

Raystra Healthcare Limited

Raystra Healthcare

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Raystra Healthcare Limited is a domiciliary care agency and supported living service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 37 people using the service.

People's experience of using this service

Although various aspects of the service, including people's care delivery, staff practices, staff training and complaints were monitored, these processes had not identified the shortfalls identified during this inspection. These shortfalls had not impacted on the service people received and had not put people at risk. The provider however, needed to review how they completed their monitoring of the service, to ensure their system was effective in identifying shortfalls and responsive enough to address areas for improvement.

We have made a recommendation in relation to quality monitoring.

We found two people's care plans and risk assessments did not reflect their current needs. When discussed with the registered managers, they took immediate action to address these. They also started to make other alterations to, for example, the staff training record, so it captured information which would support improved monitoring of the service. Time was needed for the provider to implement a more formalised quality monitoring system.

People and the relatives we spoke with, told us they were happy with the care provided by the agency staff. There were arrangements in place to assess people's needs and identify and support associated risks. A relative confirmed this process had taken place when their relative had been referred to the agency for support, and we saw reference to this when inspecting people's care records.

Guidance was given to staff on how to manage people's risks and on what care activities needed to be provided during a care visit. Care staff confirmed this when we spoke with them.

Care visits were allocated to staff through the adopted electronic system and monitored by senior staff to ensure they were completed along with the required care activities.

Where people's needs were complex or where needs had altered, staff worked hard to liaise with external health and social care professionals to get appropriate assessments completed so care could continue safely. In two people's cases, staff had struggled to get appropriate assessments completed. However, staff had continued to provide people with the care they required, and the support needed to lower risks to the people's health and wellbeing.

Apart from the shortfall in two people's care plans and risk assessments (identified during the inspection) care plans and risk assessments were generally available to staff for guidance. All information about people's care and support needs was provided through the service's electronic system which staff could access when they were mobile.

Registered managers were fully up to date on the support people required, including any changing needs, as they liaised with senior staff and monitored staffs' care entries on the electronic system. This ensured the registered managers could support staff with any changes in people's care and risk management and, where needed review with commissioners, the need for any necessary changes to people's care visits.

The provider's recruitment process included appropriate checks which were completed before staff worked with people. The results of these checks helped the registered managers make safer employment decisions.

Staff were provided with training when they first worked for the agency and thereafter to support safe working practice. Spot checks took place to monitor the quality of care and support provided to people. Staff knew how to report any concerns they had related to poor practice. When poor practice or behaviours which did not meet with the provider's values were identified, the registered managers took action to address these.

The provider had safeguarding processes in place which staff received training on; staff told us they knew how to raise safeguarding concerns. The registered managers ensured they adhered to local authorities safeguarding protocols; sharing relevant information with appropriate agencies as required. There were checks in place to ensure potential risks, such as self-neglect through refusal of personal care, were also identified and reduced.

People's needs, in relation to their medicines, were assessed and where support was required with medicines, this was provided by staff who had received relevant training.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 good (published 3 February 2022).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the initial assessment

of people's care needs, when a referral is made to the agency for emergency care support and, how information is made available to care staff prior to them providing that support. This inspection examined those areas of risk.

We found no evidence during this inspection that people were at risk of harm from the themes associated with this concern. Please see the safe and well-led sections of this full report.

This was a focused inspection only looking at the key questions, safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains based on the findings of this inspection. However, We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

The provider started to take immediate action to make the improvements required at the time of the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Raystra Healthcare Limited on our website at www.cqc.org.uk.

Recommendation:

We have made a recommendation in relation to quality monitoring.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Raystra Healthcare

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 Health and Social Care Act 2008.

Inspection team

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats. It also provided care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. Two managers were registered with the CQC as registered managers of the service. One of these was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced.

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.

Inspection activity started on 11 August 2022 and ended on 16 August 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities which commission care from the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and the relatives of two more people who used the service to gain their feedback on the service provided. We spoke with three care staff and both registered managers. We reviewed four people's care records. We reviewed three staff recruitment files and the staff training record. We reviewed records and discussed the systems in place for the management of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to tell us what would cause them concern and how they would report this.
- The registered managers adhered to local authorities safeguarding protocols. They ensured appropriate notifications were made to us (CQC) and that relevant information was shared with local authority safeguarding teams and the police when requested.
- There were processes in place for poor practice to be reported, identified and addressed. We reviewed records which showed the registered managers and staff had responded to incidents promptly and appropriately to protect people from avoidable harm.

Assessing risk, safety monitoring and management

- People's care and safety risks were assessed, and measures put in place to reduce risks to people.
- Where referrals came in for urgent care support, the registered managers gathered initial information about the care required, for example, from commissioners. This was then electronically made available to the staff allocated to provide the support. A full assessment of needs would then be carried out by senior agency staff as soon as possible.
- Staff told us how they reduced risks associated with one person's behaviour which potentially put them and staff at risk of harm. Staff had received guidance from one of the registered managers on how to manage these risks. Further support had been requested by the agency from specialist health care professionals on a positive behaviour management plan for this person.
- We discussed the measures adopted by the staff in response to another person's decline in health. Whilst waiting for health professionals to reassess the person, staff had adjusted their care to reduce risks associated with swallowing difficulties and to prevent the development of pressure ulcers.

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 MCA 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.

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. 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 consent was sought prior to delivering their care and people were able to make choices regarding their care. One person told us they were able to decide whether they had a shower, or not, when the care staff arrived. Another person told us they chose what they wanted to eat, and the care staff prepared this for them.
- Where appropriate staff consulted with people's legal representatives in the planning of people's support. The contact details of family members who could advocate for people were on people's records for staff information.
- Staff liaised with external professionals to ensure the principles of the MCA were applied, for example, when a person's mental capacity needed assessment and when care needed to be delivered in people's best interest.

Staffing and recruitment

- The provider's staff recruitment process included obtaining references from previous employers, checking employment histories plus reasons for leaving previous jobs and included checks by the Disclosure and Barring Service (DBS). These provided information including details about convictions and cautions held on the Police National Computer. All this information helped the provider to make safer recruitment decisions.
- The provider told us they managed staffing numbers according to the care visits and supported living services they were providing at any given time. The provider told us they only accepted referrals for emergency care support visits, which they knew they would be able to accommodate.
- Support for staff was organised in the geographical areas staff worked in making it easier for staff to arrive at care visits at the agreed times.
- When organising people's care support, registered managers took into consideration staffs' experience and skills and where needed, paired less experienced staff with more experienced staff.

Using medicines safely

- The service's electronic system gave clear information to staff about the support people needed with their medicines. Where medicines needed to be administered this task was performed by staff who had received training in medicines administration. One person said, "They are very particular with my painkillers."

Preventing and controlling infection

- Staff had received infection control training which had included instruction on what personal protective equipment (PPE) to wear when.
- Staff confirmed they wore a mask and apron and gloves when delivering people's personal care. Staff had access to PPE supplies and confirmed there was always enough available.
- Senior staff checked staff were wearing their PPE correctly when completing spot checks on people's care delivery.

Learning lessons when things go wrong

- Following a missed care visit caused by a 'glitch' in a nationally used electronic system, the registered managers took learning from this. They introduced additional processes to ensure all care visits were allocated, but also reviewed the use of the system in place overall and chose to adopt a different system which better suited their service's current needs.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This relates to improvements needed to the provider's quality monitoring processes so these can more effectively identify where improvement to the service is required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Both registered managers monitored aspects of the service, which included, the attendance and outcomes of care visits, communications from care staff and care records, staff training needs, complaints and accident and incidents. However, this was on an ad-hoc basis when time allowed. A shortfall in two people's care records, had not been identified through these processes.
- Monitoring completed by senior care staff, such as spot checks of staffs' care practices, PPE usage and approach, was not recorded in one central place making it more difficult and time consuming for the registered managers to monitor these.
- These monitoring processes needed to be formalised, so they formed part of a planned and organised monitoring system. Information monitored and gathered needed to be clearly recorded so the managers could more effectively audit this for quality and service improvement purposes.

We recommend the provider finds out more about setting up an effective quality monitoring system, based on current best practice, in relation to the type of services they provide.

- At the time of the inspection the registered managers made an adjustment to their staff training record to include when spot checks and staff supervisions took place in order to make it easier for them to audit the completion of these.
- Both registered managers had recognised, that as the service expanded, there was a need for a more effective quality monitoring system. After the site visit, they told us how they envisaged implementing this, which included protected time to complete quality monitoring activities and the implementation of a service improvement plan.
- Both registered managers shared management responsibilities and were clear about their individual roles within the service. One of the registered managers was also the nominated individual.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback, including that of their relatives, was sought in respect of the care provided when senior staff visited to complete spot checks or to review their care needs. This process needed to be formalised and feedback from people and their relatives sought as part of the provider's quality monitoring system, so it was used to make service improvements.

- Both registered managers shared the same vision which was to provide a good service to people during increasingly challenging times for adult social care.
- Staff confirmed they were able to contact the agency office or a senior member of staff if they needed to. Staff spoken with told us they felt well supported.

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

- Both registered managers understood their legal responsibility to be open and honest with people when things went wrong.
- They engaged with external agencies, such as the police and safeguarding teams and shared relevant information when this was requested of them.

Continuous learning and improving care

- The nominated individual was keen to take learning from situations which arose in order to improve the service moving forward. The nominated individual had returned care packages to commissioners, when it had become apparent that not all necessary arrangements were in place to enable the agency staff to provide safe care.

Working in partnership with others

- The agency staff worked closely with commissioners to enable people to access support from the agency when this was required.