Rapid Improvement Limited

Rapid Improvement Care Agency

Inspection report

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Date of inspection visit:
05 July 2022
08 July 2022

Date of publication:
04 August 2022

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

About the service
Rapid Improvement Care Agency is a domiciliary care agency providing personal care to people in their own homes.

At the time of the inspection, there were 75 people using the service. 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
Although we received positive feedback from people, relatives and staff about how the service was managed, we found the provider's recruitment checks were not robust enough and we could not be assured staff were recruited safely. We also found the provider's quality assurance checks were not robust enough to identify this issue and statutory notifications that needed to be submitted to the Care Quality Commission were not sent.

Although staff were given training that met the needs of people using the service, we found that staff supervisions were not being completed regularly. The registered manager told us the frequency of these had been impacted due to Covid-19. We have made a recommendation to the provider about restarting more frequent one-to-one supervisions.

We have made a recommendation to the provider in relation to updating its safeguarding and complaints policies to make them more comprehensive.
We have also made a recommendation to the provider about developing more comprehensive care plans in relation to end of life care.

People and their relatives were very happy with the service and care they received. They told us they felt safe and were supported by a regular team of care workers who attended their calls on time and stayed for the full duration of their visit. Infection control and medicines practices were safe. The provider assessed risks to people which included steps to manage and minimise the risk. This helped to keep people safe.

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.

The provider carried out assessments, often at short notice before they started to provide care to people. People were supported by the provider to meet the health and dietary needs.

The service was caring. People and their relatives praised the care workers for their empathy and caring attitude. They told us that care was delivered in a way that was discreet and dignified, and their privacy was

respected. People and their relatives were involved in planning their care and told us their care plans were reviewed regularly.

Care plans were individual to people, reflecting their current needs. The provider considered the views of people and their relatives when developing care plans and they were reviewed regularly. People told us that care workers supported them according to their preferences. People and their relatives told us they knew how to complain if they were not happy and felt they could approach the provider if they were not satisfied with their care.

The provider engaged with people, relatives and staff, listening to their views and considered their feedback. People told us they service was well managed. They felt the registered manager was approachable. There were systems in place to monitor the quality of service.

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 14 December 2018).

Why we inspected
This was a planned inspection based on when the service registered with us and due to concerns received about safeguarding and complaints management procedures. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations
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 monitor the service and will take further action if needed.

We have identified breaches in relation to fit and proper persons employed and good governance at this inspection. Please see the action we have told the provider to take at the end of this full 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Rapid Improvement Care Agency

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
This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people or their relatives.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 July 2022 and finished on 08 July 2022. We visited the office location on 05 July 2022 and 08 July 2022

What we did before the inspection
We reviewed information we had received about the service since it had registered with us.
The provider completed 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 this information to plan our inspection.

During the inspection
We spoke with three people and seven relatives of people who used the service. We spoke with the nominated individual, the operations director, the registered manager, the recruitment manager and four care workers. A nominated individual supervises how regulated activity is managed.

We reviewed a range of records. This included four people's care records, six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

We requested additional evidence to be sent to us after our inspection. This included records relating to governance including policies and procedures.

Requires Improvement

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 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
- We were not assured that the provider operated robust recruitment procedures.
- One staff file had an incomplete employment history with only one date against their previous employment, it was not possible to tell whether this was the person's start or end date. The references stated on the application form were not from their previous employers and there was only one reference on file.
- In another file, there was an incomplete employment history and no references included in the application form. The references on file did not state the full dates the care worker had been employed. We could not be assured that the provider had verified the staff member's employment history.
- In a third file, there was an incomplete work history and there were no references on file. We could therefore not be assured that the provider had verified the staff member's suitability for a role.

The above issues meant that we could not be assured that recruitment procedures were being operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Employment files did include detailed evidence of right to work, identity and Disclosure and Barring service (DBS) checks. DBS checks are criminal record checks that employers undertake to make safer recruitment decisions.
- People and their relatives did not raise any concerns about care workers' timekeeping and said care workers stayed for the expected duration of their visits. Comments included, "They come on time and have never missed any calls", "He has good continuity of care during the week, carers change at weekend but [family member] likes them all" and "The company provide consistent care, [family member] knows and trusts the carers and there are very few changes."
- The provider used an electronic system for care workers to clock in and out of every visit and monitor time keeping.

Systems and processes to safeguard people from the risk of abuse
- The provider had systems in place to safeguard people from abuse. However, the provider safeguarding processes needed updating.
- For example, we saw that where a complaint had been received which included allegations of abuse, the local authority was not notified of this in a timely manner.
- We discussed this with the managers who acknowledged their policy needed updating.

We recommend the provider reviews its safeguarding policy and its reporting procedures so they are in line with the local safeguarding policy and reflect current guidance. We will follow this up at the next inspection of the service.

● People using the service and their relatives told us they felt safe in the presence of care workers. Comments included, "Yes I feel safe as I have the same people that come to visit", "I think my [family member] is safe, yes very safe I would say" and "[Family member] is safe, they are really careful with her care, which is very good."
● Care workers understood what safeguarding was and their role in protecting people from harm and abuse.

Using medicines safely
● The provider's medicines management systems were safe.
● People and their relatives told us staff supported them to take their medicines on time. One relative said, "The girls will encourage [family member] to take his tablets and we have never had any problems with him not taking his medicines."
● Care records included a list of medicines that people were prescribed, any allergies and their past and current medical history. Medicines support plans included the route, time, dose and use of the medicines that had been prescribed. Medicines risk assessments included steps for staff to take if people refused to take their medicines.
● Care workers completed medicines administration record (MAR) charts when they supported people to take their medicines. These showed that medicines were being given as prescribed. These records were brought back to the office and audited.
● We found there were no guidelines for staff to follow in relation to medicines that were required as needed for people who were not able to articulate when they were in pain due to their diminished capacity. We raised this with the registered manager during the inspection and they assured us they would put these in place. After the inspection, they submitted some updated records to reflect this. We were satisfied with their response.

Assessing risk, safety monitoring and management
● Risks to people were assessed when they first began to use the service and reviewed regularly which helped to ensure they were current. This meant that care workers were able to support people in a safe way. and there were management plans for staff to refer to and implement to help reduce the risks to people.
● Risk in relation to mobility, falls and pressure sores were considered and included steps for staff to reduce the risk if they were identified as being at high risk. One relative said, "[Family member] is bedbound so requires two carers at each call so they can safely bed bath and change him."
● Where people had indwelling catheters and PEG tube, there were guidelines in place for staff to refer to. These were completed by a clinician. One relative said, "Although she has a PEG she also has food orally, the carers ensure the area where the PEG is inserted is kept clean and free from any infection."
● Care workers demonstrated a good understanding of how to manage these risks.

Preventing and controlling infection
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Records showed that incidents and accidents were recorded and checked by the registered manager,

these included body maps to record any bruises or marks on people.

● The provider had a system in place to learn from any incidents and accidents that took place. There was evidence that the provider acted upon feedback received and implemented 'lessons learnt' when investigation reports had been completed.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- Care workers received regular training in topics that were relevant to people's needs.
- Care workers told us they were happy with the training and support they received.
- People and their relatives told us that care workers were competent in carrying out their roles.
- Although records showed they had received training in a number of areas, we found some of the record keeping in relation to training and supervision record keeping needed improving.
- The dates on the individual training certificates we saw in staff files during the inspection did not reflect the dates in the provider's training matrix in some cases although it was correct in the majority of cases. We fed this back to the registered manager who said the up to date training certificates needed to be printed off and placed on file. We were assured that the training matrix reflected the current status of the training.
- Staff training was generally up to date. The provider's training matrix identified where staff training had expired. The registered manager told us the refresher training dates had been pencilled in.
- Staff supervision meetings were not recorded. For example, one care worker who had completed their induction in February 2022 did not have any supervision meetings on file. Another staff member who had completed their induction in May 2021 had only one recorded supervision meeting in July 2021 . A third care worker only had one supervision record on file in the past year. The registered manager told us that staff supervisions had been impacted due to COVID-19 but assured us that these would be more frequent moving forward as restrictions had been lifted.
- All care workers had received 'on site' observation spot checks where their competency was assessed and staff attended regular staff meetings where they were able to discuss work practice issues.

We recommend the provider reviews its staffing records to ensure that they are able to track staff supervision more closely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider assessed people's needs before supporting them with personal care.
- Assessments and information about people's support needs were received by the provider from commissioning bodies. Once the provider had an opportunity to decide if people's needs could be met, they completed an assessment before they started to support people. This gave them an opportunity to capture their support needs and help them to develop care plans.
- People and their relatives told us they were involved in their assessments and the provider consulted with them with regards to their support needs. One relative said, "He has a care plan and risk assessments that were done at the time Dad required care. The office contact me and review [family member's] care on a regular basis."

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 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.

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.

● People received care that was in line with their wishes and which they had consented to.
● People and their relatives told us that care workers delivered care with their consent and according to their individual needs.
● Care plans included consent to care records which people and/or their relatives had signed. Care plans included information in relation to the MCA, including people's mental capacity to make decisions and who to liaise with if a best interest decision needed to be made.
● Records showed that care workers received training in MCA and were familiar with how this impacted on people who did not have the capacity to consent to their care.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced diet.
● People and their relatives told us that they were supported by care workers to maintain a balanced diet. Comments included, "The girls give me choices of food and drinks and prepare what I like, they will always leave me a drink before they leave", "They will make me drinks and make sure the kettle is full before leaving and I make my meals", "[Family member] is kept well hydrated and the staff cook nice meals for him and always ask him what he would like to eat" and "Her meals are prepared and presented nicely as well as providing her with lots of drinks."
● Care plans included information about people's dietary requirements including their preferences and also any additional support needs such as a softened diet.
● Care workers were familiar with people's dietary requirements and told us they supported people by preparing their meals for them or supported them to eat meals that had been prepared by relatives.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported by care workers to live healthier lives and access healthcare services. They told us, "If I need any advice or need to see a doctor they will ring the surgery for me", "I had a fall and the carers rang the ambulance and waited with me until my daughter came" and "The carers will do exercises for Mum and move her legs and arms to try to help her joints as she is bedbound."
● The provider liaised with healthcare professionals to ensure people's needs were met.
● Care plans contained details of healthcare professionals involved in people's care and also their past and current medical histories.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
- Care workers treated staff well, respecting their individual choices.
- People and their relatives told us that care workers treated them well and without discrimination. They told us, "The carers are diligent and interactive with [family member] ,they show real affection towards her and it is real affection", "I was so impressed with the carers when it was [family member] birthday, they all visited ,outside of their call times with cards and present to wish her Happy Birthday, so kind and caring."
- People received care from regular care workers who were familiar with their needs. This was reflected in the feedback we received from people and their relatives. This meant that caring, friendly relationships were established between people and their care team.
- People and care workers we spoke with told us they were given sufficient time during each visit to meet people's needs.
- Care plans included any or religious or cultural needs that staff needed to be respectful of.

Supporting people to express their views and be involved in making decisions about their care
- The provider worked with people, their relatives and external professionals when developing care plans. This helped to ensure their views were heard.
- Care plans included details about people's wishes about how they wished to be cared for. They included information about care needs during each visit such as preferences in relation to meals and personal care. Staff were aware of the individual needs of people when we spoke with them, telling us any preferences that people had.
- Care plans were person centred, including people's background and histories. They gave staff an indication of the type of people they were caring for and their interests which helped them to provided individual care. One person said, "They care about doing things the way I like them and really listen to me "

Respecting and promoting people's privacy, dignity and independence
- People received dignified care that was delivered in a discreet way.
- People and their relatives told us that care workers maintained their independence and cared for them in a way that was respectful of their privacy. They said, "They are very kind to [family member] and he really likes them and treat him with great dignity and are most respectful towards him" and "They always ask me if it is ok to do anything and always talk to me when I am being showered asking me if its ok for them to do certain things."
- Care workers gave us examples of how they supported people in a dignified manner.

● Personal hygiene and grooming care plans included people's level of independence in relation to their personal care and included ways in which staff could promote this and also provide care in a dignified way.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

End of life care and support

- The provider supported a number of people who were in need of end of life care support.
- We found that end of life care plans and people's wishes in relation to their end of life care often lacked detail about specific wishes about how people wished to be cared for during the end of their lives. We discussed this with the registered manager during the inspection who told us that this was a topic that people did not always want to approach.

We recommend the provider captures people's end of life care wishes, including recording if people don't want to discuss this.

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

- People had individual care plans in place which were reviewed on a regular basis. This helped to ensure they were up to date. One relative said, "[Family member] has a care plan. She has reviews and assessments to ensure her care is meeting her needs." One person said, "I have a care plan with all my history so the girls know me well and provide care that suits me and do other things as well."
- Care plans were person-centred, capturing people's physical and general nursing needs in addition to support needs in relation to personal hygiene, dressing/undressing.
- Feedback from people and their relatives that care was delivered in line with care plans and people's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people had specific communication needs in relation to sensory impairments. For example, one person communicated via lip reading. Staff were given clear instructions on how this impacted the person and how to communicate with him.
- Another person had a communication passport in place with guidelines for staff to refer to for effective communication. These included nonverbal communication such as expressive facial expressions and how they would give consent to care using prompts and gestures.
- Communication care plans captured people's methods of communication in relation to their hearing, sight and verbal/non-verbal communication. Staff we spoke with were familiar with these instructions.

Improving care quality in response to complaints or concerns

● Records showed that where complaints had been received, the provider recorded these and investigated them, taking action where necessary by suspending staff members against who the complaints had been raised.

● People and their relatives told us they knew who to contact if they had any concerns or issues to raise. Comments included, "We know who to contact if we have any problems" and "The office are easy to communicate with and we have no complaints."

● However, although the provider responded to complaints, their complaints policy needed to be updated to make the process clearer in relation to how complaints would be managed if the complaint raised included an allegation of abuse. We raised his with the registered manger during the inspection who said they would do this.

We will review this at the next planned inspection for the service.

Requires Improvement

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 deteriorated to 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; Continuous learning and improving care

- Although the provider completed quality assurance checks to monitor the quality of service, these failed to identify the issues we found during the inspection in relation to fit and proper persons employed.
- The registered manager failed to submit statutory notifications as required. For example, the provider was not aware that notifications were required when people using the service died and at the time of the inspection no notifications had been received for this.

The above issues meant that we could not be assured that there were robust quality assurance checks in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans and risk assessments were reviewed and updated as people's needs changed.
- Unannounced spot checks took place which helped to ensure care workers were carrying out their roles effectively and in a caring manner. More informal telephone monitoring also took place just to make sure that people were happy with the service.
- Daily logs and medicines administration records were audited to check for accuracy and gaps.
- A sample of care plans were audited very month and any missing information or updates identified.
- Care worker visit times were audited which helped to ensure they were attending calls on times.
- There was a quality schedule in place where different aspects of the service were audited every month. We spoke with the registered manager about including staff file audits in this schedule which would have identified some of the gaps we found in the staff recruitment files during this inspection.
- There was a service quality improvement plan in place which highlighted some of the areas that the provider had identified as needing improvement. These include reviewing their safeguarding and complaints procedures, internal and external reporting and communication.
- There was a clear management and staffing structure in place from the registered manager and the operations manager being supported by care managers, care co-ordinators, nurse assessors and recruitment managers and field care supervisors. This allowed for roles to be split accordingly and more effective management.

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; Promoting a positive culture that is person-centred,

open, inclusive and empowering, which achieves good outcomes for people

● The provider was aware of its responsibilities under duty of candour. We saw evidence where letters of apology had been sent to people and/or their relatives when things went wrong.

● We received positive feedback from people, relatives and staff about the service. This was reflected in the feedback we received as part of the inspection and the unannounced spot checks monitoring forms. Comments included, "It is a well-managed service and the office communicate well with me and are very approachable", "I would recommend the company and give them ten out of ten", "We highly recommend the company" and "They are like family and the manager phones me to see if I am ok."

● Staff told us they felt confident to raise any concerns with the registered manager.

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

● The provider had systems in place for engaging and gathering feedback from people, relatives and staff.

● Client satisfaction surveys had been held recently where people were asked about their care needs, staffing, general satisfaction levels and staff timekeeping. We reviewed the results of these and saw they were very positive.

● A staff satisfaction survey was completed in January 2022 and the feedback from this was positive too.

● Regular team meetings were held where the provider relayed important information and updates to staff and vice versa. Topics discussed included care records, medicines records, reporting and communication.

Working in partnership with others

● There was evidence that the provider worked in partnership with other stakeholders such as district nursing teams and other agencies to support people and the staff.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and quality assurance processes were not always effectively managed. Regulation 17(2)(a).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively. Regulation 19 (2).