

Rula Homecare Limited

# Rula Homecare Limited

## Inspection report

Office 22/23  
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Ipswich  
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Date of inspection visit:  
27 May 2022  
08 June 2022

Date of publication:  
20 June 2022

### 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?        | Good ● |

# Summary of findings

## Overall summary

Rula Homecare Limited is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 39 people who used the service who received personal care.

People's experience of using this service and what we found

Overall people and their relatives were complimentary about the service Rula Homecare Limited provided and would recommend the service. The management and staff worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

Risks were assessed and managed safely. The management and staff understood their roles in recognising and responding to abuse. People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

People's care was provided at the times they expected, for the length of time agreed and from staff they knew. However, we were told of some inconsistencies with communication where people were not told of changes in a timely manner and of language barriers and being able to understand the staff. The management were taking steps to address this.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care and support records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

Staff understood the importance of gaining consent from people. 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.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed. Staff felt supported and valued in their role by the management team.

Systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 6 April 2021. This was their first inspection.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rula Homecare 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of an 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.

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 not a registered manager in post. The care and wellbeing manager at the service was planning to apply to CQC to be the registered manager.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection.

Inspection activity started on 27 May 2022 when we visited the office and ended on 8 June 2022 when we gave feedback.

#### What we did before the inspection

We reviewed our systems and information we held about 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 took this into account when we inspected the service and made judgements in this report.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of Rula Homecare Limited.

We spoke with the provider's nominated individual, the care and wellbeing manager, the deputy manager and three care staff. We received electronic feedback from one relative, six members of staff, a social worker and the local authority commissioning team who work with the service.

We reviewed a range of records which included risk assessments, medication records for three people and three staff records. We also viewed some of the provider's policies and procedures, management monitoring and oversight records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for 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 told us they felt safe and at ease when they received their care. One person said, "I am very pleased with my carers, no issues at all with them."
- Relatives shared examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals if they had concerns.
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I am aware and know how to report harm and abuse and of the provider's whistleblowing procedure." Whistleblowing is the act of disclosing information about wrongdoing in the workplace to relevant external agencies such as the local authority.
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "I usually have the same team of carers that come to help me. Even management are involved. Someone always comes, very reliable."
- Staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been one reported missed visit since the service started operating.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly. One staff member said, "I have enough time for travel, never feeling rushed and enough time for the tasks and all emotional support if needed. If we need more time with people due to change in needs, we let management know and they sort it out."
- The majority of people said they received a rota advising which staff to expect in advance and

communication of any last minute changes from the office was good. However, this wasn't the experience for everyone. One person said, "I sometimes get told by the other carers that come who will be next if they know, but I never get a phone call from the office." Another person said about changes being made, "Nobody lets me know, we get no phone calls."

- English was not the first language for the majority of care staff and we received feedback that language could sometimes be a barrier. One person said about the staff, "They talk the best they can but it is hard as some have a heavy accent and with the masks they have to wear I can't lip read if I don't have my hearing aid. The English can be a bit hit and miss but the care and what they do for me is very good."
- Following our feedback, the provider gave assurances of how they would address the communication issues including looking into different style masks to aid communication and training and support for staff with their English
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services

#### Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

#### Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always washing their hands and wear PPE."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.



# 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

- The management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "I feel I have had the training I needed, it helps a lot with caring and supporting our clients. I am open to more training to learn and develop."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I feel confident because I've just done refresher training and feel supported in lots of ways if I have any questions; regular supervision, the on call system, video calls and team group chat."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed. A relative shared, "I am not local so rely on the agency to let me know of any changes to [family member]. They have been a huge support to me were quick to ring the GP when [family member] was feeling unwell and kept me updated throughout. It is a weight off my mind."

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 on 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.

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

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented. "Always ask if they can do anything for me."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

# 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 we spoke with told us they were supported and treated well by the care staff. One person told us, "I think it is all very good." Another person said, "The staff are friendly, welcoming, kind and am very happy; no complaints." A third person shared, "I think it's all brilliant. I can't speak more highly of them."
- People's relatives were complimentary about the support and care provided. One relative said, "I'm very happy with the agency. We did previously have another agency which was not good, so we know what is good. This is fantastic care." Another relative commented, "The care is good, the carers are nice with [family member] and [family member] responds well to them. The carers have got to know [family member] well."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "Someone popped round the other week to check how I was getting on, if I was happy with my [[care arrangements]]. I had no changes to make but we talked about an upcoming appointment that I have been worrying about. They offered to accompany me and I feel better with them coming to support me."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "They [management] asked me what I needed help with and how I like things done, it is all in the folder [care plan]."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "All the carers are polite, respectful and kind." A relative shared, "They [staff] are respectful and considerate of dignity and privacy, they treat [family member] very carefully."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this.
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

# 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 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

- People told us that care staff were considerate of individual preferences, taking account of what was important to the person. One person said, "I don't want male carers to do my personal care, am not comfortable with that. They [management] explained that they will try to accommodate this and it is only female carers that do my personal care."
- A relative spoke highly of the care provided by the service and how they had enabled their family member to live at home as was their wish. They said, "Without their help [family member] would not be able to continue to live at home independently and safely. From the brilliant care they give to the little things like popping round to change the TV channel and put [family member's] favourite programme on. It makes all the difference."
- We received positive feedback from a professional about how the service was involved with a person's hospital discharge, "I was impressed with the care shown to [person]. They were able to give relevant information and made suggestions on how best to support the person's safe return home. They went above and beyond what would normally be offered. This was offered in a way to support the person and keep them at the centre of the planning. The experience was a very positive one, prompt response and in my opinion, nothing could have been done any better."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "The management team regularly review and update care plans. If we spot a change they come out and assess the person and make any necessary changes."
- The management team were developing people's care documentation to include more detail in areas such as the person's history, their interests and what individualised care meant to them. This would aid staff in developing a professional relationship and rapport with the person and deliver care and support in line with the person's wishes.
- We discussed with the management team that people's daily records were task focused and did not consistently reflect people's mood and social well-being. The manager advised they were planning to address this with further support and training for staff.

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.

- The management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods. For example, one person's told us their care plan reflected staff needed to speak slowly and loudly when communicating due to the person's hearing impairment and that they did not always wear their hearing aid.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "We see the supervisor at weekends, so we can talk with them about anything." Another person said, "If ever there is a little problem, [nominated individual] is very receptive and it gets sorted out immediately. I feel I can talk with the agency about anything, at any time."
- A complaints policy and procedure were in place. Records showed all complaints received had been responded to in a timely manner. However, during the inspection we were made aware of a quality care issue that had not been reported to management. We fed this back to the management to take appropriate action as per their complaints process.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive culture within the service. They worked closely with staff and listened to feedback from people and their relatives. This ensured care staff were working in line with expectations.
- Feedback from people and their relatives was complimentary about Rula Homecare Limited. They told us they were satisfied with their care arrangements. One person told us, "I am more than happy with my care and would recommend the agency and have done." A relative commented, "I would recommend the service, the carers are excellent. The office management have been in a few times to check on [family member] which is good."
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were complimentary about working at the service and several described the management team and their colleagues as supportive and 'being more like a family.' One member of staff shared, "The company values are family based. There is no stress as all. No work pressures, management look after us."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.

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

- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine administration, and accidents and complaints.
- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.

- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team shared with us the challenges of opening a new service during a pandemic. They had recognised the need to keep up to date with the latest government guidance on COVID-19 and had adapted accordingly.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. The local commissioning team informed us they had no concerns with the service.