

Rapid Improvement Limited

Rapid Improvement Care Agency

Inspection report

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Date of inspection visit:
27 February 2020

Date of publication:
23 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection 40 people were using the service.

People's experience of using this service

Specific risk to people had been identified but risk management plans did not always include detailed guidance for staff on how risks could be managed safely. People were not always supported with their medicines safely. People were not always supported at the time and duration planned for their visits. Where people had made verbal complaints, these were not always handled to their satisfaction. People's care records and staff files were not always complete. The systems in place to assess and monitor the quality of the service were not always effective in driving improvement and did not identify the shortfalls we found at our inspection.

Care and support was planned but it was not always delivered to people's satisfaction. The service worked in partnership with key organisations including the local authority that commissioned them. However, feedback we received from professionals was not always positive.

We have made two recommendations in relation to staff support and meeting people's nutritional needs.

People were protected from infectious diseases because staff followed appropriate infection control protocols. Staff understood their responsibility to protect people from the risk of abuse. Before people started using the service, their needs were assessed to ensure they could be met. Where required, people were supported to assess healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were kind, caring and respectful toward them. People and their relatives were involved in planning their care and support plans. People's privacy and dignity was respected, and their independence promoted. People's diverse needs were respected, and people were not discriminated against in any way. People's communication needs had been assessed and met. People, their relatives and staff views were sought to improve on the quality of the 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 requires improvement (published 18 March 2019). This is the third time the service was rated requires improvement.

Why we inspected

We carried out an announced comprehensive inspection of this service on 6 and 7 February 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, person-centred care, dignity and respect, safe care and treatment and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

Enforcement

We have identified breaches in relation to risk management, staffing, medicines management, complaints and systems in place for managing the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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

The inspection was carried out 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.

Service and service type

Rapid Improvement Care Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

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 held about the service since our last inspection, including records of events the provider was required to tell us about. We used the information the provider sent us in the provider information return. 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 four people and 16 relatives to gather their views about the service. We spoke with the registered manager and two care coordinators. We reviewed seven people's care plans, risk assessments and medicines records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, accident and incident records, surveys, complaint logs and minutes of staff meetings.

After the inspection

We spoke with four care workers on the telephone to gather their views about the service. We also contacted the local authority that commissioned the service for their feedback.



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 remained the same. 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

At our last inspection, there were some issues with staff punctuality and attendances. At this inspection, we found that improvements had not been made and this is now a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People did not always receive care and support from regular staff and at the time and duration agreed for their visits. We had mixed feedback from people and their relatives about staff punctuality and duration of visits. One person told us, "Mostly I have regular staff and I am meant to have 30 minutes of care, but I have timed staff and it is between 11 and 15 minutes, this is not enough." A relative told us, "There are some regular staff and lots of different ones too, it really frustrates my [loved one] when they don't know how they like things done."
- People and their relatives said staff were not always punctual, however they had not experienced any missed visits. One person told us, "The timing is very bad, you never know when staff are going to show up and they never stay the full half an hour, but they haven't missed us out." A relative informed us, "Staff can arrive anytime between 06:30am and 11:30am for a morning visit."
- Records showed that care visits were not consistently delivered within the agreed time frame and staff either arrived too early or late for their visits. For example, one person's morning visit planned for 06:45-07:30 was delivered at 08:46-09:29 and a tea time visit planned for 15:30-16:00 was delivered at 17:15 - 17:45.
- Care and support was not always delivered for the duration of time planned for. For example, for one 30-minute visit, staff stayed for a duration of 13 minutes, for two 45-minute visit, staff stayed for 33 minutes and for one 90-minute visit they stayed for 76 minutes. This showed that staff were not always staying for the duration of the time agreed.

A failure to ensure staff were effectively deployed to ensure care and support was delivered at the time and duration agreed was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pre-employment checks were carried out for all potential staff to ensure it was safe to employ them to work in social care. Staff files contained DBS checks, right to work in the United Kingdom, proof of identity, one reference and an application form. We noted that the application forms contained gaps in people's employment history. We raised this issue with the registered manager, and they informed us any gaps in employment would have been discussed during job interviews. However, we were unable to evidence this as it had not been documented. Please see our well-led section for action we have taken.

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

- People were at risk of avoidable harm. We received mixed views from people and their relatives about their safety. One person said, "Some staff are great, but other staff do not know how to help me as I am in a wheelchair." A relative told us, "My [loved one] came out of hospital and needs a back brace, and no one knew how to fit it and didn't ask anyone until they were challenged by a health professional."
- Risks to people had been identified and assessed but the service did not always have appropriate risk management plans in place. Risk assessments covered areas including pressure areas, falls, medicines, manual handling, infection control and the environment in people's homes.
- However, the risk management plans did not always have clear guidance for staff on how to keep people safe, prevent or minimise risks occurring. For example, for a person at risk of slips, trips and falls, their risk management plan only stated the person required the support and supervision of two staff. There was no further guidance for staff to minimise and prevent the risk of falls and/or prevent the person from falling.
- For another person at risk of developing pressure sores, their care plans stated they required two staff for all transfers and the use of incontinent pads. There was no further guidance for staff on how they should safely support the person to reduce the risk of developing pressure sores and/or any potential discomfort.

A failure to ensure risks to people were assessed effectively and had management plans to mitigate such risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. One person told us, "I wouldn't trust them [staff] with my medicines." A relative said, "The staff give medicines, but they have missed out from time to time."
- Care plans included information about the support people needed with their medicines. However, the care plan did not always identify who was responsible for providing medicines support and whether it was the responsibility of staff, relatives or other healthcare professionals. One person told us, "The staff were meant to do my medication but didn't have any knowledge of diabetes. I couldn't tell despite prolonged questioning who actually does this medication."
- Where staff supported people with their medicines a medicines administration record (MAR) was in place. This included a list of medicines, dosage, route and frequency. However, there were unexplained gaps in the MARs we reviewed, and we could not be assured people were supported to take their medicines as prescribed by health care professionals.

A failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff had completed medicines training and care coordinators monitored staff medicines administration practices during spot checks and observations to ensure they supported people safely.

Preventing and controlling infection

- People were protected from the risk of infection. With the exception of one person, people and their relatives told us staff wore gloves and aprons.
- The provider had policies and procedures on infection control and prevention which provided staff guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate protocols including the use of personal protective equipment and washing of hands to prevent the spread of infectious diseases.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they or their loved ones were safe using the service and they did not have any concerns of abuse or discrimination. A relative told us, "My [loved one] is very safe with them."
- The service had safeguarding and whistleblowing policies and procedures in place which provided staff guidance on actions to take if they had any concerns of abuse.
- Staff had completed safeguarding training and had the knowledge and skills to identify safeguarding concerns and to act on them appropriately to ensure people remained safe. Staff also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice.
- The registered manager knew of their responsibility to protect people in their care from harm. Where there was a concern of abuse, they acted to ensure people remained safe.
- At the time of this inspection, there was an allegation of abuse or neglect which the local authority was investigating. We cannot report on the safeguarding investigation at this time. However, CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received support through induction, training and supervision; however, we had mixed views from people and their relatives about staff knowledge and skills. Positive comments included, "Staff seem well trained," and "I think whatever training they have is adequate." Whilst others told us, "They need instruction on all sorts of levels, from skin care to feeding people," and "Staff know very little and practical skills leave much to be desired."
- Records showed that all new staff completed an induction programme which included the Care Certificate which is a bench mark set for the induction standards of new care workers.
- Training records showed that staff were provided with training in topics relevant to people's needs, such as health and safety, safeguarding adults, basic life support, food hygiene, manual handling, dementia awareness, end of life care and mental capacity act (MCA) 2005. Staff informed us that they had completed mandatory training courses and they found training sessions useful.

We recommend the registered manager review their existing systems to measure the effectiveness of the training being provided to care workers and ensure staff performance and their competence are assessed so any shortfalls in staff performance are promptly identified.

- Records showed that staff received supervision in line with the provider's policy. Staff told us they felt supported in their role and supervision sessions were useful. A member of staff said, "The manager and the care coordinators are all good, they give us good information and I have good relationship with them."

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

- People's nutritional needs were not consistently met. Where people were supported with their nutritional needs, we received mixed views. People who received support with their breakfast only were satisfied with the level of support they received. However, where people received support with other meals in the day they were not satisfied with the service. One person said, "Staff microwave ready meals which my [loved one] buys, they prefer not to cook, and I had a cold fish finger sandwich the other day which I would not eat." A relative said, "They haven't a clue, some of them can't even make a sandwich or use the microwave. They really do need training."

We recommend the service seek advice from a reputable source on best practice in supporting people with their nutritional needs and act accordingly.

- Care records included assessments of people's nutritional needs and the level of support staff should provide. The care plans also included information on the food and drinks people liked or disliked.
- Staff told us they were aware of the level of support each person required to eat and drink safely.

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

- Before people started using the service, their individual needs were assessed to ensure their needs could be met. One person said, "We had a very thorough assessment." A relative commented, "We had an assessment and it is due to be reviewed soon."
- Assessments contained information about people's physical, mental and social care needs; including personal care, eating and drinking, medicines, continence, pressure areas and communication.
- These assessments along with referral information from the local authority that commissioned the service and/or hospital discharge notes were used to help develop people's care and risk management plans.
- Where required other health and social care professionals were involved in these assessments to ensure people received the support they needed.

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

- Most people using the service, or their relatives, were responsible for booking and attending healthcare appointments. Each person was registered with their own GP practice.
- Where this was agreed as part of the care package provided, staff supported some people to book appointments or speak with healthcare professionals.
- Records showed staff worked in partnership with health and social care professionals including social workers and occupational therapists to plan and deliver an effective service.
- Hospital passports were used to document relevant information about people's medical conditions, medicines, allergies, personal care, eating and drinking and communication to ensure information was readily available to emergency and hospital staff to provide safe care and treatment

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.

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's rights were protected because staff asked for their consent before supporting them. Both people and their relatives all confirmed that staff asked for they or their loved one's consent when supporting them.
- People's ability to make decisions for themselves had been assessed. Records showed that people had signed consent forms for assessments and to receive care and support.
- The registered manager informed us people using the service could make day-to-day decisions about their care needs. However, where people could not make specific decisions for themselves, appropriate legal authorisation such as a power of attorney was in place as required by law.
- Staff understood the need to work within the principles of MCA. A staff member told us, "I ask people to express themselves and to make decisions for themselves, I ask for their consent for their food, clothes and

everything."

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

- People were supported by staff that were kind, caring and respectful of them. With the exception of two people who told us there was limited engagement and interactions due to the length of the visits, people and their relatives were complimentary of the staff team. One person said, "I have a laugh with staff and they are not unkind." A relative told us, "90 percent of staff are kind, my loved one has a wicked sense of humour so they will banter with staff."
- People were well treated and were not discriminated against. People and their relatives told us staff addressed them respectfully and by their preferred names. A relative told us, "My [loved one] isn't always easy but staff jolly them along in a very kind way."
- People's life histories, preferences, including their likes and dislikes were included in their care plans to help staff build a relationship and ensure their needs were safely met.
- Staff understood people's diverse and cultural needs and supported them in a caring way. Care plans included information about people's ethnicity, gender, religion and cultural background. For example, where English was not a person's first language, their care plan included guidance on how staff should communicate with them using simple words, signs and gestures. Staff told us diversity was upheld and people were not discriminated against in anyway.

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

- People and their relatives had been consulted about the care and support in place. People and their relatives told us they were involved in planning the care and support and their views were respected.
- People were supported to make day-to-day decisions for themselves and were provided with choices. One person said, "Staff offer choices with my loved one's clothes, they hold them up in turn for them to choose." A relative informed us, "My loved one gets to choose what they are wearing, and what they eat."
- Despite the above information four relatives informed us some staff preferred to give people a bed bath instead of their preferred choice of a shower. We raised this issue with the registered manager and this was addressed immediately. We will follow up on this at our next inspection.
- People were provided with information, including a service user guide so they could make informed decisions for themselves. The service user guide also provided people with information about the level of support they should expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, their right to confidentiality upheld and independence promoted. Comments included, "They keep me covered up", "they shut the door", "they close the curtains",

"when I am in the shower staff make sure I am not exposed", and "Staff speak nicely with my loved one."

- Care records included instructions for staff on promoting privacy and dignity and respecting people they support. Staff told us they promoted privacy and dignity and upheld these principles when supporting people.
- Both management and staff told us information about people was kept confidential and only shared on a need to know basis. People's care files were kept securely in lockable cabinets in the provider's office.
- People's independence was promoted. Staff told us where possible, people were encouraged to do things they could do for themselves. For example, they encouraged people to mobilise, and involved them during personal care and meal preparations.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were not consistently handled to ensure people and their relatives were satisfied. Written complaints were responded to and dealt with. However, verbal complaints made by people and relatives had not been recorded, therefore we could not be assured these were dealt with. One person told us, "I have complained verbally often but it doesn't make much difference." A relative said, "I complain to the office quite often and they apologise but nothing changes."
- The service had a complaints policy and procedure in place which provided information on actions the service would take when a complaint was received including the timescales for responding.
- A complaint log we reviewed included written complaints or complaints received through the local authority brokerage team. We saw that these were logged, investigated and the outcome of the complaint shared with staff teams to ensure any lessons learnt were used to improve the quality of the service.
- However, verbal complaints or any complaints received via telephone communication were not included in the complaints log. Therefore, we could not be assured that all complaints had not been responded to and/or dealt with in line with the provider's policy and to people's satisfaction.

A failure to ensure all complaints were handled effectively to improve the quality of the service was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care and support was planned but was not always delivered to meet individual needs.
- Each person had a care and support plan in place which included information about their personal care, nutrition, mobility, medicine, communication and continence.
- The care plans included guidance for staff on the level of support they should provide. However, information in the care plans was not always detailed because the provider had recently changed how care plans were written. See our well-led section for actions we have asked the provider to take.
- Care staff told us they had regular people they visited, and they knew them well. They told us of people's likes and dislikes and the support they provided to ensure their needs were met.
- Daily care notes showed the care and support provided was in line with the care and support planned for. Care plans were kept under review to ensure people's changing needs were met.

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.

- People's communication needs had been assessed and met. Care records included information about how people communicated and how information should be presented to the person to help them make an informed choice or decision.
- Where people had difficulty communicating verbally or with hearing, there was guidance in place for staff on the support they should provide. This included for example, the use of simple words, and giving people a lot of time to respond.
- The registered manager informed us currently people and their relatives understood information in the standard format; however, where required information would be provided in other formats and to meet individual needs.

End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. The registered manager informed us where required, they would ensure to work with the person, their relatives and health and social care professionals so their end of life care needs and wishes would be met.
- Where people had advanced decisions in place this information was included in their care records to ensure their end of life care needs and wishes were met.
- Staff had completed end of life care training to ensure they had the knowledge and skills to support people where required.

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 requires improvement. At this inspection this key question has remained the same. Rating explanation

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

At our last inspection the provider had failed to ensure appropriate systems were in place to monitor staff attendance and punctuality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The service was not consistently well led. One person said, "The service is not well managed, they need to sort out the timing and length of visits and better training for the care staff."
- An electronic call monitoring system (ECMS) was now being used to monitor staff attendances and office staff could now identify where care staff were running late or did not spend the right duration of time as planned. Yet, people and their relatives told us, and records showed that the ECMS was not effectively used or monitored to drive improvement.
- The provider had acquired additional vehicles with drivers to transport care staff for their visits so they could be punctual. However, this action was ineffective, and people continued to experience late visits. A relative told us, "I don't think the service is well managed, they have a car system, but it doesn't always work, staff arrive any time between 07:30 and 10:00 a.m. although I have asked for early visits."
- During this inspection, we found records were not consistently managed. Care and risk management plans did not always include detailed guidance for staff about the level of support to provide. There were unexplained gaps in MAR sheets and staff application forms did not always contain a full employment history. This puts people at risk of receiving unsafe levels of care and support.
- The service carried out regular checks on care files, and unannounced checks on staff practices to maintain consistency and promote best practice. However, the auditing systems in place did not identify the shortfalls we found at our inspection relating to risk management, medicines, staff punctuality and deployment, verbal complaints and the management of various records. This showed that the systems in place for assessing and monitoring the quality and safety of the service were not always effective and did not always drive improvements.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and to notify CQC of any significant event at their service. The registered

manager was responsible for managing two other services of similar nature. Prior to our inspection, the registered manager was supported by a branch manager; however, they had vacated their post since December 2019.

Working in partnership with others

- The provider worked in partnership with key organisations such as the local authority to plan and deliver an effective service.
- The local authority had carried out monitoring checks at the service. A social care professional told us they had concerns about how the service was being managed because of the high levels of complaints received. They also informed us about an open safeguarding concern which was being investigated.
- We found that although the service took action in response to recommendations made for example by the local authority, they were not always proactive in developing effective ways in improving the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a commitment and willingness to provide meaningful, high quality and person-centred care. However, the systems in place were not operated effectively to ensure people received the standard of care and support they aimed for.
- Managers and care coordinators involved people and their relatives in planning the care and ensured people's care and support needs were regularly reviewed for their needs to be met.
- The registered manager understood their responsibility under the duty of candour and the need to be open, honest and to take responsibility when things go wrong.

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

- People's views were sought to improve the quality of the service. The service gathered feedback from people and their relatives through home visits, telephone quality checks and annual surveys.
- The result of a telephone quality check carried out in February 2020 showed 15 out of 20 people were happy with the standard of care and support they received. Where people or their relatives were not satisfied in areas such as late visits, duration of visits, poor communication and engagement with people, these issues were addressed immediately. Investigations were carried out and staff involved had verbal warnings and supported through training and supervision.
- Staff meetings were held to update staff on best practices and to gather their views about the service. minutes of staff meetings covered areas including safeguarding, staff punctuality, duration of visits, late cancellation of shifts, training supervision and staff support. These meetings were also used to address and share any lessons learnt from for example from complaints received.
- Staff told us the team meetings were effective and informative and was used to address issues of importance. Staff said their views were taken into consideration to improve the quality of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified, assessed and had appropriate risk management plans in place, medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Verbal complaints were not always handled in line with the provider's guidance and to ensure people were satisfied with the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always complete and the systems in place for assessing and monitoring the quality of the service was not always effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff deployment was not always effective; therefore, people's needs were not met in a timely manner because they were not always receiving their visits at the time and duration it had been planned for.

