

Ray Care Service LTD

# Ray Care Services

## Inspection report

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Cambridge  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ray Care Services is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection, the service was supporting seven people with personal care.

Not everyone supported by this type of service receives 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.

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

The provider had quality monitoring processes, but insufficient staff meant the registered manager was not always able to audit and update people's care plans and staff records in a timely way. This was because the registered manager was mainly out of the office supporting people with their care. This had the potential to have an impact on the accuracy of the information that staff needed in people's care plans to provide safe and effective care.

There were not enough staff to support people at agreed times. People experienced some late care visits, but they said staff always provided very good care and support. The provider was actively seeking to recruit more staff, but they were facing challenges with this. They assured us that there was currently no risk of them not being able to provide support to people who used the service.

People felt safe and well supported by staff and the registered manager. Risks to people had been assessed and managed well. Medicines were managed safely by trained staff. Staff followed infection prevention and control guidance to reduce the risk of the spread of infections. Incidents were reviewed and preventative actions had been taken to reduce the risk of recurrence.

Staff were appropriately trained for their roles. Staff felt supported well by the registered manager. When required, staff supported people well to eat and drink.

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 and their relatives said staff were caring and friendly. Staff said they had good relationships with people they supported, and they enjoyed their work. People were involved in decisions about their care and support. Staff supported people in a way that promoted their privacy, dignity and independence.

People said they were supported well by staff to meet their care needs. People's complaints and concerns were dealt with and used to improve the service. Staff supported people at the end of their lives if this support was required.

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 is the first inspection for this service.

#### Why we inspected

This was a planned inspection based on the provider's registration date and our monitoring of the service.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Ray Care Services

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Ray Care Services is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we wanted to ensure the registered manager would be available to support the inspection during the visit to the office location.

Inspection activity started on 18 August 2021 and ended on 13 September 2021. We visited the office location on 10 September 2021.

#### What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, three relatives and three staff by telephone. We spoke

with the registered manager during the visit to the office location.

We asked the provider to send us various records and documents that we reviewed before the visit to the office location. This included risk assessments for two people, and staff recruitment and training records. We also looked at records relating to the management of the service, including quality monitoring audits. We looked at a person's care plan, and recruitment records for one staff member during the visit to the office location.

# 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 service. This key question has been rated 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.

### Staffing and recruitment

- There were not enough staff to support people in a timely way. People told us staff sometimes arrived late for their care visits, which meant they had to wait to be supported.
- We spoke with a person who had been waiting for over an hour for their lunch because a staff member's car had broken down. They said the registered manager was arranging for another staff member to get to them as soon as possible. Another person said, "They are not always on time, but they are very good."
- Positively, people said the registered manager always told them if staff were going to be late and that mostly, staff were only late by a few minutes. People also said they never had missed care visits.
- One relative also told us of late visits. They said, "Most recently, they have not been on time more often."
- Staff agreed that the service needed more staff. One staff member said, "Staffing is an issue and [registered manager] is trying to recruit more staff." Another staff member said, "There is lateness sometimes, but we try as much as possible to support people on time. Traffic is a problem in that area, and sometimes we have to stay longer with another person."
- The provider employed some staff on a part-time basis because they worked for other care services, and others were students who had recently returned to their studies. This meant the registered manager was currently also supporting people with their care.
- The registered manager told us of challenges in recruiting staff, and that they had been trying to increase their staffing levels. They said they had no plans to increase the number of people they supported until they had enough staff to do so safely.
- There was missing information in some staff files which made it difficult to know if staff were recruited safely. For example, we could not find written references for one staff member. The registered manager had recorded that they telephoned the referees, but there were no details about the content of those conversations. The registered manager told us they completed the necessary checks to ensure staff were suitable for their roles. They said they will audit staff files to ensure all the required information was available.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People said they felt safe with staff who supported them, and they had never been concerned about abuse. Relatives we spoke with also had no concerns about people's safety.
- Staff were trained, and they knew how to report any concerns to the registered manager. They also knew they could report safety concerns to other agencies including the local authority and CQC.
- People had risk assessments to help staff support them in a way that reduced the risk of harm. These

included assessments in areas such as mobility, pressure ulcers; eating and drinking, fire and potential hazards within people's homes.

- Staff said they reported any changes to people's needs to the registered manager so that risk assessments could be updated.

#### Using medicines safely

- Not everyone was supported by staff to take their medicines. Where this support had been provided, people told us it had been managed well.
- One person told us they had tried without success to get their GP to change their medicines to a dosette, but they achieved this when the registered manager helped. They said, "Thanks to [registered manager] and the team for doing that." A dosette box is a container which organises medicines into separate compartments for different times of the day for each day of the week. This makes it easier for people to remember to take their medicines.
- Staff had been trained in how to administer medicines safely. The registered manager also periodically assessed their skills and competence to manage people's medicines safely.

#### Preventing and controlling infection

- Staff had appropriate personal protective equipment (PPE) to prevent the spread of infections. The registered manager told us they had enough stocks of PPE.
- There were policies and guidance for staff to follow so that they were compliant with current guidance on infection prevention and control. These included guidance in relation to working safely during the COVID-19 pandemic.
- Staff took regular COVID-19 tests to ensure they were free from the virus they could pass on to people they supported.

#### Learning lessons when things go wrong

- There were systems to manage incidents that may occur at the service. We reviewed record of three incidents, and we found the registered manager had taken appropriate action to reduce the risk of recurrence.
- Staff said discussions of incidents in team meetings supported their learning from these.

# 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 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 told us they received good care to meet their individual needs. One person said, "[Staff] are brilliant and wonderful. I could not get better care."
- People's relatives also said they were happy with how people were supported by staff. A relative of a person who had been previously supported by two other services said, "This is the best of the three services by far."
- People had care plans that gave staff information they needed to support them well. The registered manager worked closely with other professionals so that people received appropriate care.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support people well. They had no concerns about staff's skills and the quality of care they provided.
- The provider's training had helped staff to develop their skills and knowledge. Staff were happy with the quality of the training and they found it relevant in their job roles.
- Staff said they were supported well by the registered manager and they had regular supervision. One staff member said, "I have found supervision useful and the registered manager helps with any issues we might have."
- Staff said the registered manager sometimes worked alongside them to observe and assess their practice. The registered manager told us about checks they did to assure themselves that staff were providing good care to people. This included visits to people's homes to talk with them about their care and to check the quality of care records.

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

- Not everyone was supported by staff with their food and drinks. People who received this support said staff supported them well.
- One relative told us the registered manager and staff always ensured their family member had enough food. They said, "[Registered manager] does buy bits of shopping for [person] such as milk, bread, cheese, and teabags. I have no concerns at all, they are lovely people."
- Staff were proud about how they had supported a person to regularly eat more food. They had also helped the person to increase the variety of food they ate, including having freshly prepared meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us staff supported people with their health needs when required. One

person told us about the positive effect the registered manager's involvement had on their GP acting more quickly to refer them for an assessment for a wheelchair.

- Staff knew what to do if people became unwell. They said they would contact the registered manager or emergency services so that people received timely care and treatment.

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 and we found these were being met.

- The registered manager told us most people could give consent to being supported by staff.
- Where people lacked mental capacity to do so, they were supported by their relatives to make decisions about their care. This was important to make sure any support provided by staff was in people's best interests.
- Staff understood how to support people in a way that protected their rights. They said they always asked for people's permission and consent before providing any care and support. They said they were always respectful of people's decisions and choices.

# 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 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

- People and their relatives told us staff were caring and friendly. One person said, "[Staff] are caring and nice people. I am pleased with them."
- A relative of another person told us their family member had good relationships with staff who supported them. They also said, "[Staff] are lovely." Another relative said, "[Staff] are really good, and I get on well with [registered manager]. [Registered manager] does extra things for [person] that are not part of the care plan. They gave us examples of when the registered manager had bought items to help the person with their personal care and they had also sometimes, bought food."
- Staff said they really enjoyed supporting people and they had developed good relationships with them. One staff member said, "We work with our heart and treat people very well. Everyone is caring and we have seen much difference in the people we support."
- The registered manager was passionate about treating people equally well, regardless of their needs.

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

- People and their relatives told us they were involved in making decisions about people's care. They provided the information used to develop people's care plans.
- The registered manager recorded people's preferences in relation to their care. This helped staff to support people in the way they wanted.
- Staff said it was important to always ask people how they wanted to be supported. This was to avoid doing anything people did not want.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported them in a way that promoted their privacy and dignity, especially when providing personal care.
- People and their relatives said staff helped people to maintain their independence as much as possible. People were happy that the care and support provided by staff had enabled them to remain living in their own homes.
- One person appreciated staff's effort to help them improve their mobility.

# 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 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 and their relatives said staff supported people well to meet their needs. People told us of some late care visits, but they said this had not adversely affected them. They said staff were very good at what they did for them, and they received the support they wanted.
- People's individual care plans contained information about the support people needed. This helped staff to provide person-centred care.
- People said staff considered their choices and preferences when providing care, and they always felt listened to.

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.

- Most people could communicate verbally with staff, and they had no specific communication needs.
- The registered manager told us of different ways they could ensure good communication between staff and people who used the service. They said if required, they could provide information in different formats to help people to understand it and make informed decisions about their care. This included providing information in large print, in other languages or use translation services.

Improving care quality in response to complaints or concerns

- People and their relatives knew they could complain if they were not happy with some aspects of the service. People were happy with the care provided, although some had concerns about the timeliness of care visits. However, they all said the registered manager had people's interests at the centre of the service, and they never had concerns about the quality of care. One relative said, "The care is good, and they seem to turn up as needed."
- There was a system to manage people's concerns and complaints. The registered manager said they always took issues raised by people and their relatives seriously and they used this to continually improve the service.

End of life care and support

- Staff did not routinely support people at the end of their lives. Where this support was required, the registered manager said they would work with people, relatives, community nurses and GPs so that people

received appropriate care and support.

# 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 service. This key question has been rated 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.

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

- The provider had quality monitoring systems to enable them to complete regular audits of all aspects of the service. However, insufficient staffing meant the registered manager was regularly away from the office because they needed to support people with their care. This led to them not being able to audit, review and update a range of records in a timely way.
- The registered manager told us they had recently reviewed a person's care plan, but they had not updated this. This had the potential to have significant impact on the accuracy of the information that staff may rely on to provide safe and effective care. However, there was no evidence the person had been harmed as a result of this. The registered manager told us they would be changing to an electronic care planning system which would make it easier to plan, review and update people's care plans.
- The registered manager had also not audited staff files which meant they could not assure themselves that staff had always been recruited safely.
- The registered manager told us it had been challenging to balance their time between the office and supporting people with their care. They said their priority was to employ more care staff and office staff to help them with administrative work.
- Staff also told us staffing was currently an issue of concern. One staff member said, "[Registered manager is out supporting people, which means [they] are sometimes behind with updating paperwork."
- People and their relatives had confidence in the registered manager's aim to provide good care to people, and they hoped the poor timeliness of some care visits would be improved soon. One person said, "The caring is very good, it's the schedule I have a problem with." The registered manager said more staff would help them to plan people's care in a way that allowed staff to arrive on time.
- The registered manager and staff were passionate about providing good care to people. They said they always tried their best to make sure people received good care and they were happy with this.

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 and their relatives said people received good support from staff, which met their individual needs.
- Staff said the service was very good and they had no concerns about the quality of care they provided to people. They told us the registered manager was supportive, and this helped them to do their jobs well.
- People and their relatives said the care people received was personalised to their needs, and they had a say on how they wanted to be supported.

- People said they had been asked for feedback about the service through telephone calls, visits from the registered manager and surveys.
- Some people and their relatives had also provided compliments about how well staff supported them.
- Staff said they felt able to share their views and suggestions for further improving the service. They said the registered manager valued their experiences and contributions in making the service the best it could be.

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 their responsibilities to be open and honest when things go wrong. They knew what they needed to report to CQC and other relevant agencies, such as the local authority.
- Staff knew they could report concerns to the registered manager and other external agencies. They were confident the registered manager would use any concerns raised to improve the service.

Working in partnership with others

- The registered manager worked closely with other professionals when necessary so that people received the right care and support. Professionals who worked closely with the service said they had positive interactions with the registered manager. They said the registered had people's best interests at heart and they went over and above expectations to support people and their relatives.
- The service was not currently commissioned by a local authority.