

Ready Care Services Limited

# Ready Care Services Limited

## Inspection report

Unit 76 Greenway Business Centre  
Harlow Business Park  
Harlow  
CM19 5QE

Tel: 03335774445

Website: [www.readycareservices.co.uk](http://www.readycareservices.co.uk)

Date of inspection visit:  
13 June 2019

Date of publication:  
02 July 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ready Care Services is a domiciliary care agency, registered to provide personal care and support to people in their own homes. At the time of our inspection, 30 people were using the service. Of those 30 people, 29 were receiving personal care and the remainder received help in the home or companionship services. 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

Systems were in place to check the safety and monitor the quality of the service, further improvements were required to ensure these systems were more robust.

People and relatives spoke positively about the kind, caring attitude of staff, felt safe using the service and were satisfied with the support they received.

People did not experience missed visits. Although most people were happy with their care call visits, some people told us the timeliness of these could be improved.

People received their prescribed medicines by trained staff, improvements were required to ensure protocols were in place to provide staff with clear guidance for 'as and when required' medicines.

Care plans were person centred, detailing how people liked to be supported. Some people's care plans did not have associated risk management plans in place; for example, with regard to catheter care.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed. Staff received training to develop their skills and knowledge, were well supported and worked effectively as a team.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals to health care professionals were made and recommendations were followed by staff. Where required, people were supported with their nutritional needs.

Staff treated people with dignity and respect. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

People were consulted over their care and support needs. 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.

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 16/08/2018. This is the first inspection for the service.

Why we inspected

This was a planned comprehensive inspection.

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 safe.

Details are in our safe findings below.

Good ●

### 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 ●

# Ready Care Services Limited

## **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 team consisted of 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.

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

Inspection activity started on 13 June 2019 and ended on 19 June 2019. We visited the office location on 13 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator, field care supervisor and five care staff.

We reviewed a range of records. This included four people's care and medication records. We also looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rostering information and quality assurance records. We also reviewed feedback we had received from two health and social care professionals about their experience 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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them.
- People were safeguarded from abuse and harm. Staff had received training and understood what actions to take to protect people. One member of staff told us, "If I thought that any of my clients were being subjected to any form of abuse I would report it to my line manager. If I didn't think that anything was being done about it, I would then go above their head to the branch manager or to the relevant authorities."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify risks associated with people's care, their home environment, and healthcare conditions they were being supported with. Some care plans did not always contain detailed guidance for all aspects of people's care needs, including managing any associated risks; for example, catheter care. We discussed this with the registered manager. They confirmed they would take immediate action to include this information.
- Risk management plans were reviewed regularly to ensure they were up to date.
- Changes in people's needs, for example following hospital discharges, were communicated to staff via telephone and people's care plans were updated. This meant new care instructions were immediately available.
- Staff were aware of how to report any changes about people's care and support needs and could call for additional support from the office at any time.

Staffing and recruitment

- People told us they had not had any missed care call visits. We received mixed feedback regarding the timing of care call visits. Comments included, "They arrive on time. If they are going to be late, [name] always calls from the office to let us know.", "They may be quarter of an hour late sometimes, but we understand that, there are a lot of people to look after and the traffic around here can build up." And, "I have no complaints about the carers, my main issue is time keeping as travel time is not included in their rotas."
- Rotas showed travel time was not consistently considered.
- An electronic system was used to schedule and monitor care call visits. The system had the facility to alert office staff in the event of missed or late running care call visits.
- We discussed our findings with the registered manager. They informed us they were aware of the issues and were working with staff to review the current rostering system and address travel time issues. They said, "We will sort out the issues with travel times and enable our staff to deliver quality services, at times agreed with clients."

- Staff told us they felt there were enough staff to meet people's needs. The registered manager told us they were in the process of recruiting additional staff and, in the interim period, were not taking on any new care packages so that people's care needs could be met safely and effectively.
- Appropriate checks were carried out to protect people from the employment of unsuitable staff. This included checks with the Disclosure and Barring Service (DBS). However, information had not always been recorded where there had been gaps in staff's employment history. We were informed by the registered manager that this would be addressed immediately and formally recorded.

#### Using medicines safely

- Where required, people were supported with their medicines by staff who had completed training to administer medicines.
- Audits of medicine administration records (MARs) were undertaken to ensure people received their medicines as prescribed.
- Where people were prescribed 'as and when required' medicines, there were no protocols in place to assist staff to understand when to administer such medicines. The registered manager told us this would be rectified immediately.
- People told us they were very happy with the support they received to take their medicines.

#### Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons. One person told us, "[Staff] always use gloves and aprons and they always have a supply here."

#### Learning lessons when things go wrong

- The registered manager confirmed there had not been any accidents or incidents since the service started operating.
- The registered manager told us they would carry out an analysis of all accidents and incidents to consider lessons learned to reduce the risk of reoccurrence.

# 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.

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 care and support needs were assessed prior to them using the service to make sure they could be met.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This included shadowing experienced staff.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. They told us they felt they had all the training they needed to meet people's care needs.
- The registered manager was in the process of arranging specialist training for staff such as catheter care, stoma care and diabetes to ensure people's individual needs were met effectively and safely.
- People and their relatives told us they had no concerns regarding staff training. A relative said, "I feel they've had the right training. [Name] says to me 'we have training this afternoon, it's important we go'."
- Management completed observations of staff practice and staff received regular supervision and told us management were always approachable for support and advice.

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

- Where required, people were supported with eating and drinking. Care plans detailed people's likes and dislikes.
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

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

- The service worked alongside local community and medical services to support people and maintain their health and well-being.
- Where required, people were supported to access health care appointments. One person told us how they appreciated the flexibility offered by the service as this helped them to attend health care appointments.
- Health care professionals spoke positively about the service. One health care professional told us, "Ready Care provide safe services to clients. They requested an occupational therapist assessment when required for a client due to manual handling issues. Concerns were raised appropriately as required to safe guard the client and carers."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support.
- People had not always signed their care plans to show they had consented to their care and support. Care plans had been signed on their behalf by family members, however there were no copies of Lasting Powers of Attorney (LPA) in their care records to show they had legal authority to do so. A LPA is a legal document where people had given authorisation to make decisions about their care.
- The registered manager told us they would request copies of LPAs.

# 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.

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 were positive about how kind, caring and compassionate staff were. One person told us, "They're great, I have no complaints at all, they are so good. The carers are so kind. They do their job efficiently, and I am so pleased with them. Nothing is too much trouble. They are very happy people and always come in with a smile." A relative said, "They are all very kind to [name] and we have a chat and a laugh before they go. They always ask what we're doing and whether we need help with anything, they will do anything for you."
- A staff member told us, "Staff actually care about the people they are looking after. I especially enjoy caring for the clients that I know don't see anyone else during their day and are happy to see us. I feel that this is a privileged job to be able to make a small difference to someone."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

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

- People, and where appropriate their families, had been involved in the development, and on-going review, of their care plans. One person told us how a family member advocated on their behalf and were involved by the service in making decisions about the delivery of their care. They went on to say that this was very important to them.
- People were given the opportunity to provide feedback about the service and the care they received, this included providing feedback via telephone surveys. The registered manager informed us they were in the process of developing questionnaires for people using the service. They said they intended to send these out within the next two months to enable people to feedback their experience of the service and help drive improvements to care delivery.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People and relatives' feedback, and care records, told us people's privacy and dignity was respected.
- People were encouraged to maintain their independence and do as much as they could for themselves. One member of staff told us, "We support people to do as much as they can themselves to stay as independent as possible and assist them with any areas they cannot manage."
- People's confidentiality was respected, and care records were stored securely in the office.

## Is the service responsive?

### Our findings

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

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 person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were reviewed every six months or as and when people's needs changed; for example, following discharge from hospital or deteriorating health. One person told us, "They come around quite often to see whether there are any changes and check I am happy with my care plan."
- Staff were notified of any changes in people's care and support needs by office staff and through the provider's electronic care system which was linked to staff's mobile phones. This ensured staff had access to current and relevant information.
- People benefitted from having regular care staff to promote continuity of care.

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.

- Care plans identified people's communication needs. The registered manager told us they would ensure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. Records showed complaints had been responded to appropriately.
- People and relatives knew how to report concerns. One person told us, "I have no complaints at all. If I had any concerns I would phone the office."

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life.
- The registered manager informed us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.
- Care plans did not contain detailed information around end of life care. We discussed this with the registered manager, care field supervisor and care coordinator. They told us they had difficulty in obtaining information as people, and families, were reluctant to talk about this aspect of their care. They told us they would review this with people and, where appropriate, their families.
- The registered manager was in the process of arranging end of life training for staff.

# 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.

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

- We discussed with the registered manager how the quality of care provided was monitored. We found some checks and audits were in place, but these were not always consistently documented or had identified issues.
- Throughout our inspection, the registered manager was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service, ensuring people received safe care and treatment.
- They acknowledged further work was required to improve the monitoring of the service. They advised informal meetings had taken place however, considering our feedback, they recognised a more structured, robust approach was required and confirmed they would be scheduling monthly senior team meetings to cover all aspects of quality monitoring.
- Whilst we identified some issues with quality assurance processes, we noted there had not been any significant impact on people using the service.
- The registered manager shared their long-term goal to expand the service in a responsible and timely way. This included not admitting any new people to the service until more staff had been recruited.
- Staff were clear on their roles and responsibilities and told us they felt supported, morale amongst staff was positive, and they worked well together as a team. They said they were always able to contact the office for advice and support.

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

- Management were open and transparent throughout our inspection and were committed to providing good quality care.
- The registered manager said, "As a new provider, the most important thing, and which we are really proud of, is we have received really good reviews from clients which reflects they are happy with our services."
- The registered manager understood the importance of being open, honest and transparent and taking responsibility if things went wrong and were aware of their responsibility to report notifiable incidents to CQC.

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

- Telephone feedback was sought from people using the service. These had not been formally analysed

however we noted feedback was positive.

- The registered manager was in the process of developing questionnaires. These would be sent out to people, relatives, health and social care professionals and staff. They told us they would carry out an analysis of all returned responses and, where required, develop action plans.
- Staff meetings were held, providing staff with the opportunity to feedback on the day to day running of the service.
- Care plans detailed about how staff should support any equality characteristics that people had.

Working in partnership with others

- Staff worked with health and social care professionals to help them to achieve the best outcomes for people. A health care professional told us, "The service is well led. They kept in touch with me and always responded to any queries I had in a timely manner. I would be more than happy to work with Ready Care again."
- The registered manager told us they were in the process of strengthening networks within the local community and with other care providers.