicines and the National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. NICE provides national guidance and advice to improve health and social care. We found no guidelines or protocols were in place for 'as required' medicines, therefore, staff had limited direction of when people may have required specific medicines.
- Improvement was required with medication administration records (MARs). Three people had prescribed creams and no body maps were in place to direct staff where the creams were required to be applied. One person's MAR had the frequent use of the code 'O' for other when medicines were not administered, however, it was not clear what other referred to.
- Staff's competency in administering medicines were not checked. There were no records of staff receiving competency checks, with the exception of one care worker. The nominated individual told us the spot check form incorporates some aspects of medicine competency checks for staff. However, the spot check form was not robust in assessing staff members competency in administering medicines as the questions did not assess staff member's capabilities or knowledge in relation to medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. Staff told us, "Safeguarding is keeping clients safe from any abuse, financially, physically, mentally and looking after their best interest" and "I would report any abuse (to management) straight away."
- People felt safe receiving support from the staff. People commented, "I feel safe with the carers" and "I feel very safe with the carers, they are very reliable, you can trust them."

Preventing and controlling infection

- Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them. However, we received mixed feedback from people and some people told us not all staff members wore masks and aprons whilst in their homes. We discussed this with the nominated individual who said they had not witnessed this whilst conducting spot checks, however would continue to monitor.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
- Governance systems were not effective. As detailed in the safe domain, governance systems in relation to recruiting staff, managing medicine systems, and assessing and recording risks were poor. Some people and relatives told us governance systems were ineffective and their comments included, "I don't think the service is well-led" and "[Staff name] is very unprofessional, they swear a lot. I'm not sure I would recommend them." Staff commented, "I wouldn't say (management) is the best."
 - Audit systems were not robust and there was a lack of quality assurance audits recorded to assess the quality of records. The medicine audit tool being used did not find the discrepancies found during the inspection and no care plan audits were conducted. Although the nominated individual told us communication notes were audited on a three monthly basis, but no records were made to support this.
 - There were no processes in place to improve the quality of care and treatment delivered by the service and feedback from people were not responded to. Feedback forms were issued in September 2019, and although there were only two responses, the negative comments were not responded to or analysed. The provider told us this was done by the previous registered manager, however there was no evidence of this.
 - Prior to the inspection the provider was aware of feedback from people in relation to visit times being erratic, however systems and processes were not in place to monitor this. The provider has access to an electronic care monitoring (ECM) system which facilitated reports of late visits, however was not utilising this facility as an audit process or to monitor the quality of the service being provided. The provider informed us they used the report for key performance indicators (KPIs) and staff meetings, however there was no evidence of this in the team meeting minutes.
 - Governance systems in relation to staff support were not effective. The provider's supervision policy stated staff members would receive supervisions every six months, and the induction policy advised new starters should receive supervisions on a monthly basis. The provider was unable to provide evidence of regular staff supervisions as records were not maintained. One staff member told us; "We do not get regular supervisions."
 - The management of staff rotas was poor. All staff informed us rotas were being provided at short notice and often the night before. This impacted negatively on some staff members, as they were often unaware they were scheduled to work the following day until their rotas arrived late evening.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of

the service. They had not maintained accurate and complete records. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post during the time of the inspection. The provider was in the process of recruiting a manager.
- Staff felt the management team were approachable and were happy working for the service. Staff told us, "We speak to (managers) at any time. They are both approachable" and "I am happy working here, I love it. I have a laugh."

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; Working in partnership with others

- Time taken to obtain documents was lengthy. Although the provider supported the inspection process, we had to wait considerable amounts of time to receive documents we had requested to review.
- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong. However, we identified one instance where the provider did not submit a statutory notification to the CQC. This is being reviewed outside of the inspection process.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment checks were not in place. Application forms were not fully completed, gaps in employment were not explored, interview records were not maintained and inadequate references were not followed up or risk assessed.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Failure to assess and mitigate the risks relating to the health and safety of service users, Records were not complete, audit and governance systems were not effective, and quality improvement was poor.</p> <p>Regulation 17, section (2) (a) (b) (c) (f)</p>

The enforcement action we took:

We served a warning notice.