Rapid Improvement Limited

Rapid Improvement Care Agency

Inspection report

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Date of inspection visit:
07 November 2018
08 November 2018

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

Rapid Improvement Care Agency is a domiciliary care agency and registered for 'personal care'. This service provides personal care to people living in their own houses and flats. It provides a service to older adults some of whom have physical disabilities, mental health needs, living with dementia and require end of life care. At the time of inspection 53 adults were receiving support with personal care from this service.

Some people supported by Rapid Improvement Care Agency did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

This inspection was carried out on 7 and 8 November 2018 and was announced.

At the last inspection, carried out on 31 October 2017, the service was rated Good, with Requires Improvement in safe. We found a breach of Regulations relating to people's safe care and treatment. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We have also change the rating for Safe from Requires Improvement to Good, because of the good practice we saw. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Risks to people's health and safety were sufficiently identified and appropriate risk management plans were in place to mitigate the potential risks to people. Staff were aware of the service's procedures to provided immediate support to people if they noticed people being at risk to abuse or when incidents and accidents took place. Staff provided references and criminal records checks were carried out before they were employed by the service. People had support to manage their medicines safely. Relatives told us that staff had not always arrived for their shifts on time but to address this the service was in the process to start using a new electronic system to monitor staff's punctuality and length of their visits.

Systems were in place to review staff's performance and competence on the job. Staff supported people to identify any health-related issues and sought support to ensure their good health. People had assistance to meet their nutritional needs. Staff followed the Mental Capacity Act 2005 (MCA) principles to support people in the decision-making process. Although staff were trained in the areas the provider considered mandatory, some staff lacked knowledge and skills to support people effectively, but the provider had identified this and addressed as necessary.

Relatives described staff as kind and friendly. People consented before staff started supporting them with personal care. Staff respected people's preferences and were aware of what was important to people, including their cultural and religious needs. Staff had training and were aware of the confidentiality principles they had to follow. However, people's relatives reported some concerns in relation to staff's attitude and how they supported people's privacy but the service took action to address this.

People's care needs were assessed and staff were provided with sufficient levels of information relating to people's health conditions, communication difficulties and end of life care needs. Regular review meetings were facilitated to find out if people had the right support. Systems were in place to gather people and their relatives' feedback about the service.

People's relatives felt that the service was well led which ensured safe care for people. The culture of the service promoted team working and staff's involvement in making decisions about the care delivery. Systems were in place to support and motivate staff in their job. Regular audits were carried out to check if people's care records reflected their current needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service has improved to Good.

Sufficient risk management plans were in place to help staff to prevent potential risks to people.

People told us that sometimes staff arrived for their shifts late but the service was looking to implement a new system to address this.

Staff were aware of the service's procedures guiding them to protect people from harm, abuse and incidents and accidents taking place.

Safe staff recruitment procedures were followed to employ suitable staff.

People received their medicines as prescribed.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Rapid Improvement Care Agency

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 checked 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 inspection took place on 7 and 8 November 2018. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that the registered manager would be in. One the first day of inspection we made calls to nine relatives of the people who used the service asking for their feedback. On the second day we attended the agency office.

This 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.

Prior to our inspection we reviewed the information we held about this service, including any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection, we spoke with the registered manager, director, deputy manager, recruitment officer, care coordinator and five members of staff that worked for the service. We looked at care records for six people, four staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

During the inspection, we contacted healthcare professionals asking for their feedback about the service, but they did not respond.

Good

Is the service safe?

Our findings

At our last inspection we found that the provider had not taken all the necessary actions to identify and assess risks to people to ensure they sufficiently protected people from the risk of injury and harm. At this inspection we found there had been improvement in this area.

We found that risk management plans were reviewed and updated to address people's care needs. People's risk assessments were person centred and identified individual risks to people in relation to their mobility, nutrition and daily activities. Staff were provided with a comprehensive level of information on how to mitigate potential risks to people to ensure their safety, including guidance on the assistance people required with moving and handling and management of falls.

Family members told us they felt their relatives were well looked after. One family member said, "I feel [my relative] is safe." Another relative told us, "I don't think [my relative] is unsafe or anything." However, two relatives said that on few occasions only one staff member attended when it should had been two. We asked the registered manager to look into this and they reported to us that these incidents were investigated and addressed with the staff members, putting measures in place to prevent the incidents recurring. We will check their progress at our next inspection.

We received mixed responses in relation to staff arriving on time for their shifts. Some relatives told us that staff's time keeping was good, with one relative saying, "[Staff] are punctual and they let us know if they are delayed." Other relatives noted, "[Staff] won't give you times – it may be 8am or 9am" and "There have been several times when they have arrived very late. I have reported it a couple of times but I got no feedback. The office doesn't seem to know when you phone if they are running late."

This was discussed with the management team who told us they provided vehicles for staff to help reduce the time they travelled between people's homes. Staff worked in teams and they had visits allocated that required short travelling times. The registered manager told us that the introduction of the company cars has reduced staff lateness drastically and that the service was looking to start using a new staff attendance monitoring system which was being tested at the time we inspected the service. This meant that the management team would be notified if a staff member was late for their shift and could address this as necessary. We will check their progress at our next comprehensive inspection.

Systems were in place for monitoring any safeguarding concerns received. The registered manager used a notebook to record a date and outcome of the reported abuse which helped them to ensure that appropriate and timely action was taken to protect people. The registered manager told us they worked in partnership with the local authority to investigate any safeguarding concerns received and to prevent the incidents recurring.

Recruitment records showed that all the necessary pre-employment checks had been completed before staff started working with people. The service employed a recruitment officer who was overseeing the recruitment process making sure that suitable staff were employed by the provider. Staff were required to

fill-in a job application form, attend an interview, provide two references and a criminal record check helped confirm their fitness for the role.

Care plans had information on the assistance people required to take their medicines safely. Information was available on the medicines prescribed to people and how people wanted to be supported with their medicines. Staff were required to complete the medicines administration record (MAR) sheets to confirm that people had taken their medicines as necessary. The MAR sheets we viewed were completed appropriately. The service was looking to implement a new procedure where the MAR sheets would be returned to the agency office weekly rather then monthly for checking that people had taken their medicines as prescribed.

Staff knew the actions they had to take to avoid the risk of spreading infections. Records showed that staff were provided with a training course to ensure they had the necessary level of skills to protect people from cross contamination. One staff member told us, "I make sure that medication is given to clients correctly. I always wash my hands and put gloves on before I put tablets in a cup which I give to clients."

Staff were provided with a policy and knew the procedure they had to follow if they witnessed an incident or accident taking place. Staff used a checklist to ensure that all the necessary actions were taken to protect people, including reporting the incidents to other agencies such as the Care Quality Commission where appropriate. There were no incidents or accidents reported since the last inspection.

Good

Is the service effective?

Our findings

Records showed that staff had been trained in areas the provider considered mandatory, including safeguarding, medicines management, health and safety and moving and handling. Staff were provided with additional training courses to meet people's specific needs, such as pressure sore care. One staff member told us, "We get lots of training from the agency and it is good."

However, we had mixed responses from people's relatives about staff having the required level of skills and knowledge for the job. Relatives' comments included, "[Staff] appear to be properly trained and very capable people", "The main carer, who seems to have extensive knowledge, will introduce any new carers. Some of them know a lot about things, for example how to manage incontinence, and others not a lot. I think there could be some more training around that area" and "Some carers are well trained but it's not consistent."

Although staff had attended training on the Mental Capacity Act 2005 (MCA), three out of five staff that we talked to had a very limited knowledge about the MCA. They couldn't tell us what the MCA was in relation to but when prompted they provided us with examples of how they supported people to make choices about their care. Two staff members could not name the abuse types but told us that any concerns they had about people's safety were reported to the management team for taking the necessary action to protect people. Records showed that staff were required to complete 11 training courses in one day. There was a risk that the subjects covered were not given enough time to appropriately train staff to ensure they had the necessary knowledge in these areas.

This was discussed with the management team who told us they addressed this with a new system implemented to review staff's competence. The management team planned to have one-to-one meetings with staff aiming to check their knowledge in the specific areas, including MCA and safeguarding. We viewed a form- 'performance management and staff support session' being finalised and ready to be used for recording these meetings. The deputy manager told us that any knowledge gaps identified during these sessions would be addressed accordingly, meaning that staff would require to complete a refresher course as necessary. We will check their progress at our next comprehensive inspection.

Staff received support through regular supervision and appraisal meetings. Supervision meetings were used to discuss staff's developmental needs and issues relating to the people they supported. Records showed that staff had an appraisal facilitated annually to evaluate their work for the year and set development goals for the coming year.

Systems were in place to ensure that staff were aware of the changes taking place at the service. The registered manager told us that any update to the service's policies was discussed at the team meetings and also in supervisions which provided staff with opportunities to talk about the changes taking place. Staff used technology to share information quickly where necessary, including mobile phones to pass on messages to each other if people's care needs changed and they required additional support.

Staff supported people to meet their nutritional needs where they required assistance to prepare meals or with eating. People had their nutritional needs identified and staff were aware of the support people required to eat safely. This included supporting a person to eat through the percutaneous endoscopic gastrostomy (PEG) tube.

People had assistance to meet their health needs as required. One relative said, "[Staff] inform me if they pick up anything so I can pass this on to the GP." The management team told us they approached healthcare professionals for support where people's health needs changed and they required reassessment of their care needs. People had a 'hospital information passport' which provided the healthcare professionals with a summary of people's care needs when they required it. The provider employed a nurse to guide and advice staff on the support people required to meet their complex health needs.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us that any concerns they had about people's capacity to make decisions independently, were looked at in conjunction with the local authority. Both agencies worked in partnership to assess people's mental capacity and to make best interest decisions as necessary. An example for this would be a person being supported to make a decision about them using a wheelchair. This meant that people were supported by all the relevant agencies involved in their care.

Good

Is the service caring?

Our findings

Family members told us that most staff respected their relatives' privacy. One family member said, "Whenever I have come into the house and the carers are present they keep the door [of my relative's room] closed. [Staff] are respectful in the way they speak to [my relative]. They position him nicely in bed." Another family member told us, "[Staff] always respect [my relative's] privacy and dignity and at the right level. [Staff] are well aware of issues of privacy." However, one family member said that staff required reminding to protect their relative's dignity and told us, "[Staff] don't always close the bathroom door. I or [another family member] has to close it. We remind [staff] but they don't remember." Another family member told us that it felt if some staff's attitude was not always caring towards their relative. They said, "Most of [the staff] do [support my relative's privacy and dignity] but some of them are just doing a job… [One staff member] tries to bash her way through everything just to get the job done." One other family member said, "Some [staff] chat with [my relative] whilst they are giving personal care; some don't."

Record showed that in the last two months there were two complaints raised involving staff's attitude. The registered manager told us this was addressed with both staff members in supervisions. The service also planned to highlight staff's professional etiquette in the relevant training courses and that this would be discussed in the next team meeting. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

Family members told us that staff were kind to their relatives. Their comments included, "[Staff] are really friendly and happy. They're really nice girls, they really are", "[My relative] really likes [staff] and he feels comfortable with them. [Staff] make him laugh" and "[Staff] are very friendly."

Staff asked people for their permission before they started supporting them. One family member said, "[Staff] ask [my relative] if he's OK. If he says that hurts they stop and find a different way. [Staff] say: 'Is it OK if we do this now?'. If [the relative] says no, [staff] explain he may feel uncomfortable later and encourage him to agree." Another family member told us, "[Staff] always ask permission. [Staff] always try to interact with [my relative] as much as possible."

We asked staff how they protected personal information about people. One staff member said, "I do not disclose information about people unless it is agreed by the line manager. If I saw a client being abused, I would straight away talk about it with the managers." Another staff member told us, "We do not discuss client A with client B and their personal issues such as bowel movement. If there is anything I need to share, I talk to my manager about it who advices me."

Care plans were person-centred and included personal data about people. A family member told us, "They've asked [my relative] about what he did in the past and what he likes. [My relative] told them all about how he was a carpenter." Information was available about people's life histories, likes and dislikes, hobbies and preferences. People had their religious beliefs identified and the support they required to practice their religion, for example a person was given space to have a prayer before their meal times. One family member told us their relative was asked if they would like staff, who knew their country of origin,

talking to them about their culture which the relative was pleased about. A staff member said that people's cultural and religious needs were "all written down and I go by that. I try not to disrespect clients and I follow their choices. For example, if a client tells me that there is something they don't want to eat, I respect that."

Good

Is the service responsive?

Our findings

Staff responded to people's care needs appropriately and timely. Relative's comments included, "[Staff] are very nice, doing their job quickly and fast. [Staff] are terrific. We're pleased with them at the moment", "I trust them", "The care seems to be good. [My relative] always seems clean. [Staff] prepare food for her and leave her with drinks" and "I would not dream of complaining about [staff]. Anything we ask, they do it."

Care records were robust and included information on how people wanted to be supported. People's care plans were detailed and well-structured which helped staff to find information quickly if necessary. Some data in the care plans was highlighted in red to alert staff about high level risks to people. A great level of detail was available about people's daily routines which guided staff on the assistance people required to maintain their preferred life styles. People's health needs were identified and information was available about the health conditions, including the impact it had on people and how staff should support people with the specific health needs.

People were involved and had regular review meetings to discuss their care and support needs. One family member said, "We had a meeting two weeks ago. The owner of the agency came with another senior to review the care plan." Another family member said their relative had a comprehensive assessment carried out before they started using the service and their comments included, "The manager attended the very first visit to [my relative]. They enquired about his former occupation, what music does he like, which country is he from." Records showed that people had their care plans reviewed regularly and more often if their needs changed.

Family members told us that people made choices as to how they wanted to be cared for. One family member said, "Mostly we make the decisions and [staff] go with what we want. [My relative] is hazard willing but the carers are good about thinking ahead."

People had their individual communication needs supported where necessary. The management team told us they assisted people to understand important information about them if they required help, including care plans if there wasn't a family member available to support them. The registered manager told us they encouraged staff to learn some words in other language if English wasn't a person's they supported first language. One staff member said they were aware of people's communication difficulties and where appropriate talked to people slowly to help them to get involved in conversations.

Family member told us they were in regular contact with the management team who checked if people were provided with good care. Family members said they received calls from the agency office staff asking if everything was going well and that their relatives were receiving the care they required. One relative said they were regularly contacted via email for their feedback about the service delivery.

Records showed that people were regularly asked to complete feedback surveys. The questionnaires viewed suggested that overall people were happy with the care provided for them which included staff's satisfactory performance in their role.

Systems were in place to monitor any complaints received and action was taken to address the concerns raised. Records showed that complaints received were appropriately logged, investigated and acted upon. People were provided with a complaints procedure should they need to raise their concerns to other agencies such as CQC.

Care plans had information on the support people required at the end of their lives. Any changes to people's conditions were escalated to the Clinical Commissioning Group (CCG), responsible for commissioning the health care services, who then made referrals to the healthcare professionals as necessary. Staff told us they worked in partnership with healthcare professionals making sure that support was in place to assist people to stay comfortable for as long as possible. Care plans had Do Not Resuscitate (DNR) forms guiding staff to support people in respect of their wishes.

Good

Is the service well-led?

Our findings

The service had their vision and values clearly set out. There was a culture of supportive practice within the team which enabled staff to carry out their duties as required. Staff said the registered manager was available for guidance and support as necessary, with one staff member saying, "Whatever needs doing by the manager, it is always done. The manager deals with issues and she listens." There was an on-call service available for staff to use should they need guidance during the office out of hours' time. Staff were involved in making decisions about the service delivery. Regular team meetings were carried out to discuss best practice and changes in people's care needs.

There was good leadership at the service with shared responsibilities to ensure effective care delivery. One family member told us, "Overall it's a good service run by people with good humour and willingness." From the conversations with the registered manager we found them dedicated and skilled to lead the team effectively. The staff team were delegated tasks and aware of what was required of them in their role. The care coordinator supported staff on the job and carried out regular monitoring visits to ensure good care delivery for people. A staff member said, "I really like working for the agency, everything is up-to-date, like care plans."

Systems were in place for staff to pass on information to each other as necessary. Staff were required to fill in a daily log to record the activities they carried out for people and to inform the team members about any follow-up actions required. This ensured consistent care provision for people.

Quality assurance processes were used to monitor the quality of the services provided for people. The registered manager had regularly checked the audits undertaken by the management team to ensure that appropriate action was taken to support people as necessary. This included reviewing the audits being carried out on staff files and care plans. We saw that appropriate action was taken to address any improvement required. The management team put a lot of effort to address the concerns raised at our last inspection. They ensured that people's care plans and risks assessments were updated quickly and to the required standard.

The registered manager worked in partnership with relevant external agencies to keep them up-to-date with changes taking place in the health and social care sector. This included attending a 'registered managers' forum held for domiciliary care agency managers to share knowledge and experiences about their job.