

Rising Care Services Ltd

Rising Care Services Ltd

Inspection report

REGUS, Gateway House, 4 Penman Way
Grove Park, Enderby
Leicester
LE19 1SY

Tel: 07584221697

Website: risingcareservices.co.uk

Date of inspection visit:

26 July 2022

27 July 2022

Date of publication:

31 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rising Care Services Ltd is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection there were 33 people using the service.

Not everyone who used the service received 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

Some improvements were needed to the quality and monitoring of the service and the mixed feedback we received from people and relatives, confirmed this. The service was responsive to the improvements identified and were committed to ensuring these made.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; although the policies and systems in the service did not support always support this practice.

People were supported by care workers who were kind and caring. Overall, the feedback received about the approach care workers used was positive including how they promoted people's independence.

People told us they received safe care and support. Care workers were aware of their responsibilities to protect people from abuse and avoidable harm. Risks to people's health and welfare were assessed and care workers had guidance of actions they needed to mitigate the risk of harm.

People's care needs were assessed thoroughly. Care workers had guidance to provide care and support that was individual to each person.

Care workers received the required training and support to undertake their roles, had their competency assessed and were safely recruited.

People were supported to live healthier lives and care workers supported them to access healthcare services when required. The service worked closely with healthcare professionals to ensure good outcomes for people.

Robust infection prevention and control measures were in place. People's medicines and nutritional and hydration needs were met safely.

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

Rating at last inspection

This service was registered with us on 17 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We made a recommendation about improvements to how complaints are recorded and responded to.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive 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 ●

Rising Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 July 2022 and ended on 4 August 2022. We visited the location's office on 26 and 27 July 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives. We spoke with seven members of staff including the registered manager, care coordinator, administrator, one senior care worker and three care workers. We reviewed a range of records including people's call times and care records. We looked at three recruitment files and a variety of records relating to the management of the service and policies and procedures.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service provided safe care. One person told us, "Yes I feel safe. The staff know what they are doing, and I feel well supported and do anything I need doing." A relative said, "My [family member] is safe with the carers; I can leave them to it, they have got everything down to a fine art."
- People were protected from the risk of abuse and avoidable harm. People told us they received safe care and support. Policies and procedures were in place to ensure appropriate action would be taken and the appropriate agencies informed if any concern to people's safety and welfare were identified.
- Care workers understood their role and responsibilities to protect people from abuse and avoidable harm. One said, "If I have any concerns about a person's welfare, I would report it straight away. The manager would listen I know but if they didn't, I would report it to you (Care Quality Commission)."

Staffing and recruitment

- There were sufficient staff deployed to meet people's care needs and people and their relatives were overall satisfied with their call times. One person told us, "Carers arrive on time, and they do stay all of the time I need them for, before they go onto their next call." A relative said, "The carers usually stay the full half an hour, but sometimes can leave a little early and occasionally they have stayed longer because of the situation at the time. They usually phone ahead if they are delayed." Another person said, "We usually see the same carers; we will get a run of the same ones but sometimes things change out of the blue."
- The registered manager told us they had recently organised care delivery into geographical areas to ensure as much as practicably possible people received care from regular care workers.
- Several records relating to the timeliness of care delivery were reviewed. These records confirmed people received their care and support as planned, and overall, from regular care workers.
- Staff were recruited safely. Pre-employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were safely managed. One person told us, "During the morning call the carers makes sure I have my tablets, they put them on a spoon and hand the spoon to me, I take them, and they give me a drink of water." A relative said, "The carers help [Name] to take their tablets properly; they remove the tablets from the dispenser strip, hand them to them making sure they have taken them, and then make a record in the folder."
- Where people had medicines prescribed to be given 'as required' protocols were in place to ensure these medicines were consistently given as prescribed.

- Care workers received annual training and had their competencies assessed.
- Improvements to audits and checks on the management and administration of medicines had recently been made following feedback from the local authority.

Assessing risk, safety monitoring and management

- Risk to people's safety in relation to their care needs and their environment were assessed and monitored safely. Risk assessments were detailed and undertaken with people and or their representative, and regularly reviewed or when people's needs changed. One relative told us, "They [care workers] do all the things for [Name] they should. They get them out of bed and use a rotunda, walker and the wheelchair all of the time."
- Staff told us guidance about how to manage people's risks were detailed and assessments were reflective of people's support needs. A staff member said, "All of the information we need about people is available to us on the phone 'app', and there are copies at people's homes if our phones don't work."

Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place. Records confirmed care workers were trained in IPC procedures which included COVID-19 best practice guidance.
- Personal Protective Equipment such as aprons, gloves and masks were used when providing care to reduce the risk of infection.
- Care workers were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

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 newly registered 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's individual care and support needs were assessed prior to using the service. Plans of care we reviewed confirmed people and or their representative had been involved in the assessment process.
- People and relative's we spoke with confirmed all the care needs they were assessed to be delivered were completed at each care call.
- Care workers told us they had access to information about people's needs and preferences. They confirmed care records were reflective of people's needs. Three care workers said information was all stored on their phone app and it was detailed and accurately reflective of each person's needs and support they required.

Staff support: induction, training, skills and experience

- People and their relatives said care workers were suitably trained and experienced to undertake their roles safely. One person told us, "The staff help to get me up in the morning; help me to get washed, use the toilet and get dressed, they know what they are doing."
- A structured induction was undertaken for newly recruited care workers. This included shadowing experienced staff and observations to ensure care workers were applying their training correctly. A recently recruited care worker told us, "The training and support I have had has been really good especially when you are new to care work."
- Care workers received supervision and appraisals. Unannounced spot checks were completed by the management team to check their competency.

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

- People's nutritional needs were met. Where care workers had a responsibility to prepare and provide food and drink for people this was always provided. One person said, "The staff prepare all of my meals. They get me cereal in the morning, and make my lunch and tea. If I fancy it they will get me something from the fish and chip shop instead." Another person said, "I have a table by the side of me and the staff always make sure they leave drinks for me when they go."

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

- Procedures were in place for care workers to report changes to people's needs. Care workers told us they responsible for reporting changes to managers. One care worker told us, "I noticed [Name] mobility was getting worse. I told the manager and family and the manager arranged for an occupational therapist to visit."

- People told us, and records confirmed, how people where required, were supported to access health service and attend appointments.

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 MCA 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.

- People were supported to make decisions. However, mental capacity assessments and best interest decisions required more detail to show how judgements were reached. We discussed this with the registered manager who accepted our findings and sent us copies of updated MCA assessments for two people immediately after the inspection and these were completed in line with current guidance.
- People's feedback confirmed their consent to care and treatment was obtained prior to care being delivered.
- Care workers understood the requirement and the importance of gaining people's consent before delivering care. One told us, "I respect people's choices and wishes if they decline care. If I feel they are at risk in any way I do try and prompt and encourage them but ultimately it is their choice. I make sure the family and my manager are aware in these circumstances."

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 newly registered 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 with told us care workers were kind and compassionate. One person told us, "They are the best carers we have had; they are very calm and quiet." Another said, "The carers are kind and put me at ease, they are very helpful and understanding, they have a smile and a bit of humour." A relative said, "I find the carers very polite and caring as my [family member] seems to be their focus when they are here, their care is the ultimate thing on their minds when they come to us."
- Care workers told us how they care for people in a respectful way and treated people as individuals. One said, "I treat people how I would like to be treated they are all different and you have to adapt to that with each person you care for." Another said, "I am especially aware of those people who live on their own and may not see anyone between care calls and overnight. We might be on the only people they see."
- The registered manager demonstrated a caring ethos telling us how they supported a person, at their request, to the funeral of their loved one after they passed away suddenly. They told us, "[Name] had no other family or friends to attend the funeral so I attended the funeral with them and laid flowers on behalf of Rising Care."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in discussions and decisions about how they received their care and support. Care records reviewed and people confirmed, how they were consulted in their care.
- A relative detailed how they and their family member were involved in decisions. "We have a written care plan with everything detailed in it that they [care workers] are supposed to do as we discussed at the start. I have read all the way through it, and it does say what my [family member] needs and wants. An example being my [family member] likes to have [their] tray next to them with a few bits and pieces on it all the time; the carers always make sure that there is everything they want on it as we discussed."
- People and relatives told us care workers respected their privacy and promoted independence. One person told us, "The carers are aware of my privacy as I need them to both wash and dry me thoroughly." A relative told us, "The carers encourage [family member] to be as independent as possible, they help them for about two thirds of her care but will encourage them to dry themselves or clean their teeth."

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 newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Whilst a complaints policy was in place people and relatives did not receive formal responses and outcomes of investigations undertaken. Records we reviewed confirmed this.

We recommend the provider reviews their complaints policy to ensure any future complaints or concerns are investigated and responded to, in line with their policy.

- Feedback we received from people and relatives told us they were able to raise complaints and concerns. For example, one family told us they raised a concern about the timing of their calls. The registered manager visited them, offered an apology and ensured the timing of the call improved.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Whilst care plans provided care workers with detailed guidance, including information about people's routines, preferences, and life history there were no formal arrangements or timescales in place for reviewing people's plans of care. Records showed previous care plan reviews had been sporadic and unstructured. This meant we were not fully assured records were up to date.

- We discussed this with the registered manager who apologised and accepted our findings and agreed to improve the process for reviewing care plans immediately. We found no evidence that people's care was compromised from this shortfall and we were satisfied with the registered manager's response.

- People were provided with person centred care based on individual routines and preferences. Care workers knew the importance of offering choice when providing care.

- People and relatives in the whole provided positive feedback about the quality of care and support they received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family relationships and family were encouraged to be involved in care planning. The service kept families informed regarding people's wellbeing if circumstances changed.

- Care workers knew what hobbies and pastimes people enjoyed and held conversations with people during their calls. One told us, "I know the people I support really well as I provide care to them regularly. I can talk to them about things that interest them. I especially have chats with those that live alone."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's assessment of care identified any communication needs people had and any aids they used to help with communicate.

End of life care and support

- No one was receiving end of life care at the time of the inspection. End of life wishes were considered where people chose to discuss them.

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 newly registered 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.

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

- Some improvement was needed to the quality monitoring of the service. Systems and processes needed to be more robust including when care plan reviews, investigating complaints and ensuring more detailed mental capacity assessments were in place.
- Whilst audits were in place action was not always taken when shortfalls were identified. For example, a care plan audit in June 2022 identified some care plans were overdue for review but did not identify which and there was no structure in place to undertake reviews. The audit also identified several other actions including improvement needed to recordings of daily notes. However, these actions had previously been identified in April and May 2022 audits.
- The registered manager understood their legal responsibilities and notified CQC of incidents they were required to.
- The registered manager told us they were committed to making improvements. They were responsive to our inspection findings, and during, and immediately after the inspection began to address the shortfalls identified providing us with information to support this. This assured us improvements were and would continue to be made.

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

- People received care and support based on their individual care and support needs. Overall, we received positive feedback about people's experience of the service. A relative said, "I do not think the agency can do any better, we feel fortunate to have them. A person said, "I have met the manager on a number of occasions when they have been out to deliver the care, they are very easy to talk to." However, another person said, "The manager does not make any courtesy calls. They will occasionally answer our emails, but not always."
- Care workers demonstrated a good understanding of the registered manager's values. They showed a commitment to continually provide consistent high-quality care to people. One said, "It's a pleasure working here, we care for people well and have a good team. We haven't received any concerns of the support we offer. Another said, "It's a good service, it goes the extra mile and I would recommend it."
- Care workers attended regular team meetings and received supervision, allowing them the opportunity to receive feedback from the management team as well as feed into the running of the service.
- Care workers were aware of the provider's whistleblowing policy and said they felt able to raise concerns.

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

- Whilst people, relatives and care workers were provided with opportunity to feedback their experience of the service, both formally, and informally through surveys, there was an inconsistent approach.
- People's experience and outcomes of their feedback were mixed. One person told us, "I have written comments and where I raised an issue things changed and are much improved. However, a relative said, "We have met and feedback through the survey to the manager about some issues over the time we have had with the service and they do listen to us and things change. But we have had to raise them again on more than one occasion as they do not always stay in place."
- The equality and diversity policy in place and training care workers received ensured people's equality characteristics were considered when providing care to them.

Working in partnership with others

- The service demonstrated how they worked in partnership with other agencies including the local authority and health professionals.
- We received positive feedback from the local authority how the service had engaged and made improvements with their monitoring of the service.

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 was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.