Right Trust Care Ltd

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Inspection report

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14 October 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Right Care Trust Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found
The provider had some quality monitoring systems in place, however they did not always identify issues and therefore were not effective. The provider had failed to implement a robust recruitment practice. Safeguarding arrangements were not robust and had put people at risk of harm. The provider had taken action to make improvements however, this was in response to CQC contacting the provider about these concerns.

Care records contained information about people's preferences and preferred routines. Risk assessment did not contain all the required information needed to guide and inform staff.

People received support to take their medicines and the provider was in the process of improving documentation in relation to medicine management.

There was enough staff to meet people's needs. People told us they were very happy with their care and staff understood their needs. People told us they were involved with planning their care and they spoke highly of the management team.

Appropriate Personal Protective Equipment (PPE) was made available and worn by staff and they had received information and training so they understood the importance of this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Good (Published 30 May 2019).

Why we inspected
The inspection was prompted due to concerns about poor staff recruitment, people not receiving the care they required and poor management of the service.

A decision was made for us to inspect and examine those risks. We reviewed the information we held about the service. We only looked at safe, caring and well led during this inspection. We did not look at the key questions of effective and responsive. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found evidence the provider needs to make improvements.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding and oversight and governance.

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

Follow up
We will work alongside the provider and local authority to monitor progress. We will 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 caring? The service was not always Caring. Details are in our Caring findings below.	**Requires Improvement**
Is the service well-led? The service was not always Well-Led. Details are in our Well-Led Findings below.	**Requires Improvement**

Care Quality Commission

Right Trust Care Ltd

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 an inspector and an assistant inspector. One inspector visited the service on 14 October 2020. Prior to this both inspectors carried out calls to people, staff and relatives on 24 September 2020.

Service and service type
This service is domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual and had overall responsibility for supervising the management of the service. Right Care Trust LTD is a small family run business. A deputy manager comprised part of the management team, together with the registered manager. (We have referred to the registered manager and deputy manager as 'management team' in the report).

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

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We did not ask for a 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 and with two relatives of people who use the service about their experience of the care provided. We spoke with five care workers, the deputy manager and registered manager who is also the nominated individual.

We reviewed a range of records. This included three people's care records and medication records. We looked at six staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection
The provider supplied us with survey user and health care professional feedback.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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
●The safeguarding systems in place were not always effective
●A concern regarding a staff members behaviour towards a person had been recorded as a complaint, however this should have been raised as a safeguarding alert with the local authority and reported to us.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action at the time of the inspection and told us they would ensure that going forward their systems would be more robust.

●There were other concerns recorded as complaints that we spoke with the provider about, for example some people told us they were not happy with how a staff member had spoken to them. The provider assured us these had been dealt with appropriately at the time and no further action was needed.
●An alert was raised by us, (CQC) following whistle blowing information shared before our inspection. We raised a safeguarding alert with the local authority. The concerns regarding safe recruitment practice were addressed by the provider. Other concerns about care calls were followed up by the local authority who were in the process of contacting people and reviewing people's care where needed, this was still ongoing at the time of writing this report.

Staffing and recruitment; Learning lessons when things go wrong
●The provider had failed to implement robust staff recruitment procedures, For example, disclosure and barring guidelines were not followed. A staff member commenced employment without a DBS check (DBS are checks on staff suitability to work in the care industry) and a staff member left and returned to the service several months later and updated checks on their suitability to return were not completed. The provider had also not followed employment legislation regarding the legal age of staff allowed to work in the care industry.
●Prior to our site visit we discussed the concerns we had received with the provider. The provider took action on these. This meant when we carried out our site visit they had ensured all staff had a current DBS check in place and their recruitment policy had been revised to ensure that it complied with employment legislation and no underage staff were employed. The provider had also employed the service of a human resource company to support and strengthen their systems.
●The provider saw there were some trends with poor staff performance issues but did not respond to these in a timely manner. This could have prevented some concerns and complaints being raised.

●The provider told us there was enough staff to provide people's care and talked through how they managed staffing allocations.
●People told us staff were reliable and stayed for the full time of their call. A relative whose family member required two staff told us there was always two staff who provided their family members care and staff were always on time and never missed a call.

Assessing risk, safety monitoring and management
●Some risk assessments required additional information so staff had clear guidance to manage people's risks.
●Staff told us they knew how to manage people's risks. However, a risk assessment in relation to choking needed more information so the risk and measures in place to reduce this risk were clear. Guidelines in place regarding how to support a person who had thickener added to their drink to minimise the risk of choking was also needed. This will ensure staff have clear information to follow regarding risk's and how these are managed.
●Records showed and the provider confirmed they worked with health care professionals when supporting people with managing health care needs. For example, the service worked alongside the district nurses with managing people's catheter care.
●The provider had recognised when people's needs were changing and made the necessary referral to health care professional to ensure the safety of the person. For example, an occupational therapy referral had been made for a person whose needs were changing.

Using medicines safely
●There were some gaps on the medication administration records (MAR)that we looked at. The provider had identified that improvements were needed to the recording and monitoring of MAR records and showed us the improved recording and monitoring system they were implementing.
●People who received support with their medicines told us they were happy with the support. One person told us, "I have a bit of medication. I have a blister pack, the staff are extremely reliable with my medicines."

●A staff member told us, "I have received medicine management training. I am senior, I look out for errors, when staff haven't signed MAR sheets and I have reported it to management, and they have spoken to the staff and said you have to do it properly."

Infection control
●Whistle blowing concerns were raised with CQC about the management of Covid 19 in September 2020.
●One person told us that a staff member had not always worn the correct personal protective equipment (PPE) but this was a few months ago. The staff member had since left the service and the person reported no current concerns. All other people we spoke with told us care staff wore PPE when providing care.
●Staff demonstrated a clear understanding of their responsibilities in relation to infection prevention and control.
●Staff told us they were provided with adequate PPE and we saw adequate supplies of PPE at the provider's office. A staff member told us, "If we are running out, we text on the app and the next day it is there."

Requires Improvement

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the systems in place did not always ensure people would be well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
●The providers systems and processes did not ensure that people were always supported in a way that was caring and respectful. For example, staff conduct issues where staff had been disrespectful or uncaring were not dealt with in a timely way.
●People told us they were well treated. A relative told us, "They [care staff] are brilliant and attentive to [person's name] needs. They make [person's name] really happy. Very happy with them since day one."
●Managers worked as part of the care team, this demonstrated a commitment to retaining personal contact with people and ensuring care needs were met. This also meant managers could step in when needed to ensure people received consistency with their care.
●The provider had produced information about the service in a number of different languages, so it was accessible to people.

Supporting people to express their views and be involved in making decisions about their care
●People told us they felt involved in decisions about their care. A relative told us, "They (Right Care Trust) were good from the beginning. They discussed everything with us at the beginning. When we want to see them (management team) we can ring them, they will come and see us, unlike the other care company we had."
●The management team told us the service was a small family run business and this helped ensure they knew each person well and the person was at the heart of any decision making about their care.

Respecting and promoting people's privacy, dignity and independence
●People told us they received care and support in a respectful way and promoted their independence and dignity. For example, A person told us they were very happy with the care provided and went on to say, "Right Care Trust will always have my complete trust, because they have earned it. They will always have my 'whole-hearted' recommendations."
●People told us they were happy with the way staff treated them. A staff member told us, "I always take the person into another room, close the door and shut the curtains, ensure their privacy at all times."
●A staff member told us, "One thing I love about the management team is they respect the person's house and what the person wants."
●The provider had developed games boxes and activity packs which were distributed to people where appropriate. The purpose of these were to improve people's mental health and wellbeing.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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
●Systems for monitoring the service were in place but were not always effective. Audits in place had not identified issues until we contacted the provider to discuss the concerns.
●The provider failed to implement a robust recruitment procedure and failed to understand other employment legislation that impacted on the safe recruitment of staff.
●The provider failed to ensure that poor staff conduct issues were followed up in a timely way and disciplinary procedures followed.
●Systems in place for the oversight of safeguarding and complaints management were not always effective and failed to identify the risk of potential abuse and poor care and where preventive measures were needed.

Systems were either not in place or not robust enough to demonstrate the provider had maintained effective management oversight of the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Prior to our site visit the provider had started to take action on the issues we had discussed with them on the telephone. This meant when we carried out our site visit they had taken action to ensure that all staff had a current DBS check in place and their recruitment policy had been revised to ensure that it complied with employment legislation. The provider had also employed the service of a human resource company to support and strengthen their systems.

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;
●Some people and relatives told us they had raised a complaint with the management team and they were satisfied with how these concerns were dealt with. These were in relation to staff conduct and performance issues.
●The providers complaints records showed complaints were recorded and responded to. However, the provider had not always identified when further steps were required. For example, when a complaint was also a safeguarding issue and needed to be escalated to other agencies and reported to CQC as a notification. During our inspection, the provider assured us they had reviewed and improved their complaint system and had taken action retrospectively where needed.
●The management team were open and transparent during the inspection and demonstrated a willingness

to listen and address any concerns. The provider also shared with us their own action plan they had developed to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person- centred, open, inclusive and empowering, which achieves good outcomes for people
●People told us their views about the service were asked for.
●A staff member told that communication within the service is good. They told us, "Because of Covid there has not been any meetings. Before Covid information was shared and carer of the month took place. Information is shared now via WhatsApp. There is a group on WhatsApp called Right Care Trust and any concerns are shared on there."
●Staff told us they felt involved in the running of the service and are asked to give their views. A staff member told us, "We are always trying to improve the service, we get positive and constructive criticism from the managers. I give feedback if someone has not completed the communication book or MAR sheet, I will let them know and tell them it is the policy to complete the records."

Working in partnership with others;
●The service worked in partnership with other professionals and agencies, such as community health services and social workers.
●The provider has sought feedback from health and social care professionals they have worked with. This was available in survey and video format. All feedback we saw was positive about the service.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The providers safeguarding systems were not always implemented effectively which did not ensure people would be protected from the risk of harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place for the oversight and governance of the service were not always effective.