

Raystra Healthcare Limited

# Raystra Healthcare

## Inspection report

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Date of inspection visit:  
13 January 2022

Date of publication:  
03 February 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Raystra Healthcare provides domiciliary care services to people who require care and support in their own homes. The service operates to provide short-term personal care as part of a reablement service to enable people to leave hospital, return home and regain independence. At the time of the inspection a service was being provided to 39 people.

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

Improvements had been made to how the registered manager monitored the quality of the service.

The registered manager was aware of which incidents must be reported to CQC when these occurred and these were being reported accordingly.

Improvements had been made to staff recruitment checks.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff followed appropriate infection control procedures to protect people during the pandemic. People's medicines were safely managed. People and their relatives told us they felt assured that care visits would take place.

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 and update

The last rating for this service was Requires improvement (published 16 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Raystra Healthcare

## 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 one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to older people and people with a physical disability living in their own houses and flats. At the time of our inspection the service was not providing personal care to people with a learning disability.

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 prior notice of the inspection. This was because we needed to be sure that the provider or 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 including the provider's action plan for breaches of regulation. We sought feedback from the local authority. We used all of 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 three people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual, the registered manager and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from three professionals who work with people who use the service and received responses from one of these.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our previous inspection in January 2021 we found appropriate recruitment checks had not always been completed on staff, before they delivered people's care. We made a recommendation for the provider to follow their staff recruitment policy. At this inspection we found improvements had been made to staff recruitment procedures. The provider was following their policy and robust checks were in place before staff delivered people's care.
- There were sufficient numbers of staff to meet people's needs. People and their relatives told us they received their visits within the time slot allocated.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. Staff received training on safeguarding adults and were aware of how to report any concerns.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

### Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- Initial assessments considered any environmental risks in people's homes so these could be assessed and managed.
- For people who required support with moving and handling, their risk assessments and care plans contained guidance for staff on how to support them safely. People's relatives told us staff safely supported people with moving and handling.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

### Using medicines safely

- Most people using the service took their medicines independently or with support from relatives and did not require support from care staff. Where people did require support with medicines, they told us they were satisfied with how this was managed. One person told us how staff were "Very thorough" at supporting a person with taking their medicines.
- People's medicines records were regularly audited by senior staff to ensure they were accurately completed.

### Preventing and controlling infection

- People and their relatives we spoke with told us staff wore the correct personal protective equipment (PPE) during their visits. Staff confirmed they had access to all of the PPE they required and had received infection control training.
- The service had implemented a number of additional infection control measures in response to the coronavirus pandemic to ensure people and staff remained safe including regular staff COVID-19 testing.
- Staff had received food hygiene training to ensure meals were safely prepared for people.

#### Learning lessons when things go wrong

- The registered manager had introduced a new system for monitoring and recording the response to any accidents and incidents. Where a person had been given a late dose of their medicine this had been investigated and improvements introduced to communication around people's medicines when they started using the service.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

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

At our previous inspection in January 2021, we found notifications relating to allegation of abuse and police had not been submitted to us as legally required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. A system had been introduced to record and monitor events and ensure these were reported to CQC when required.

At our previous inspection we found the quality assurance systems used to monitor the service had failed to identify shortfalls with staff recruitment checks and a failure to submit notifications.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Quality monitoring systems had improved and included checks on staff recruitment and the submission of notifications.

- A range of audits had been implemented which supported the registered manager to ensure the quality of the service provided. These included checks on the accuracy of medicine records, care plans and monitoring times of calls to people. Checks were completed through observations to ensure staff were following the provider's policies when delivering people's care.

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

- The values of the service were outlined in the aims and objectives of the provider's Statement of Purpose and included the statement, "We aim to provide high standard of personal care to vulnerable adults who require care to enable them to remain in their own homes while maintaining their independence and wellbeing."
- Staff meetings and supervision sessions ensured staff delivered care and support in line with the aims of the service.

- All of the staff we spoke with were positive about working for the service. They told us they received good levels of support from the management team who were readily available if staff needed to contact them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider was aware of the duty of candour responsibility to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The service apologised to relatives of a person who had used the service who complained about aspects of the care and support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service operated a reablement service to support people returning home from hospital. This involved close working with the local authority and associated health and social care professionals.
- The service provided was short term, intended to last for no longer than two weeks. When the service ended feedback was sought from people and their relatives with the aim of identifying areas of improvement for the service. At the time of our inspection some people had not been able to move on to other care providers as quickly as planned because of a lack of staff capacity with other care providers.
- When the service ended feedback was sought from people and their relatives with the aim of identifying areas of improvement for the service.
- Staff had received training in equality and diversity to enable them to support people's individual needs. Initial assessments of people's needs included the identification of any equality characteristics.