

Right Care (NW) Ltd

# Right Care (NW) Ltd

## Inspection report

Croft House  
St. Georges Square  
Bolton  
BL1 2HB

Tel: 01204567856

Date of inspection visit:  
22 April 2021  
07 May 2021

Date of publication:  
11 June 2021

## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# 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, sensory impairments, mental health conditions, and dementia. At the time of this inspection 25 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 current manager had not yet registered with CQC but had started the application process. Following the last inspection, the provider recruited the new manager to focus on improvements which needed to be made relating to governance and recruitment; we found these had been implemented. However, some improvements were still needed in relation to the development of risk assessments, auditing and call schedules. We have made a recommendation the provider continues to develop risk assessments for all aspects of people's care.

People's care and daily records were recorded on an electronic recording system. Medication records were built into people's daily records and it was clear when people had received their medicines. However, electronic medication administration records (EMAR's) had not been built into the system; this was addressed by the provider who contacted the developer of the system to request EMAR's be implemented. The providers new recording system enabled continued oversight from the management team and helped the provider to respond to things that go wrong, in a timely manner. We have made a recommendation the provider continues to develop their electronic recording system, so it incorporates pharmacy sent EMAR's.

People felt well cared for by carers and knew who to contact if they had any concerns. The improved organisation and communication had a positive impact on people's care, and this was evident through their feedback. The provider had robust quality assurance systems in place; however, this was sometimes evidenced in daily audits, rather than an overarching audit record. We have made a recommendation the provider develops audit records, to include a record that evidences the daily quality assurance that is undertaken.

Staff had received regular supervision and support. Important training, such as medication, safeguarding and moving and handling, had been carried out regularly. Staff felt well supported by the management team; however, feedback was mixed on the scheduling of call times and how this had impacted on travel times between calls. We discussed this with the manager following the inspection and they advised this would be reviewed to ensure staff had enough time to travel between calls. We have made a recommendation the provider maintains a realistic amount of time is allocated to care staff for travel.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 September 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced inspection of this service on 21 August 2020. Breaches of legal requirements was/ were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe 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** ●

# 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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who had not yet registered with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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.

#### 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 providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, manager, care co-

ordinator and 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 four people's care records and medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. We spoke again with the manager, nominated individual and care co-ordinator.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure that fit and proper persons were employed by the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment checks were robust and ensured that staff were suitable to work in the role they applied for. The provider had implemented an improved value based recruitment process since the last inspection.
- There were no gaps in recruitment records. References and DBS checks had been obtained, before staff began to provide support to people.
- Staff received a robust induction and training programme, such as moving and handling, safeguarding and medication. Staff also were asked to complete the care certificate and value based training.

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

At our last inspection the provider had ineffective governance systems 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented robust risk assessments around moving and handling. Other risks were identified in care plans, but not in formal risk assessments.
- We discussed this with the manager and they advised that moving forwards risk assessments would be completed for risks identified in people's care plans.

We recommend that the provider continue to develop people's risk assessments.

- Accident and incidents were recorded and analysed, enabling the provider to identify any trends relating to risks to people's wellbeing.
- Policies relating to the management of risk had been revised and provided clear guidance to staff. The

provider had recognised at the last inspection areas where risk had not been well managed and had identified this as a priority. The manager said, "When I joined we reviewed all our packages of care, made sure we identified what support people needed and what risks there were and then we completed new risk assessments for everyone."

### Using medicines safely

At our last inspection the provider had failed to ensure there were robust systems in place to demonstrate medicines were effectively managed. However, no evidence was found of any impact on people. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely. Staff had received training and had a good understanding of how medicines should be administered. Competency checks were carried out by the management team.
- Recording of administered medicines was completed by staff, using the providers electronic recording system. This enabled increased oversight by the management team and showed who had administered the medicines, at what time and what medicines were given.
- Electronic medication administration records (EMAR's) had not been incorporated into the system. We discussed this with the manager and they confirmed they had contacted the developer to request that they work with local pharmacies so EMAR charts could be uploaded.
- Topical creams were clearly identified in peoples care plans and electronic recording systems evidenced appropriate support being provided around the application of creams.

We recommend that the provider ensures EMAR records are incorporated into their electronic recording system, so they can be completed alongside records currently used to sign for medicines administered.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and the provider responded to any safeguarding concerns with transparency and in a timely manner.
- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. One staff said, "It's keeping people safe from harm or abuse and I'd raise (concerns) with management first and if it was quite severe I would ring CQC as well."
- People felt safe receiving support from staff. One person said, "Oh yes, (staff) are very safe, they're very careful when they help me."

### Preventing and controlling infection

- Robust infection control practices were in place. The provider had completed regular spot checks to ensure staff were using personal protective equipment (PPE), such as masks and gloves. Staff had received training in infection control and COVID-19 and guidance had been provided around the correct donning and doffing of PPE.
- The provider had kept a record of staffs COVID-19 test results and whether they had received the vaccination.
- People felt that carers wore appropriate PPE when they were receiving support. One person said, "They always have the mask, gloves and aprons on."

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership needed further development. 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; 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

At our last inspection the provider had failed to ensure there were robust systems in place to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Auditing systems were being developed at the time of inspection, as part of the development of the service's electronic recording system. Daily, weekly and monthly audits were being completed, with evidence visible on the services system. However, an overarching record detailing auditing information undertaken was not always present. We discussed this with manager and following the inspection they sent evidence of this being built into the recording system.

We recommend that audit records are developed to evidence the quality assurance undertaken.

- While staff reported improvements had been made to governance overall, some felt improvements needed to be made in the management of time allocated to travel between calls. We discussed this with the manager, who said, "We know there's been issues with the call times and we've (manager and care-coordinator) sat down and looked through all the calls so we can give staff more time to travel."

We recommend the provider maintain realistic timescales for staff travel.

- Governance systems had improved since the last inspection and were now effective. Improvement in the management and support of staff was evident. The organisation of the service was robust, and records related to people's care and the running of the service reflected this. One staff said, "(The manager) knew what direction they wanted to take the company. It's been hard work, but (the manager) doesn't change

their vision of the company being the best it can be, you feel well supported."

- The provider sought feedback from people and relatives, to identify areas where improvements could be made. One relative said, "They ask me how I think things are going and I think they're going well I've no complaints."
- Complaints and compliments were recorded and acted on. We reviewed evidence of actions taken by the provider to concerns raised and appropriate steps were taken. People knew who to contact if they had any concerns and felt comfortable to do so. One person said, "We're able to speak to (the manager) when we want to, they respond to any questions we have. We've never struggled to get hold of them."
- People and relatives felt communication with the management team had improved since the last inspection. One relative said, "The communication is really good with the management team."
- The manager had submitted an application to be the registered manager, which was still being processed by CQC.

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

- The provider supported the inspection process and sent documents requested for review, in a timely manner.
- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.