

Ramsy Health Care Ltd

# Ramsy Health Care

## Inspection report

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27 January 2023  
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### Ratings

#### Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Good** ●

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Insufficient evidence to rate**

# Summary of findings

## Overall summary

Ramsy Healthcare is a domiciliary care service providing personal care to people who live in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating.

Where they do, we also consider any wider social care provided. At the time of the inspection there was 1 person receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

Right support

People were given choices that promoted their independence.

People were fully involved in making decisions about the support they received.

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.

Right Care

People received care from staff who treated them with dignity and respect and encouraged their independence. Care was personalised and promoted people's individuality and human rights. Care plans reflected people's wishes and preferences for care. Staff understood how to support people stay safe from harm or abuse.

Right culture

Staff promoted equality and diversity when supporting people.

There were systems in place to monitor the quality of the services provided, however it was noted the service had only been operating for 3 weeks and would need time to embed these systems.

People and staff had opportunities to give feedback about the service and quality of care. They felt listened to and were confident any issues would be resolved in the right way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 January 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Insufficient evidence to rate

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Insufficient evidence to rate

Insufficient evidence to rate.

Details are in our well-led findings below.

# Ramsy Health Care

## Detailed findings

### Background to this 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

The inspection was carried out by an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a short period of 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 27 January 2023 and ended on 10 March 2023. We visited the service on 27 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

During the inspection

We spoke with the registered manager, quality assurance manager and 2 care workers. We visited the supported living setting and spoke with the person who receives support. We reviewed a range of records including 1 person's care plan and risk assessments. We looked at 4 staff files in relation to recruitment, training and supervision. We also looked at records relating to quality assurance and the provider's policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to support people safely and protect them from the risk of harm or abuse.
- There were up to date policies and procedures in place, this provided guidance to staff.
- The registered manager and staff understood their responsibilities to keep people safe and how to recognise and report any concerns of abuse.
- A person told us they felt safe, "Yeah, [carer] is doing the work on time. What I say [carer] will do it."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and assessed, for example, the person using the service had risks related to their mobility and this was detailed in their risk assessment.
- The registered manager explained risks would be based on the needs assessment, they said, "Based on their needs we would prepare the risk assessment, for example, pressure sores, we would look into body maps, see if any new sores(?) and redo the care plan. Once something new is happening we would change our plans and make sure the proper treatment is given."
- Staff talked about how they helped one person to avoid falls by supporting them during personal care. when accessing the bath or shower.

Staffing and recruitment

- There were sufficient staff to meet the needs of the person using the service. The registered manager explained, the plan would be to allocate staff based on their location to avoid them having to travel too far. They also told us of their plans to use a call monitoring system to monitor staff attendance and punctuality.
- A person said, "She comes on time, not late, no missed calls."
- Systems were in place to recruit staff safely.
- The provider had a recruitment procedure in place. This included right to work, obtaining previous work references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment checks were completed, however, we found application forms were not always fully completed and references had not be verified. We informed the registered manager of our findings who took immediate action to address this. The registered manager also updated the service application form to include a section for potential staff to explain any gaps in employment.

Using medicines safely

- Systems and processes were in place to ensure people received their medicines in a safe way. At the time of our inspection no one was receiving support with their medicines.

- Staff were trained in administering medicines safely. Records confirmed this.

#### Preventing and controlling infection

- Processes were in place to prevent the spread of infection. There was an up-to date infection prevention and control (IPC) policy in place.
- People received care from staff who followed good IPC practice, a staff member told us they wore, "Apron, mask and foot guard," when providing care. A person who used the service told us, "Yes, they wear mask and gloves."

#### Learning lessons when things go wrong

- Systems were in place for recording and acting on accidents and incidents, including lessons learnt when things went wrong. An analysis of accidents and incidents meant the registered manager could assess any trends or where the service needed to make changes to practice.
- At the time of our inspection no accidents or incidents had taken place.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service.
- Assessments formed the basis of personalised care plans which reflected people's diverse needs, wishes, goals and aspirations.
- A staff member told us, "They [registered manager] gives us the care plan, most [needs] written in there then we understand, we introduce ourselves and ask [the person] what can I help with." This was confirmed by a person who used the service, they said, "They [carer] ask me what do you need and what can they do for me."
- Assessments covered various areas of need, including communication, preferences, such as how the person liked to be addressed, health conditions, gender for of care staff, medicine support required, nutritional and hydration and physical and mobility needs. This helped to ensure the person's needs could be met by the service.

Staff support: induction, training, skills and experience

- Records showed staff had completed training relevant to their role. This was in contrast with what a staff member told us, they said the training they received was with a previous service.
  - Staff confirmed they completed an induction programme as part of their role. Records showed the induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
  - A staff member explained, as part of their induction they watched a series of teaching videos covering various subjects, such as, moving and handling. We were shown examples of the training videos during our inspection visit to the service.
  - A member of staff told us they had completed a level 3 diploma in health and social care. This showed they had obtained skills and training relevant to their role.
  - A person using the service told us care staff were well trained, "Yeah, [carer] understands [what to do]."
- Staff told us they felt supported by the registered manager and said they had met with the registered manager when they attended the office, this was an informal meeting where the staff member was asked how they were doing.
- The registered manager provided evidence of specialist mandatory training completed by them online, in relation to caring for people with a learning disability and/or autistic people following our visit. This would be rolled out to staff. The registered manager was aware of the mandatory training for all staff to complete prior to providing care to people with a learning disability and/or autism.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had enough to eat and drink to maintain their nutritional needs. Staff told us the person using the service cooked their own meals and they sometimes assisted with meal preparation.
- At the time of our inspection no one required special dietary support.
- The registered manager told us they would access health care professionals where this was required. We made the registered manager aware of the need to understand how to access healthcare professionals in relation to specific health conditions.

We recommend the provider seeks guidance and support from a reputable source in relation to accessing specialist health professionals.

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.

- Records showed staff had received training in the principles of the MCA. Staff told us they asked for people's consent before providing care. A staff member told us, "Yeah, politely I ask do you need help."
- A person told us staff sought their consent before support was provided, they said, "[Carer] asks what you need today, [carer] tells [me] what they are going to do."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity, and independence

- People were treated with kindness and respect by staff, a person using the service confirmed this.
- Staff demonstrated they understood how to treat people with dignity and respect and gave us an example of this, a staff member said, "Knock the door, and ask permission to come in. I close the door, cover [person] with a towel. Knock the door and ask permission to come in."
- Records showed staff completed equalities and diversity training. The registered manager told us, "We have equal and diversity policy to make sure everyone treated equally, and we respect their choice and accept and work with them according to their wishes."
- People's cultural needs were detailed in their care plan, and this helped staff to provide care according to people's needs.

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

- People and their relatives were involved in making decisions about the care provided by staff.
- The registered manager told us, "Families are very important, we would ask the family if they see any changes/ anything specific we need to focus on or support we need to provide, we would review and update the service according to the client's needs."
- Care plans recorded how people wanted staff to support them and set out their preferences and life goals. An example of this was how a person wanted to be supported when personal care was being provided.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were given choice and received care from care staff who understood how to deliver personalised care. The registered manager told us, "If a client [person who used the service] has specific requirements, language needs, gender and religion then this is what they need, keeping this in mind we make sure they get the service that they need, our responsibility would be to send the right staff to the right client to get the right service."
- Care plans documented people's preference for care. For example, one care plan recorded how the person wanted staff to deliver personal care, including for example, how staff should support them when dressing and undressing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plan.
- Care plan plans recorded how people preferred staff to communicate with them.
- At the time of the inspection no-one receiving a regulated activity had specific communication needs. The registered manager was able to provide examples of how they would communicate with, for example a person who did not use words, using sign language for. For people with sensory needs, the registered manager said, "We make sure we listen to what they say, if looking for something, place it in their hand. We make sure we give the right support for them."

Improving care quality in response to complaints or concerns

- Systems were in place to respond and act on complaints made about the service. The complaints policy provided step by step guidance on how to deal with any concerns raised by people.
- People knew how to raise concerns and complaints. A person told us they felt 'confident' any concerns or complaints they had would be listened to and resolved.
- Staff understood their responsibility to report and record any concerns or complaints received by the service. The registered manager understood their responsibility to investigate and respond to concerns and complaints in a timely manner and in line with the provider's policy.

- No complaints had been received by the service since their registration.

#### End of life care and support

- At the time of the inspection the service did not provide end of life care, there was an end of life policy in place should this be 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes were in place to monitor the quality and performance of the service.
- We were not able to fully assess the effectiveness of these systems as the person receiving care recently started to use the service, therefore systems had yet to be embedded.
- The registered manager told us they felt supported by the provider who gave them opportunities to improve their knowledge through training, they said, "They [provider] gives me the full freedom to do what is right for the business, they give priority for you to do training and learn new things to give me the opportunity to upskill my knowledge."
- The service had employed an interim care quality and governance lead responsible for establishing systems. They started in October 2022 and worked with the service 2 days a week. We were shown systems set up for monitoring the service, for example, incidents and accidents and lessons learnt.

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 were positive about how the service was managed and the support they received. A person told us, "[Registered manager] is nice, he [has] called me 2 and 3 times [since joining the service]."
- Staff spoke highly of the support they received from the registered manager and the way the service was managed. A staff member said, the [registered] manager is very nice, I can call anytime I have [their] mobile number."
- The service sought feedback from people through telephone monitoring and spot checks. Records confirmed this.

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 had a clear understanding of their responsibilities under the duty of candour, they told us this was about, "Being honest, transparent so that we tell the client [person who used the service], we don't hide anything."
- As mentioned in the safe section of this report, the provider took immediate action to address shortfalls with their recruitment policies we highlighted to them.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us of challenges faced and changes to make the service better, they said the, "Main challenge is to get families in the market, happy to adapt new changes and learn so we can provide a better service, implement policies and procedures to run the business with good governance and systems."
- The registered manager told us they would work closely with health care professionals where this was required.