

Real Care Solutions Ltd

Real Care Solutions

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Real Care Solutions Limited is a domiciliary care agency providing care to people in their own homes. It aimed to provide personal care to older and younger adults, autistic people, people with a learning disability, people living with dementia or a with sensory impairment. . At the time of the inspection there were 18 people using the service, 17 of whom received support with 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.

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 provide personal care to 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 not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff understanding of the principles of the Mental Capacity Act 2005 (MCA) was not strong. There were occasions where these principles had not been applied when choosing to override a person's decisions about their care.

Staff were passionate about putting people at the centre of their care and recognised the importance of working with them in a way that maintained their independence. People and their relatives said staff really got to know them well, and always tried to do what they could to brighten their day.

Right Care:

Staff did not receive sufficient training to ensure people received the right care in relation to all their needs. However, people and their relatives were complimentary towards the staff and the care they received which they said was kind, caring and considerate. There were enough staff to meet people's needs so people felt well cared for and never rushed.

Right Culture:

The provider did not have robust systems in place to manage and monitor the quality of the service and to

ensure continuous improvements were made. They had not kept up to date with current good practice guidance and regulatory requirements. They were not aware of their responsibilities in this regard, or of the requirement to notify the Care Quality Commission of certain events that took place.

In many ways the provider tried to promote a person-centred culture and worked to provide care to people that made a positive difference to their lives. However, the lack of robust oversight did not always support them to achieve this. People, relatives, and staff all said the management team were approachable, supportive and listened to their views.

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 5 September 2017). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement

We have identified breaches in relation to safeguarding people from avoidable harm, staff training, consent, and management oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Real Care Solutions

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

The inspection was carried out by 2 inspectors.

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 who was also the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 10 October 2023 and ended on 06 November 2023. We visited the location's office on 10 October 2023.

What we did before the inspection

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

information gathered as part of monitoring activity that took place on 18 July 2023 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and/or their relatives, 6 staff including the registered manager, who is also the provider, the office manager, the care coordinator and 3 care staff. We looked at the care documentation for 6 people and records relating to the management of the service including policies, staff recruitment and training records and systems used to monitor the quality 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Although staff had received training in safeguarding people from the risk of abuse, they did not have a strong understanding of what signs to look for that a person may be at risk of harm. They were confident that, where they had any concerns, they would report this to the management team, but again, were unclear about reporting concerns to external bodies as required.
- The registered manager was not aware of the requirement to notify CQC of any safeguarding concerns. This meant we did not have ongoing accurate information about risk in the service to support us to monitor safety effectively.

Systems and processes to safeguard people from the risk of harm or abuse were not well understood or followed by staff or the registered manager. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe. One relative said, "[Family member] feels safe and secure and is familiar with the staff, which is critical when they are assisting with all [their] needs, including bathroom and medicines."

Using medicines safely

- Staff were trained to administer medicines safely. The registered manager confirmed they checked staff competency during visits to people's homes while care was being delivered, although they did not make a record of this. Following the site visit, they confirmed their intention to implement a record of medicines administration competency checks completed for all staff undertaking this responsibility.
- Systems were in place to support the safe administration of medicines. The electronic care management system flagged any missed medicines to the management team. It also prevented staff from logging out of the care visit if medicines had not been signed off as administered.

Learning lessons when things go wrong

- The provider's electronic system enabled staff to record accidents and incidents when they occurred. However, the registered manager did not use the system to analyse incidents and accidents to identify any trends or patterns. They told us they could recall incidents that took place and would recognise where action was needed because the service was small. They acknowledged the need for a system to record this information, particularly if the service increased in size.
- The registered manager gave examples of when they had used incidents, such as falls, to identify changes in people's needs and to make improvements to their care to keep them safe, including making appropriate

referrals when necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as mobility and the environment. Risk assessments related to people's individual needs were linked to care plans, which were also regularly reviewed and updated when people's needs changed.
- Staff were aware of risks to people's health and welfare and could describe how they supported people safely. They confirmed they were kept informed when people's needs changed.

Staffing and recruitment

- The provider operated safe recruitment processes, carrying out all required recruitment checks before staff started work.
- People and their relatives told us they received care from a familiar staff team that knew their needs well.
- They said there were enough staff to meet their needs, care visits were usually on time and staff stayed for the expected duration. They told us staff were good at letting them know when they would be arriving, and if there was an unexpected delay. Staff confirmed they had enough time allocated between care visits to allow for travel.
- The provider's electronic care documentation system enabled them to have a live view of care calls, which meant they were able to respond quickly if any calls were late, short or missed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices
- Staff had received training in infection prevention and control and understood the steps to take to help prevent the spread of infection.
- People and their relatives told us staff wore gloves and aprons when providing care, and followed good hand hygiene practice.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support may not always achieve good outcomes or was inconsistent.

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.

- The provider was not always working in line with the Mental Capacity Act
- Records indicated occasions where staff had been directed by management to give a person, who was currently assessed as having full capacity, the impression that external professionals or family members could override their decisions about their care. Although this was done due to concerns for the person's wellbeing, this was not in line with the principles of the MCA.
- We discussed this with the registered manager, who told us in future, they would follow the appropriate processes for reassessing a person's capacity. If this was in doubt, and/or raise a safeguarding alert should they believe a person was at risk of harm through self-neglect.
- The registered manager told us staff received training in the MCA, and also discussed this in supervisions and staff meetings. However, staff we spoke with did not all have good understanding of this legislation and how it underpinned their work.
- However, staff told us they understood they should never force people to receive care or take medicines if they did not wish to.

The provider did not always follow the principles of the MCA and staff did not have good understanding of this legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- Since July 2022, all health and social care providers have a mandatory responsibility to provide all staff with training in relation to supporting autistic people and people with a learning disability. The provider confirmed they had not provided staff with this training and were unaware of this requirement.
- Staff completed regular 1 day refresher training for topics the provider considered mandatory. However, the provider did not keep a record of the original training being refreshed or any other courses completed, and relied on staff to share their certificates of completion which they did not always do. The registered manager confirmed they would be ensuring a record was kept in future.
- Some people had specific needs, for example, equipment for a specific medical need or needs in relation to pressure care. The registered manager told us they consulted external healthcare professionals to provide guidance about how to care for the person effectively. However, staff had not received training in relation to pressure care or stoma care, The manager confirmed one person had recently developed pressure damage. Although appropriate action was taken to seek support from external professionals, this might have been avoided if staff had good understanding of how to reduce the risk and identify the early signs of pressure injury.
- The registered manager confirmed staff were expected to complete the Care Certificate when they first took up their role. 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. However, records provided for review at this inspection were incomplete and we were unable to confirm all staff had completed this training. Some staff we spoke with indicated they had not done so.

Staff did not receive sufficient training relevant to their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, people and their relatives told us they felt staff carried out their responsibilities effectively. They said staff understood people's needs and carried out their duties to a high standard.
- Where staff had completed the Care Certificate, the provider supported them to complete vocational qualifications relevant to their role.

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

- Robust assessments of people's needs and preferences were completed before people started to receive a service. People and their relatives were involved in this process and the assessments considered people's individual protected characteristics, such as needs in relation to their gender, age, race and cultural or spiritual needs.

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

- People's needs and preferences in relation to eating and drinking were documented within their care plan. Where people were at risk of malnutrition or dehydration, separate records were used to monitor their intake to ensure they were eating and drinking enough, and action was taken where there were concerns.
- If staff were concerned about a person's health and wellbeing, they knew to report their concerns and seek medical support. The registered manager told us they worked closely with other professionals to ensure people received appropriate and timely care when needed, for example, from district nurses, occupational therapists and GPs.
- One relative told us, "Real Care Solutions have facilitated working with healthcare, including GP, OT,

physiotherapists and Hospital at Home, and social care agencies and have been supportive throughout."

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- People and relatives were complimentary about the staff and the management team. Comments included, "The staff are very kind and respectful." And, "They go above and beyond to make sure they really care."
- People were supported by a small and consistent team that enabled them to form positive relationships with staff.
- Staff spoke about the value of having time to engage with people beyond the care they were providing and were committed to providing compassionate care. They told us about small but meaningful things they did to help people feel valued, such as buying them a cake treat, picking up milk on their way to the visit and even bringing their horse to visit a person at the front of their house because they knew it would bring them happiness.
- This was encouraged by the management team who led the service by putting people at the centre of their care. This promoted people's rights to receive care that met their needs and respected their wishes, beliefs, and personal characteristics.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us, "We have been dealt with the utmost care and respect." And, "They do respect our privacy."
- Staff understood how to support people to maintain their privacy and dignity. They told us about the ways they did this, such as maintaining closed doors and curtains and covering people with towels when providing personal care.
- Staff also spoke about promoting people's independence by supporting them in a way that encouraged them to do what they could for themselves.
- Staff were aware of the need to keep people's information securely and maintaining confidentiality.

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

- Because the service was small, the management team were able to have very frequent contact with people. For the most part, this enabled people to discuss their views and be involved in making decisions about their care.
- People, and where appropriate, their family members could have access to their own care records through the electronic system. This meant they could see what was written in records and share their views as needed. One relative said, "I particularly enjoy access to the [electronic system] which enables me to read what my [family member] has been doing, eating etc during their calls. This provides a valued link for me

and allows informed discussion. It provides me with reassurance and allows me to chat to my [family member] about things that happened."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were developed from detailed assessments and provided staff with guidance about people's needs and preferences. Staff were familiar with these documents, but also built relationships with people and developed their knowledge about them as individuals.
- The registered manager and care coordinator visited people in their homes regularly. This provided the opportunity to check people were happy with all aspects of the care provided and for changes to be made in response to any feedback.
- People and their relatives told us the management team were flexible and would make changes to their planned care where needed. Any changes to people's care and support needs were recorded and care plans updated promptly. With reference to a family member's changing needs, one relative said, "Real Care were able to rapidly respond."

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 before they started to receive a service to ensure their needs were understood and could be met.
- The service supported people's individual communication needs. For example, a member of staff had supported one person whose preferred language was not English. They, and other staff had learned key words and sentences in the person's preferred language to support them to communicate effectively about their care needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us the management team responded in a timely way if they raised any issues of concern with them. One relative said, "When there is an issue, [they] do their best to resolve it as quickly and straightforwardly as realistically possible."
- The provider did not have a system to record complaints and concerns which meant it was not possible to review how they used this information to make improvements to the service. Following the site visit the registered manager informed us they had put a system in place to ensure this information was recorded in future.

- The registered manager was able to tell us about how they had responded to one person's complaint about staff arrival times. They had introduced a requirement for staff to let people know in advance when they would be arriving for a care visit. They had placed a reminder for staff to do this at the top of the care visit schedule. They told us this had resulted in positive feedback from other people who also found this call useful.

End of life care and support

- The service was not supporting anyone on an end of life pathway at the time of the inspection.
- Some care plans we looked at contained basic information about people's wishes in relation to care at the end of their life, such as wishing to have family around them and to stay at home rather than go to hospital. The registered manager confirmed their intention to speak with other people and their families about their wishes for the end of their life. This was to establish any role they would wish Real Care Solutions to play in ensuring they had a comfortable and dignified death when the time comes.
- It was acknowledged that some people may not wish to have this conversation, in which case, this decision would be recorded, and periodically revisited in case the person changed their mind.

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 meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have an effective management structure to support them to make improvements to the service and learn from when things went wrong.
- Although the service had an electronic care management system, it was not being used to generate reports to analyse information and support the development of the service.
- The provider did not have other systems in place to monitor the service, such as for staff training, recording and managing complaints. They did not have systems to support them to analyse incidents, accidents and daily notes for patterns and trends which could enable them to use the information to make improvements to the service.
- Although we were told spot checks on staff practice and competency assessments with regard to medicines administration were carried out regularly, they were not recorded. Due to this, we were not assured the management team had robust oversight of staff practice.
- Services who are registered to provide health and social care are required by law to inform us about certain significant events by submitting reports called statutory notifications. This is important because it helps us to monitor services and make sure they are providing safe, high-quality care that is responsive to people's needs, especially when something goes wrong. The registered manager confirmed they had never submitted statutory notifications since registering in 2015, even when they had reported safeguarding matters to the local authority.
- The provider's policies were not kept up to date and contained reference to CQCs previous methodology for inspection which was last used in 2014. The provider was unfamiliar with the fundamental standards underpinning the current methodology for inspection.

The shortfalls in systems to support the management oversight of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The electronic system provided the registered manager with a live view of the care being provided and sent them alerts for any missed, late or shortened care visits. The registered manager told us she made immediate contact with staff to follow up any alerts and to praise staff when things had gone well.
- Following the site visit, the registered manager confirmed they were reviewing all policies to ensure they were brought up to date. They also confirmed their intention to update their knowledge about their regulatory responsibilities, the fundamental standards and the requirement to notify CQC of certain events.
- The registered manager confirmed they had put in place a system to support the recording and

management of compliments, complaints and concerns, to ensure information from these could be used to make improvements to people's experience of care. They also confirmed their intention to record spot checks of staff practice and medicines administration competency assessments for all staff with this responsibility.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The failure to analyse records and identify areas for improvement may have contributed to people not receiving care in line with their personal needs and preferences. For example, daily records for one person indicated many occasions when they had expressed dissatisfaction with the times of their care visits. This included one occasion when the lunch time visit was carried out at 11am following a breakfast call just 2.5 hours earlier. We reviewed the daily records for the past 4 weeks and noted a potential correlation between undesired call times and a reluctance to receive care. This clearly showed the potential impact on the person of not maintaining or effectively analysing records.
- In many ways, the registered manager and management team promoted a person-centred culture within the service. They had a clear commitment to providing a high standard of care based on people's individual preferences. They also promoted fair conditions for staff in the knowledge that staff who are treated well are more likely to commit to providing good care. .
- Staff, people and relatives gave us many examples of good practice which demonstrated a commitment to providing care in the way people wanted. This included occasions where staff would do small kind deeds, such as bringing something to show people or picking up something they knew the person would like from the shops. It also included thoughtful acts by the registered manager, such as giving people the opportunity to join in the coronation celebrations or giving out remembrance wristbands to staff, to support conversations with people about their lives growing up during war times.
- Staff spoke passionately about their work and were very positive about the registered manager, their values and the supportive work environment they created. They told us the management team were supportive in relation to issues at work and about any personal issues that might be affecting them.

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 understood the duty of candour and had an open and honest approach when mistakes were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us they felt the management team were approachable, and they were confident to suggest their views about any areas for improvement.
- Communication from staff and the management team was very good. One relative said, "Anytime we need to update or adapt [family member's] care they have responded immediately and updated their care task lists."
- Previously the provider had commissioned an external company to carry out a satisfaction survey to seek feedback from people, relatives and other professionals and were planning to do this again in the near future.
- Due to the small size of the service, the registered manager was able to have frequent contact with people, their relatives and staff, respond to their views and make changes accordingly. A record of these interactions had not been kept. However, feedback from people, relatives and staff corroborated this and it was clear the registered manager and care coordinator maintained regular contact with all. .

- Staff told us they were kept informed of issues relating to the service through daily contact with the management team.

Working in partnership with others

- The registered manager informed us they worked closely in partnership with others, such as GPs and district nurses to ensure people received the right support and care.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always follow the principles of the MCA and staff did not have good understanding of this legislation.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes to safeguard people from the risk of harm or abuse were not well understood or followed by staff or the registered manager.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to support the management oversight of the service were not in place or, where they were, used effectively</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive sufficient training relevant to their role.</p>

