Rapid Improvement Limited

Rapid Improvement Care Agency

Inspection report

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Date of inspection visit:
31 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 31 October 2017 and was announced. We gave the registered manager 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff. We needed to be sure that someone would be in.

Rapid Improvement is a domiciliary care agency that provides personal care for seven children and 42 adults living in their own homes who may have dementia, end of life care needs, learning and physical disabilities.

At the last inspection on 7 September 2015 the service was rated GOOD.

The service had a registered manager in post. 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.

Risk management plans had not addressed the support people required to minimise risks to their wellbeing. Information was missing on the assistance people required to meet their individual needs.

Systems were in place where there had been safeguarding concerns which ensured that any risks to people were monitored and actions taken to protect people as necessary. People told us that staff were on time and stayed for the full duration of their shifts as necessary. Staff had all the necessary pre-employment checks which helped to ensure their suitability for the role. Staff worked in conjunction with relatives and health professionals to ensure that people were assisted to take their medicines as prescribed. Some medicines administration sheets where not signed for by staff but this was already addressed by the management team.

Staff accessed appropriate training that gave them the knowledge and skills to support people effectively. The staff team had support to ensure good care for people. Staff were confident that any concerns raised would be investigated by the registered manager and acted upon. Staff understood and complied with the requirements of the Mental Capacity Act (MCA) 2005. Staff knew the importance of supporting people to make their own decisions where possible. Guidance and support from healthcare professionals was implemented into the care delivery to people. People had access to sufficient amounts of food and drink to meet their dietary requirements and complex nutritional needs.

Staff were patient and made people feel at ease when assisting them with personal care. People had their individual needs respected and attended to with care. Staff encouraged people to engage and undertake activities for themselves which increased their independence.

Care records lacked information about people's individual interests and preferences. We have made a

recommendation about this.

The registered manager was aware of people's individual needs and involved other agencies in the assessment and delivery of care to people. Complaints were recorded, monitor and acted upon to ensure that issues raised were dealt with appropriately. People and their relatives were confident that their views were listened and adhered to in a professional manner.

There were good communication systems in place that enabled staff to share information efficiently. Staff had a say in care delivery which motivated their involvement in providing good support for people. The management team worked together and shared responsibilities to monitor the service's performance.

We found a breach in relation to safe care and treatment. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all aspects.

Risk management plans were not fully completed and risks to people were not identified. Care plans lacked information on the assistance people required for staff to carry out tasks safely.

Although people were supported in relation to their medicines, we found that medicine administration sheets were not always completed correctly.

Staff knew safeguarding procedures and ensured that people were protected from potential harm and abuse. People were supported by the right numbers of staff.

Is the service effective?

Good

The service was effective.

Care workers received thorough mandatory and induction training. Supervision and appraisal meetings were carried out to support staff in their role.

Staff knew their responsibilities under the Mental Capacity Act 2005.

People's dietary and healthcare needs were met by the provider where that was part of their support.

Is the service caring?

Good

The service was caring.

People felt safe in the presence of staff.

People said staff were friendly and caring. Staff understood what it meant to protect people's privacy and dignity.

Staff were trained and enhanced people's skills which helped to maintain their independence.

Is the service responsive?

Good

The service was mostly responsive.

Care records were not personalised and information about people's personalities was missing. We have made a recommendation about this.

The registered manager worked together with healthcare professionals to collect information about people's care needs.

There were robust complaint management systems in place which ensured that complaints were dealt with appropriately.

People told us they knew how to raise concerns and felt confident they would be listened to.

Is the service well-led?

Good

The service was well led.

Staff worked together to ensure good communication and information sharing practices at the service.

Staff told us the registered manager was approachable and available to speak with.

Audits were used to monitor the services being delivered to people.

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts, complaints, previous 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. We also viewed a Provider Information Return (PIR) completed by the provider. 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.

This inspection took place 31 October 2017. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that they would be in.

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.

We spoke with two people who used the service and seven relatives. We also talked to three health and social care professionals, the registered provider, registered manager, compliance manager, care coordinator and five members of staff. We looked at six people's care plans, five staff files and reviewed records related to medicines, training, quality assurance audits and other aspects of the service management.

Requires Improvement

Is the service safe?

Our findings

People were not supported to identify and manage risks as necessary. We found that risk management plans were updated regularly and when people's needs changed. However, information was not available on the actual risks to people. For example, records showed that a person required support to use the stairs but the service had not assessed the risks, the hazards, likelihood and severity of the risks occurring to determine the level and impact of risks on the person. We also found that people had their care needs identified but no details were available on the actual support people required to meet these needs. Care records showed that a person required support with personal care but information was not provided to address the person's individual care needs, for example which tasks they required prompting or assistance with and how they wanted to be supported.

This was discussed with the registered manager who told us that staff received on-going supervision from the management team to ensure that people had the support they required. There was a risk that people were not provided with continuity of care and that important information on the potential risks to people's well-being was missed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding procedures in place for staff to follow to ensure that people were safe from potential harm and abuse. A relative said that staff safely handled the equipment they used to support their family member. Another relative told us that staff made sure "there are no obstacles in her way in the house." We viewed the service's safeguarding policy which held information on how to protect people if any concerns of abuse were reported. Staff were aware of different types of abuse and told us about the actions they would take to ensure that people were safe from harm. For example staff followed guidance to ensure they carried out moving and handling procedures safely. Systems were in place to monitor the safeguarding concerns being investigated, which ensured that processes were followed to protect people as necessary. The registered manager told us the lessons they learnt from the safeguarding investigations carried out recently. A body mapping sheet was now included in people's care plans to ensure that any changes to people's physical appearance were recorded and reported appropriately.

Staffing levels were monitored to ensure that people were supported by suitable numbers of staff. People told us that staff arrived on time for their shifts and called them to let know if they were late. One person said, "It is comforting to know that someone is coming around to check on me." A system was used to monitor staff's attendance; staff were required to log in at the start of their shift and to log out when they finished the shift which meant that the management team were notified if a staff member was late or left their shift early. The service provided a vehicle for staff to reduce the time they travelled between the people's homes. Staff worked in teams and covered the shifts between themselves where required.

The service had undertaken suitable pre-employment checks to ensure that staff were recruited safely.

Staffing records contained a job application form, interview notes and a Disclosure and Barring Service (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions. Records showed that two references were requested prior to staff starting working with people. We found that some staff had only one reference available from their previous employer. The managers told us that the references were not always returned and therefore staff were employed with one reference if it was satisfactory. We viewed the references available and all of them provided positive feedback about the employees. The service used an on-line system to verify people's documentation and to check staff's eligibility for employment. The management team received a notification when staff's visas were ready to expire. This ensured that the recruitment processes used were thorough and suitable staff was employed to support people.

People were supported to take their medicines safely. Relatives, district nurses and the staff team worked together to support people with their medicines. Staff told us their involvement with people's medicines varied depending on the complexity of a person's needs and the support families provided. Care records held information on the medicines people were taking. We observed that some medicine administration sheets were not signed for by staff but the medicines were actually given to people as noted in people's daily notes. The registered manager told us this was already being addressed by the care co-ordinator. Spot check records confirmed that discussions took place regarding the medicine administration procedures and staff were sent to attend a refresher training course where necessary.

Good

Is the service effective?

Our findings

People and their relatives told us the staff team were well trained. A relative said that staff had good manual handling skills and used a hoist to move their family member around as necessary. Another family member said that staff were good at giving their relative "baths and changing her position morning, afternoon and evening."

Staff were trained to carry out their responsibilities as necessary. A staff member told us the training was "very good and organised well." Another staff said the training was "spot on." The service provided a training programme for staff to cover policies and procedures around the support people required with their individual needs. There were systems in place to monitor staff's training, which notified the managers when refresher training was due. Training provided included safeguarding, health and safety, infection control, manual handling and fire safety. Newly employed staff shadowed more experienced staff to enhance their knowledge of people's care needs and to get to know the services policies and procedures.

Staff told us the registered manager was available for advice and support at any time they required it. A staff member said to us that the managers were good to work with as they took "issues on board and acted on them immediately." The management team provided 24 hour on-call service if staff needed advice on urgent matters outside of normal office working hours. Records showed that staff had regular supervisor and appraisal meetings to discuss their developmental needs, including relationships with colleagues and staff's knowledge in end of life. This ensured that staff were provided with support to carry out their responsibilities effectively.

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.

We checked whether the service was working within the principles of the MCA.

Staff followed the MCA principles to ensure that people who lacked capacity were supported as necessary. Staff were provided with the training on the MCA and applied the legal requirements in practice. A staff member told us, "I help clients to make everyday choices such as what clothes to wear. I help them [people] to make a decision by showing the clothes to choose from if they find it difficult." Another staff member said a person communicated to them using "facial expressions" so they were aware and confident they were supporting them to make a choice. Staff told us they approached the registered manager if they had any concerns in relation to people's capacity to make more complicated decisions. The registered manager said they were provided with information on people's capacity during the initial assessment process and if people's capacity changed they contacted their local authority to request a Mental Capacity Assessment to be carried out, followed by the best interests meeting where necessary.

People had support to meet their dietary and nutritional needs as necessary. Staff told us that some people required assistance to cook their cultural food and they helped them to prepare the meals. Care records had information on the support people required with complex nutritional needs. Training records showed that staff were trained to support a person to eat through the percutaneous endoscopic gastrostomy (PEG) tube. Professional guidelines were available for a person that required support to sit appropriately when eating. This ensured that people had their nutritional needs identified and supported as necessary.

People were supported to meet their health needs as necessary. A person said to us, "I mentioned to the staff that I wanted to see the doctor because of my weight loss and they made contact with the district nurse who has called me to arrange a visit." Staff told us they contacted a person's GP or district nurses if they had any concern about the person's health. The health and social care professionals confirmed that the staff team approached them for support where people's health needs changed and they required reassessment of their support needs. Care records had information on people's medical conditions, which ensured that staff were aware of the support people required with their health needs.

Good

Is the service caring?

Our findings

People told us that staff looked after them well and with care. One person said that staff were "trust worthy and that gives me a piece of mind when they are in the house." Another person told us they felt "good" when staff were around.

People were fond of staff that supported them. One person said, "They [staff] do everything they can to make me comfortable." A family member said their relative was happy when staff were in their home. Staff made sure their relative "is washed and dressed and they do not appear to be in a rush." Another family member told us that staff always had time for their relative and spoke to the person in their native language. People told us that staff attended to their care with kindness and compassion. One person said that staff were "brilliant and caring. I needed some slippers and they went out and got them and bought stockings when my feet were cold, they do everything they can to keep me comfortable. They did not have to go out of their way to do that but it's because they are caring."

Staff were respectful of people's dignity and ensured they felt comfortable during their personal care. A family member said to us, "They [staff] make sure the door is closed and that [relative] is not cold when getting washed and dressed." Another relative told us that staff were considerate of their family member's needs and made sure they were "clean" and had their "meals on time." A staff member said to us they respected people in their own homes and had not answered "personal calls when supporting a person." Another staff member told us they were "careful" the way they spoke to people to ensure they felt "respected and treated with dignity." One other staff member said they asked people's permission before assisting them with personal care.

Staff enabled people to be independent where possible. A family member told us that staff had assisted their relative to attend a day centre which was a change to their environment and encouraged them to be more independent. Another family member said that staff were "very patient with mum as she is very slow and they will encourage her to do things." Staff told us they prompted people to be more independent so that they could carry out activities for themselves. A staff member said they encouraged a person to "wash, dry and dress themselves." Another staff told us they involved people in "tidying" their homes and keeping their house clean."

Staff spoke positively about the services provided and were confident about the quality of care being delivered to people. It was evident they knew people they cared for and were able to tell us about individual's likes and dislikes. People's end of life care was planned with them and their family members and representatives. Staff provided on-going support to obtain people's end of life wishes and preferences.

Good

Is the service responsive?

Our findings

One person told us that staff had never refused to do anything they asked them to do, "they showed willingness to do whatever they can. I feel I can ask what I need." A family member said that staff "do their best to cheer up" their relative when they were "feeling down". A health and social care professional told us that the managers were "responsive to the problems and concerns raised."

The service responded to people's changing care needs promptly where required. A family member said that staff made sure their relative was "always sitting up correctly." A health and social care professional told us the staff team contacted them if they had any concerns about people's health needs. Another health and social care professional said the staff team were "very good with how they provided support around the anxiety" to their client.

People were supported to meet their care needs as necessary. We saw that the registered manager was involved in the running of the service. They had a good understanding about people's care needs. The registered manager used different sources to gain information about the people's care needs prior to starting providing support to them. Relatives told us they were involved in people's care planning and that people's care needs were taken into consideration when putting together the care plan. Records showed that the service had carried out initial assessments before they started supporting people. People had their communication, health and social care needs assessed which helped the service to determine if they were able to provide the necessary support. The registered manager talked to people's health and social care professionals and used their assessments to find out about people's care history. The registered manager told us they regularly met with people to review their care needs and if changes were required they approached their local authority asking for reassessment. This ensured that people's care needs were monitored and adhered to as necessary.

However, care records lacked personal information about people. There were no records available to inform staff on people's likes and dislikes, history and personal preferences. We found that staff were aware of what was important to a person and used this information to have a conversation with them. We discussed the importance of this information to be recorded with the registered manager and they agreed to include it in the people's initial assessment paper work. We recommend that the provider seeks guidance on best practice in relation to records keeping, to ensure people's documented needs, preferences and wishes are available for all staff.

There were appropriate procedures in place for recording complaints. The registered manager was aware of the complaints procedure, including the actions they had to take when a complaint was received by the service. We found that records for monitoring the complaints were up to date and appropriately completed. Information was available on the actions the service took to investigate a relative's concerns related to a person's personal care and what was the outcome. We also viewed the compliments received by the service. People's relatives thanked staff for good care and the support they provided to their family members.

The service regularly asked people and their relatives to complete feedback questionnaires. We viewed the

questionnaires completed in 2017. The results showed that people were satisfied with the services provided and majority noted that staff arrived for their shifts on time and spent the allocated time as necessary. The registered manager told us that any concerns raised were discussed at the team meeting for taking actions as necessary, for example where a person required additional support with their mobility. A family member told us that the managers would speak to them regularly to find out if they had any concerns. Another relative said they raised their concerns with the management where necessary and they "listened" and "handled it appropriately."

Good

Is the service well-led?

Our findings

A family member told us the service was managed well because they took into account what they requested for their relative. Another family member told us that managers would visit them regularly "to see how staff are doing and if they performing their duties well." A relative described managers as "approachable" and "considerable." A staff member said the registered manager was "a good manager, she cares so much about the job."

The service had a registered manager in post that provided leadership for the staff team. The registered manager worked closely with a compliance manager and the care coordinators to ensure that staff were provided with on-going advice and support as necessary. Staff told us the registered manager was efficient in her role and knew her responsibilities well. The registered manager said to us, "I do not want a culture of silence, I want to get to know what is happening so I can do something about it if it's an issue." The registered manager was aware of their registration requirements with the Care Quality Commission (CQC). The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law.

There were good team working practices at the service. People told us there was a good atmosphere between staff at the service. A health and social care professional told us that the staff team were "really good at communication." Systems were in place for staff to share information as necessary. Daily logs were used to records people's activities and to pass on information on any actions that had to be carried out. Calls made to health professionals were recorded to ensure effective communication with the agencies and that information was not missed. Regular team meetings were facilitated to discuss good practice and any issues arising. Staff told us they felt confident to speak up and raise questions around the continuity of care being provided to people, for example in relation to the visit times. One staff member said they made suggestions to improve the services provided for people, including where information between the staff team had to be passed on in time to ensure people's safety. This motivated staff to get involved in delivering good quality services for people.

There were systems in place to monitor the care being delivered to people. The managers were responsible for specific aspects of the service delivery and carried out audits to identify issues and take actions as necessary. The compliance manager undertook regular quality assurance audits to identify any improvements needed regarding people's care records and staff's files. The care coordinators carried out unannounced visits to people's homes to check that staff were completing their duties as required. The service employed a nurse to monitor and review people's health needs as necessary. Records showed that the local authority had carried out regular contract monitoring visits at the service. The quality report, dated November 2016 had not suggested any actions required for making improvements.

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 Risk management plans lacked information on the support people required to manage the risks. Care plans had not identified the assistance people needed to carry out tasks safely. There was a risk that people were not provided with continuity of care and that important information on the potential risks to people was missed. The provider did not ensure that care was provided in a safe way by assessing and mitigating risks to service users. Regulation 12(1) and (2)(a) and (b)