Rapid Care Ltd

Rapid Care

Inspection report

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Kent
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Tel: 01634377755

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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

The inspection took place on 07, 09 and 27 March 2018. This inspection was announced.

At the last Care Quality Commission (CQC) inspection on 14 March and 5 April 2017, the service had an overall rating of Good.

This service is a domiciliary care agency based at an office in Rainham. It provides personal care to people living in their own homes. This included older people, younger adults and people with complex health needs such as epilepsy, diabetes and physical disabilities. There were 84 people receiving personal care from the service at the time of our inspection.

A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the registered manager and provider had continued to monitor the quality of their service to maintain a rating of Good.

People told us that the service they received met their needs and was of good quality.

Rapid Care offered an inclusive service. The staff followed policies about Equality, Diversity and Human Rights.

The expected quality outcomes promoted in the provider's policies and procedures were monitored by the registered manager and the provider. There continued to be audits undertaken based on cause and effect learning analysis, to improve quality. Staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

The registered manager was consistent in asking about people's experiences and continued to work at putting people at the heart of the service. People, their relatives and health care professionals had the opportunity to share their views about the service either face-to-face or by telephone.

People's needs continued to be assessed and were kept reviewed. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in people's care plans. Changes in risks and actions to minimise these were recorded.

There continued to be enough staff deployed to meet people's physical and social needs. During the recruitment process for new staff the registered manager sought references, confirmation of identity, employment histories and checked staff's suitability to deliver personal care to people who may need

safeguarding by carrying out a criminal records check.

The registered manager continued to train staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have. Staff continually received training that matched people's needs effectively and staff were supported with supervision and with maintaining their skills.

Emergency backup systems continued to be operated to allow care to continue at all times.

People's medicines continued to be managed and administered safely.

The registered manager consistently understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA).

Staff supported people to maintain a balanced diet and monitor their nutritional health.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and carried personal protective equipment like disposable gloves and aprons.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Rapid Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 07, 09 and 27 March 2018 and was announced. The inspection was carried out by one inspector and an expert by experience. The expert-by-experience had a background in social care. They made telephone calls to people who used the service. We gave the service 72 hours' notice of the inspection site visit because we needed the registered manager to be available to interview at the office. We also needed to gather some pre inspection information to confirm who had consented to the expert by experience contacting them by telephone.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people about their experience of the service. We spoke with three staff including the registered manager and two care workers. We asked for feedback about the service from two local authority commissioners. We received additional feedback about people's experience of the service via a questionnaire from 21 people who use the service, one member of staff and one relative. After the inspection visit to the Rapid Care office we spent time telephoning staff and sent questionnaires to some staff.

We looked at records in the service office. This included six care plans, daily notes; a range of the providers policies including safeguarding, medicines and the complaints policy; the recruitment and training records of three staff employed at the service; the staff training programme and health, safety and quality audits.

Good

Is the service safe?

Our findings

People were consistently protected from the risks of potential abuse or harm. All of the people we spoke with or who returned a questionnaire told us that they felt safe with the care they received from staff. One person said, "I have been using Rapid Care for some time, they are second to none. I am absolutely comfortable with them." Another person said, "I do feel safe with them." Another person said, "They [staff] always come at the time agreed and stay for the half an hour."

There were no identified concerns about safety. The provider had a comprehensive safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted as abuse. Staff consistently received training in safeguarding, knew what signs of abuse to look out for and felt confident the management team would listen to and act on any concerns they raised. Staff told us they understood how abuse could occur and how they should report abuse. Staff clarified their understanding by telling us about scenarios of abuse they may encounter and how they would respond. For example, if staff noticed bruising or changes in people's behaviours. One member of staff said, "We look out for changes in people's demeanour, is there enough food, people's cleanness and any bruises." We found that the two reported safeguarding concerns since our last inspection had been fully investigated and appropriately reported. The registered manager could clearly explain the process of reporting safeguarding issues. This had been appropriately reported and investigated under the 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway.' (This document contained guidance for staff and managers on how to protect and act on any allegations of abuse). This meant that the risk of harm from abuse was reduced.

Staff we spoke remained confident they could challenge any poor practice within the service and report it appropriately. Staff had read and understood the provider's whistleblowing policy. Records showed the registered manager took steps to reduce risk and understood situations that should be notified to us (CQC) and when they referred concerns to the local safeguarding authority. Empowering staff to challenge poor practice and reporting concerns externally meant that the service was open and transparent about people's safety.

There continued to be policies about dealing with accidents and incidents. Staff received training about how to report accidents and incidents to the registered manager. There had been three recorded incidents since our last inspection. The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends. These were recorded, and investigated to reduce the risk of future incidents. Learning from incident investigations was put into practice to reduce continued risks. For example, one person had torn their skin when staff were assisting them to dress. The registered manager had reviewed with staff how this happened and changed their work practice. There had been no further reported skin damage since staff practice had changed.

People continued to receive their medicines safely to protect their health and wellbeing. Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff.) The majority of people

were independent with their medicines. When staff assisted people with their medicines they followed an up to date medicines administration procedure. All staff were provided with training so that if they were asked to take on the administration of medicines for people they could do this safely.

People were protected by staff who consistently understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times and as prescribed. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. We sampled recent MAR sheets and these were being completed correctly by staff. The registered manager confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. Medicines were audited by the registered manager as part of their quality systems. Creams that were regularly applied by staff as part of people's hygiene routines had been recorded with date, time, type of cream and signed off by staff.

The registered manager continued assessing risks to people's individual health and wellbeing. For example, they assessed people's care needs, mobility, nutrition and communication. Audits of medicines and specific risk to people from the care being delivered were in depth and frequent to ensure people's safety. Staff told us they followed risk assessments to maintain people's safety when they delivered care. For example where risks were identified, people's care plans described the equipment needed and the actions care staff should take to minimise the risks. One person told us about the assessment process they had been through to get some mobility safety equipment for their home. Assessing and acting on risks meant that the risk of harm was reduced.

The provider had continually checked that the work environments were safe for people and staff. For example, each person's home had been assessed to minimise risks. People told us that staff worked safely. Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Environmental risks that may have the potential to cause harm were assessed and equipment was checked by staff before they used it. For example, was lighting adequate or were working spaces free from hazards. Staff told us they followed a lone working policy which kept them safe.

Staff were deployed with the right skills and in the right numbers to meet people's care needs. The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. We looked at records for newly recruited staff. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The risks of people's confidentially being compromised or poor recording of care was minimised. Care plans and care records in the office were kept securely. Detailed daily visit records were kept by staff. Records included personal care given, well-being and food and fluids taken; when required. Staff understood their responsibility to maintain people's confidentiality. Keeping records secure meant that people's information was protected and their care was properly recorded.

The registered manager continued to plan consistent care. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its

resources into getting staff to the people most in need.

People continued to be protected from potential cross infection. People we spoke with and those that responded to our questionnaire consistently told us that staff did all they could to prevent and control infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People continued to receive care that met their needs. Asked if staff were trained and competent one person said, "Absolutely, staff not only seem to be trained but you are not a slab of meat, they give dignity." People confirmed they had a care plan and an assessment of their needs and that their consent to care was sought. One person said, "Yes, they listen and take notice of my needs." Another person said, "There is a folder [care plan]and they use it, plus write in time in and time out." Another person said, "They [staff] are attentive and they listen to what I want."

The registered manager continued to carry out an assessment with people before care was delivered. The assessment checked the risks and the care and support needs of each person so the registered manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity. The registered manager involved people and their family members in the assessment process when this was appropriate.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. One person said, "Yes, they [staff] write in the care plan every time they come." Staff told us they had all the information they needed within the care plan to support people well. People's nutritional risk and allergy needs were shared with staff if they prepared meals. Where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they left snacks and drinks for people when they left the care call. Assisting people to eat and drink enough helped people manage their health.

Staff continued to understand how to protect people's health and wellbeing in partnership with other health and social care professionals. When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves. Staff gave us examples of situations where they had acted appropriately in calling ambulances for people who were unwell.

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.

The service was working in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided, or their safety at home could not be

protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the (MCA) 2005. There was an up to date policy in place covering mental capacity.

Staff feedback about the standards of training and supervision was consistently good. Training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people who needed personal care. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people.

The registered manager supported staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. New staff inductions included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff then started to work through the training to Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised. This meant that people continued to receive care from competent staff.

The registered manager had maintained an established programme of checks on how staff were performing through regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings. Staff supervisions were monthly and recorded. Staff confirmed they had monthly supervisions. Staff were observed by a manager at work and were provided with guidance about their practice if needed. A record of the observation was kept on the staff member's file and staff we spoke with confirmed they had received a spot check.

Good

Is the service caring?

Our findings

The care people received continued to be person centred and met their most up to date needs. People's likes and dislikes had been recorded in their care plans. Staff encouraged people to be as independent as possible. People said, "I am quite happy with them [Rapid care staff], they are very easy, pleasant and helpful to talk to. That includes the office people too." Another person said, "They go and do anything we ask them to do. They keep me feeling human. We also have jokes between us and they don't judge me."

All of the people we spoke with told us they were treated with dignity and respect. In feedback 100% of people said staff always treated them with respect. The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with told us how they delivered care respectfully.

People told us that staff displayed a friendly and caring attitude towards them. One person said, "It is quite a social time when they [staff] are here. We have a natter and I enjoy being made comfortable."

We found that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. One person said, "If I need to use the bathroom they [staff] will go out on to the landing. They do it automatically." Staff told us how they made sure that people were comfortable and relaxed in their presence. Staff told us they would wait or come back if a person did not answer their door at the first try.

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support. People consistently told us that they had a care plan and that staff read and followed this. One person said, "Oh yes they [staff] know about it. The carers use it every morning. The main carer will also check that staff write in the book [care plan]."

Good

Is the service responsive?

Our findings

Records showed that people had been asked their views about their care. One person said, "Yes I have had a care plan review a few months ago."

People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded.

There were amendments to care plan sheets. These evidenced changes that had been agreed with people and/or their care manager. People had signed their care plan to agree it. Reviews for new care packages were timely. For example, within three months of the care starting. Keeping care plans up to date ensured that people received their agreed care based on their current needs.

People continued to receive personalised support which met their specific needs. Each person care plan set out for staff how people's needs should be met. Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff read people's daily care notes for any changes that had been recorded and the registered manager reviewed people's care notes to ensure that people's needs were being met. When we spoke with staff they showed that they knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs.

There continued to be a system in place for people to raise concerns if they were unhappy about the service they received. People we spoke with felt at ease to raise concerns with care workers or any member of the management team. People felt that any issue raised would be resolved quickly and efficiently. One person said, "They normally tell us if there may be a problem, like the staff are running late." Another person said, "I would go to the owner of the company and she would sort it." Another person said, "Sometimes things go a bit haywire, but they usually contact me and sort it out. Otherwise I call them and sort it out." Listening and communicating well with people reduced the risks of people being unhappy with the service.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was sent to people at home. The policy included information about other organisations that could be approached if someone wished to raise a concern with an external arbitrator, such as the local government ombudsman. There had been no complaints received in the last 12 months.

Good

Is the service well-led?

Our findings

People told us the service was good and no changes were needed. One person said, "I don't think they can make any [improvements] as they have been brilliant with me." Another person said, "I have never found a problem with them in the three years I have used them. The Manager is a very hands on person."

The provider had a set of values which was promoted by the registered manager to all staff. The culture of the service was open and inclusive. Staff we spoke with consistently demonstrated the provider's values to help people regain their confidence and continue to live independently at home or with little support. Staff went through the care values of Rapid Care during their induction and this was followed up at supervisions so that they understood them. This meant that staff understood their roles in delivering values based care.

A registered manager was in post and was experienced in the planning and delivery of community based care services. The registered manager provided leadership in overseeing the service and provided support and guidance where needed. They also delivered care shifts as a backup, which gave them good levels of contact with people and staff. The registered manager was continuing to develop their skills by completing a nationally recognised management qualification in health and social care. Continuing professional development enables managers to maintain their knowledge base and keep up to date with developments in social care.

Feedback from people and staff had been sought via surveys, review meetings, staff meetings and telephone calls. One person said, "I have done a paper survey." Another person said, "Yes I get a feedback survey every so often." Another person said, "Yes I think once a year we do something." The responses about the quality of the service were indicative of a well led service. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow. This meant that people could influence how the service was delivered.

The provider, registered manager and care supervisors, as a management team, continued to meet to discuss improvements they could make. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. Since our last inspection the provider had become more involved in the oversight of the service by checking audit outcomes with the registered manager. Doing this meant that they had a better understanding of the operational effectiveness of the service. An in house trainer was now established in post. They were proactive in developing training updates and inductions systems to maintain staff competence.

All of the staff we spoke with told us they enjoyed working for Rapid Care and felt it was a well led organisation. They told us they felt well supported by the managers in the organisation. All the staff we spoke with told us how much they enjoyed their job. Staff told us they felt listened to and described the management team as approachable. One staff told us, "Our supervisor's and the registered manager are brilliant." Another member of staff said, "Anytime we have problem the management sort it out." In responses to our questionnaires, staff gave the management of the service 100% positive feedback. Positive feedback from staff is indicative of a well led service.

The registered manager continued to carry out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and to consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014.

The registered manager continued to monitor the quality of service provision to ensure quality standards were maintained. We saw that spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They checked that staff were dressed appropriately; wearing personal protective equipment such as gloves and aprons. The checks also included looking at people's care records to ensure these were fully completed and meeting people's current needs. It was also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. This meant that the delivery of care to people's assessed needs could be checked and monitored.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. These were effective. Records showed that all staff training was in date.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The policies and procedures were available for staff to read and staff were expected to read these as part of their training programme.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating which was displayed in their office.