

Rhythmic Care UK Ltd

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Inspection report

103 Cranbrook Road
Ilford
Essex
IG1 4PU

Tel: 02085532000

Website: www.rhythmiccare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 13 June 2018 and was announced. We last inspected this service in 16 May 2016 and we rated the service 'Good'. After that inspection we received concerns in relation to the safety and quality of the service.

We looked into these concerns at this inspection. We found that the service remained Good.

Rhythmic Care UK is based in Ilford, Essex. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Rhythmic Care receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 192 people were using the service, who received personal care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and senior managers carried out monitoring checks on staff providing care in people's homes. This ensured staff followed the correct procedures and people received the care they had been assessed for. At our previous inspection in May 2016, we recommended that the provider ensured all staff clearly presented their identification to people. At this inspection people told us that staff still did not always carry identification when they entered their homes. This meant the provider's quality assurance processes were not always robust.

Complaints about the service were responded to appropriately. However, we have made a recommendation for the provider to ensure people had access to a clearer and more effective complaints procedure. This was because people were not using the provider's own procedures to make complaints.

Risks to people, such as falls, were assessed and staff had comprehensive information to identify and manage and reduce these risks.

People were protected from abuse. Staff understood procedures to follow in order to safeguard people from potential abuse.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were

suitable to work with people safely.

Staff received an induction and relevant training. They shadowed experienced staff in order for them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this in Medicine Administration Records (MAR).

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required.

Staff told us that they received support and guidance from the management team. People's care and support needs were assessed and reviewed regularly.

People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have meals and drinks of their choice, when this was requested.

People were involved in their care and support planning. They were treated with dignity and respect when personal care was provided to them.

Care plans provided staff with information about each person's individual preferences.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and contained details of people's support requirements.

Staff had a good understanding of people's needs, cultural backgrounds and preferences.

People were able to make complaints about the service.

Complaints were investigated by the management team.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The provider had not effectively implemented procedures to ensure staff wore their identification badges in people's homes which put people at risk of abuse.

Quality assurance audits were carried out to improve the service.

People were able to provide their feedback about the service.

Staff felt supported by the management team and the registered manager.

Rhythmic Care UK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 June 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service and provider. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, a consultant, a service manager, a data manager and two care staff. We spoke with ten people who used the service and six relatives.

We looked at twelve people's care records and other records relating to the management of the service. This included seven staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

People and their relatives felt safe when being supported by staff. One person told us, "I feel safe because I know someone is coming every day". A relative told us, "Yes, they [carers] keep my [family member] safe. [Family member] may shout and can be quite aggressive but the carers are always calm and do a brilliant job calming [family member] down."

There were safeguarding and whistleblowing procedures in place for staff to follow in order to protect people from abuse. Staff were aware of their responsibilities in these areas and understood how to report concerns such as physical, financial or verbal abuse. Records showed that safeguarding alerts were raised by the provider or the local authority. The registered manager complied with any actions or recommendations from the local authority to ensure people remained safe.

The registered manager and staff were aware of what actions to take in the event of safeguarding concerns being raised and accidents or incidents occurring. We saw records of serious incidents that had taken place. The provider was committed to learning from incidents and safeguarding concerns to ensure that there was continuous improvement and people using the service remained safe. For example, the provider acknowledged that following safeguarding investigations, the service could have performed better and had looked at where they could improve.

Recruitment procedures within the service were safe. The registered manager told us that they had made improvements in the past year to ensure all staff that were recruited had submitted application forms with their full work history. Records showed that new staff provided their full employment history in their application forms. Criminal background checks, to find out if the person had any convictions or were barred from working with people who use care services, were carried out.

Risks to people were assessed before people started to use the service. They contained information and guidance for staff to follow to keep people safe. They included the home environment, manual handling, infection control, tissue and skin integrity, incontinence and risk of falls. Staff told us guidance to help them reduce risks were detailed which meant that they were aware of how to manage risks and ensure people were safe.

There were sufficient numbers of staff to ensure calls were carried out on time. One person said, "They [care staff] are never in a rush to leave and are always on time." A care staff member told us, "I have enough travel time to see all my clients. I am happy with my rota." People were kept informed by senior staff if their carer was running late or were delayed for their visit and there were systems in place to monitor care visits.

Infection control procedures were in place to help protect staff and people who used the service. There were procedures for staff to administer medicines safely. Care plans contained information on whether staff were responsible for administering their medicines. People told us staff prompted them to take their medicines at the correct times. We saw that staff logged that the person had taken their medicine in Medicine Administration Record sheets (MAR). People and relatives told us staff assisted them with their medicines

safely. A staff member told us, "We go by the care plan which tells us if we need to prompt or administer. Otherwise relatives help the person or the person self-administers. I have received training on medication."

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One relative said, "My feeling is that the carers are very well trained. They know what they are doing and are very good." A person we spoke with told us, "Yes the carers are excellent. They are sensitive and they know my needs."

Records showed that staff had received training to enable them to provide safe and effective care. There was a full induction programme in place for new staff, which provided them with the necessary training, for example moving and handling, safeguarding adults and person-centred care. New staff shadowed existing staff in their work when they were providing personal care to people. New staff were assessed for their competency and skills whilst under supervision of experienced care staff. Staff told us they were supported by senior staff and the training helped them to perform their roles. One member of staff said, "When I started, it was a new field for me and I received really good training. I obtained new skills and care qualifications." The training adhered to the Care Certificate, which are a set of standards that care staff comply with in their day to day work.

Records showed that supervision meetings took place, for staff to formally discuss their performance with their line managers and agree any further actions to aid their progress. One staff member said, "We talk about any incidents, issues, client welfare, our duties. It's a useful meeting." Staff that had been in employment for a year received appraisals to assess their performance over the year and discussed any training requirements.

The Mental Capacity Act (2005) 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. We checked that the provider was working within the principles of the MCA. We found that capacity or best interest assessments for people were completed in accordance with MCA principles and people's consent to care was sought when required.

People's needs were assessed by the provider before the person started to use the service. The information was included in their care plan. The assessments set out the needs of the person, what outcomes they wanted to achieve including any specific goals and aspirations such as continued support from care staff and relatives to ensure they remained in good health. Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day. The provider held discussions with social care professionals for further support and their contact details were included in the care plan.

People were supported to have their nutrition and hydration requirements met by staff and told us that staff provided them with food and drink, when they requested it. A person told us, "The carers give me something to eat and drink always. They heat up the food for me." People's care was planned and delivered to

maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. Staff told us they knew how to respond to any concerns they had about a person's health.

Is the service caring?

Our findings

People and relatives told us that care staff treated them with respect, kindness and compassion. One person said, "I have had the same carers for years and it means I have a good relationship with them." Another person said, "It's nice having the same carers because they are coming into my home. I wouldn't want stranger after stranger coming."

At our last inspection, we made a recommendation for the service to be more proactive in promoting equality and diversity. This was so that staff would have an awareness of how to care for people from multicultural backgrounds and respect their beliefs. At this inspection, we saw that this had been addressed and staff had an understanding of how to treat people equally, irrespective of their race, religion, sexuality or gender. Staff we spoke with told us they were respectful of people's personal preferences and any religious beliefs they had. The registered manager said, "We have employed a diverse group of staff from different backgrounds because we have clients from diverse backgrounds." A staff member told us, "I would not treat a person differently because of who they are or where they come from. We have to be respectful of everyone's identity and choices."

Staff told us they had a good understanding of all people's care needs and developed positive relationships with people. People and their relatives told us they usually saw the same care staff, who provided care. One relative said, "[Family member] has the same carers come which is good because they have got to know the carers and they have got to know what [family member] likes and doesn't like."

People and relatives told us they felt comfortable with staff who visited them regularly. One person said, "I have the same carers and we get on really well. One carer bought me some sweets that I like. They were very kind and caring." A member of staff said, "I get to know people and their families well. We have an understanding and it works really well."

People's care plans identified their specific needs and how they were met. People required assistance from staff for most of their needs, although people were supported to remain as independent as possible by staff. A staff member told us, "I encourage independence and help people get better so they can do things like washing and dressing for themselves." People and relatives told us staff were friendly, helpful and treated them with dignity. One member of staff said, "We make sure people are covered and doors and curtains are closed." A relative told us, "When they [staff] are helping [relative] bathe, they are really sensitive, gentle and keep them covered up. It's really dignified."

People and their relatives told us they were involved in discussions with the provider about the person's care plan. People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and not sharing people's personal information. They adhered to the provider's data protection policies.

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. One person said, "Staff make my cup of tea exactly the way I like it, it's lovely." Another person told us, "One of the carers speaks in Bengali to my [relative] which is brilliant for [family member]. It makes my [family member] feel comfortable."

Care plans were personalised in a document and contained people's likes and dislikes, details about their personal history and information about their care needs. This helped people receive a person-centred service and staff responded to people's requests and preferences. Care plans detailed the support people would require and described the tasks that staff would need to complete during care visits throughout the day. The plans were reviewed regularly and updated to reflect people's changing needs.

Daily records contained information on personal care tasks that were carried out. The records contained details about the care that had been provided to each person and highlighted any issues. This helped staff monitor people's wellbeing, share important information and respond to any concerns. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

Some people were supported with end of life care. Staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. Staff we spoke with told us they were able to communicate well with people and their relatives. One staff member said, "It's important to communicate well with people so that there is an understanding. It helps when you are from the same cultural background as well."

Where people were unhappy with the service, they told us they would contact the office or make a complaint. One person said, "If I need them to come at a different time, we just phone up and they always manage it." A complaints procedure was in place. People and relatives told us they had no complaints about the service but felt they would be listened to if they did raise a complaint. We saw that after a formal complaint was received, it was investigated by the management team and a response was written to the complainant. All complaints were logged with details of how they were investigated and the outcomes. Staff told us they were aware of the procedure and would support people to make a complaint if required.

However, we found that most complaints were sent to the service via a third party, such as the local authority or social care professionals. We discussed this with the registered manager who said, "We try to

encourage people to complain directly to us and use our complaints procedure but they don't always do this." People received a 'welcome guide' when they started to use the service but it did not make it specifically clear how people could complain directly to the provider. The registered manager told us they would look into amending the guide. We also noted that the local authority raised concerns about how one complaint was dealt with but the issues were later resolved by the registered manager.

We recommend the provider establishes a more visible, easy to read and clear complaints procedure for people and relatives to use.

Is the service well-led?

Our findings

At our previous inspection in May 2016, we recommended that the service ensures that all staff carry and clearly present their identification to people when visiting their homes because some people told us staff did not always carry their identification (ID) badges.

At this inspection we saw that spot check observations of staff providing care included a check that they were wearing their ID badge and that it was within date. Records we viewed showed that some staff did display their badges. However, we asked people if staff showed them or wore their badges and they told us that they often did not, particularly when a spot check was not taking place. One person said, "No they don't display their badge and they don't wear a uniform." Another person told us, "No but they do put an apron on. I know the carers so it is ok." A third person commented, "No I don't think they do." Although most people did not mind if staff did not wear their ID badges, we were concerned that due to the large number of people who used the service and the large number of staff employed by the provider, this increased the risk of unsafe care. There was potential that people could be placed at risk of abuse from visitors who were not authorised to provide care but claimed that they were care staff from Rhythmic Care UK.

This meant quality monitoring systems were not effective enough to ensure staff followed procedures when providing personal care. The provider had not adequately addressed an issue we raised at our last inspection. The service had grown in size since our last inspection. It is good practice for providers to mitigate all types of risk given the increase in the capacity of the service and the responsibility of providing a safe service to all people. After our inspection, the registered manager told us that care coordinators and supervisors were being instructed to make sure staff wore their badges when they were being supervised and observed in practice. They also told us staff were sent a text message reminder about wearing their badge. We received mixed feedback from two local authorities that we contacted about the performance of the service, however they told us that the registered manager cooperated with them to ensure continuous improvements were made.

People and relatives told us they were happy with the way the service delivered care to them. One relative told us, "They [staff] check we are happy with the service everyday." A person we spoke with said, "I am very happy with the service, no problems." Office staff made telephone calls to people to check they were satisfied with their care worker and the service. Compliments and feedback from people, using telephone surveys and questionnaires were collated and analysed. People and relatives were personally thanked by the provider for completing the surveys, which showed that people's views were valued and respected. We saw that feedback was used to drive further improvements in the service, for example to remind all staff to be on time for their visits and to communicate regularly with office staff. A senior manager told us they were developing the provider's daily recording and logging systems and integrating new technology to help improve the efficiency of the service. They said, "This is a really good company to work for. They are very open to new ideas."

Staff attended meetings and discussed topics such as training, communication and recording procedures to ensure they were aware of their responsibilities and receive important updates from the management team.

Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the managers with any concerns. One member of staff said, "[Registered manager] is friendly and nice. She is always asking us if we are ok. I feel very supported." Another staff member said, "[Registered manager] is very good. Very helpful."

The registered manager was supported by senior staff including a recently recruited service manager who had previous experience of managing a care agency. As the service has grown considerably over the past two years, the registered manager, who was also the provider of the service acknowledged that more support and a larger staff team was required. They had recruited a consultant who assisted them with auditing and carrying out quality assurance checks to ensure the service was complying with regulatory standards. The registered manager said, "It has been a difficult two years as we did have some problems with office staff and care staff. A lot of staff have moved on and we have a new team. I have an excellent team now and I trust them." The consultant told us, "I work very well with [registered manager]. The service is doing very well and deals with the challenges and difficulties appropriately."