

Rick Limited

# Responsive Care

## Inspection report

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## 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

### About the service

Responsive Care is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were four people using the service. 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.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Care workers had been recruited safely and they knew how to identify and report concerns. Feedback from people and their relatives showed care workers arrived for work on time.

People received person centred care. Their assessments showed they had been involved in the assessment process. Support plans described how people should be supported so that their privacy and dignity were upheld.

Care workers demonstrated good knowledge and skills necessary for their role. People's health needs were met. The service worked with a range of external professionals, so people received coordinated care.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were governance structures and systems which were regularly reviewed. There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits and spot checks, were used to drive improvements.

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

The last rating for the service under the previous provider was good, published on 26 May 2017.

### Why we inspected

This was a planned inspection based on our inspection scheduling.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Responsive Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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 no registered manager in post. However, the provider had submitted an application form to CQC for manager registration.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. This information helps support our inspections.

#### During the inspection

We received feedback from three relatives of people who used the service to help us understand the experience of people who could not speak with us. We also received feedback from one person using the service. We spoke with the service director, manager, care coordinator and received feedback from three care workers. We reviewed the care records of four people using the service, personnel files of four care workers and other records about the management of the service.

# 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 for 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

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff.
- Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission (CQC) and the police when needed.
- People's relatives told us people were safe in the presence of care workers. One relative told us, "We feel very safe and have no issues with their staff. They are always polite and helpful", "We feel safe when staff are providing care. They always treat us with respect and kindness. They never shout and are never rough" and "The carers have been lovely, patient, understanding and reliable."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Risks related to people's care and the environment had been identified and assessed. The assessments provided information about how to support people to ensure risks were reduced.
- Care workers were aware of people's needs and their associated risks. They were able to describe how they supported people to reduce risks.
- Care plans were regularly reviewed to monitor whether they were up to date and to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and meet their needs. Rotas showed people were supported by regular staff. This ensured consistency and continuity of care.
- People and their relatives told us care workers were always on time and stayed for the allotted time. People told us, "Time keeping is impeccable. We get a rota that suits us best", "We have never had a missed call" and "The staff visit us [several times] a day and provide us an agreed rota in advance. This is important for us so we can plan our lives."
- Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- There were systems and proper procedures in place to ensure safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.

- Records showed care workers had completed training in the safe management of medicines and had their competency checked.
- People told us they received their medicines on time. A relative of one person told us, "We do not have any concerns. [This particular member of staff] has been amazing. I am so appreciative of their help and support always."

#### Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Care workers confirmed they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention. This meant the risks from infection transmission was reduced.
- Relatives of the people using the service informed us care workers followed guidelines to reduce the risk from infection transmission. They told us, "Staff always wear masks and gloves and PPE and leave the house safe."

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes. There were no incidents recorded at the time of the inspection.



# 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 support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place.
- People's assessments covered a wide range of areas including their choices and preferences. Staff had access to people's care plans and risk assessments, so they could understand how to meet their needs.
- People told us they received the care they needed, and their choices and preferences were responded to.

Staff support: induction, training, skills and experience

- Care workers were provided with support and training to meet people's needs effectively. They demonstrated good knowledge and skills necessary for their role. We were able to view training matrices and documentation that confirmed the required competencies had been achieved.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- New staff were able to shadow more experienced staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- We saw records confirming that supervision and support were being provided. Care workers who had been at the service for longer than a year also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.

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

- There were arrangements to ensure people's nutritional needs were met. This included a nutrition and hydration policy to provide guidance to care workers on meeting people's dietary needs.
- People's support plans contained a nutrition and hydration care plan and recorded the support people needed with their meals. This meant staff had the guidance they needed to meet people's dietary needs.
- People's relatives told us care workers provided the necessary support to ensure people ate and drank in line with their preferences. A relative told us, "Staff support with the feeding. The family does the cooking."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, district nurses and occupational specialists.
- People's relatives told us care workers accompanied people or arranged visits to hospitals appointments. A relative told us, "Staff help with hospitals and GP appointments if required."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The service was working within the principles of the MCA. People told us care workers obtained consent before they could proceed with any task at hand.
- People's relatives told us care workers asked people if they needed any assistance. A relative told us, "Staff always communicate with us and let us know what they are doing."
- People or their representative signed care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, kindness and respect. One person said, "Our rights and dignity are respected." A relative told us, "Staff are kind and compassionate."
- People's privacy was respected. People's care plans included guidance for staff on respecting dignity, privacy and confidentiality. Staff described how they protected people's privacy, including
- People were supported to maintain their independence. People told us about how care workers took time to support people to participate as fully as they could. They said, "Staff assist when required", and "Staff encourage us maintain independence by discussing and working with us as a team."
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically in line with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity

- The service respected people's diversity. The provider demonstrated a commitment to providing personalised care which promoted people's equality, human rights, diversity and inclusion.
- Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
- People felt that care workers treated them fairly, regardless of age, gender or disability. People's religious and cultural needs were supported. They told us, "Our religious and cultural needs are met" and "We are supported with our cultural and spiritual needs."

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care.

# 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

- People told us their needs were met. Their assessments showed they had been involved in the assessment process and contained sufficient information to meet people's care needs.
- People's care files contained meaningful information that identified their abilities and the support required to maintain their independence. For example, people at risk of falls had specific care plans outlining what this meant to them and how it affected them. This ensured they received care that met their needs.
- Care plans were reviewed bi-monthly or sooner, if needed. This ensured they were up to date so that any necessary changes could be identified and acted on at an early stage.
- Care workers were knowledgeable about people's needs. They could describe people's preferences, likes and needs. This was also improved because they were allocated to the same people regularly, which meant they were familiar with their needs. People told us, "We have a regular carer which suits us very well" and "Our needs are met by the staff who are regular."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.
- People were matched with care workers on grounds of a mutual language. People spoke a range of languages, including Gujarati and were matched with staff who could speak the same languages.

Improving care quality in response to complaints or concerns

- There was a suitable system for recording and responding to concerns and complaints. There were no pending complaints at the time of the inspection.
- People and relatives told us they had not raised any complaints or but knew who to contact if ever there was any need. People's feedback included, "We have had no issues or complaints to make" and "We are encouraged to raise our concerns and have no pending complaints."

End of life care and support

- The service did not provide end of life care. However, care workers had received relevant training and support that they needed to provide people with end of life care if the need arose.

- People's care plans did not contain basic information about their wishes should their care needs increase. The manager was able to share these details with us and said they would add this to the care records.

# 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.

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

- A transparent culture was promoted within the service. The management team worked closely with staff and listened and acted on feedback from people and their relatives to manage. A relative told us, "From my experience the service is run very well. They respond quickly to phone calls or messages."
- There was an open culture where staff felt able to speak to one another and the management team for support or to raise concerns. A care worker told us, "I am able to inform my manager of any safeguarding concerns I may have, and my manager will take relevant steps to ensure the client's safety."
- There were a range of formal systems to seek people's input to improve and develop the service. Regular meetings and care reviews took place and people were free to express their views. Relative told us, "Care is reviewed every 3-6 months" and "The manager communicates with us regularly and we are happy the service is run well."
- People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care.
- People told us they had choice and control over their care and were encouraged to raise any issues of concern, which they felt were valued and acted upon
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, there were practical provisions to support people's religious or cultural needs.
- The provider told us they had complied with the duty of candour by being transparent with family members of people they supported. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

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

- The service had a clear management structure consisting of the service director, manager, and care coordinator. Care workers were well informed of their roles and reporting structures. They described the management as supportive and accessible.
- People's relatives described the management in complimentary terms. One relative told us, "The manager is caring and just amazing. Whenever I call, they have been there for us." Another relative said, "We can easily get through by phone and also by text messages. The staff always listen to us."

- The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity, sexuality, communication, and end of life.
- Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. We found the manager to be knowledgeable about issues and priorities relating to the quality and future of the service.
- The provider monitored the safety and quality of the service. This included regular checks and audits in a range of areas including medicine administration, accidents and complaints.

#### Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, district nurses, pharmacists and occupational therapists.