Rupaal Care & Training Ltd

Rupaal Care and Training

Inspection report

Fortis House
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Barking
Essex
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Rupaal Care and Training on 21 January 2015. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. At our last inspection of this service in December 2013 we found one breach of the legal requirements. This was because the provider was not regularly or effectively monitoring the quality of service provided and this placed people at risk of unsafe or inappropriate care

Rupaal Care and Training is a domiciliary care service that provides support with personal care to people living in their own homes. At the time of our inspection the service was providing personal care to two adults.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments were completed by the local authority and not by the service. The service was not assessing the risks associated for people's living environments. This meant people who used the service and staff were potentially at risk of accident and injuries. Staff were not suitably trained to administer medicines in line with legislation, guidance and as per the organisation's medicines policy. The service did not have a robust recruitment process because there was not a recruitment policy in place and there were gaps in one staff member's employment history.

Training was provided to staff but the systems in place to monitor and oversee it did not operate effectively. It was not clear if staff had the required knowledge or undertaken relevant training. We identified gaps in staff knowledge and understanding of the Mental Capacity Act 2005 (MCA). The provider did not act in accordance with the Mental Capacity Act 2005. Not all staff received on-going formal supervision.

There was not an effective system in place for ensuring that feedback from people and their representatives was in place and not all records were up to date.

People and their relatives told us that they felt safe and were supported by consistent staff who were caring. Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care. Staff had a good understanding of safeguarding adults and their responsibilities with regard to this

We found five breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of medication was not always safe.

The service did not have a robust recruitment process.

Risk assessments were completed by the local authority and not by the service. This meant people who used the service and staff were at risk of accident and injuries.

There were sufficient numbers of staff to meet people's needs. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff received on-going formal supervision in order for them to feel supported in their roles and to identify any future professional development opportunities.

People did not always give consent for care and treatment and the provider did not act in accordance with the Mental Capacity Act 2005.

People were supported to eat or drink enough to maintain their health.

Staff were aware of people's health needs.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were caring.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

The service had a complaints procedure. People did not have information about how to make a complaint about the provider however they said they would inform the local authority.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was not an effective system for ensuring that feedback from people and their representatives was in place and not all records were up to date.

Staff spoke positively about the registered manager and said they were supported in their role.

Rupaal Care and Training

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 checked whether the provider is 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.

Before the inspection we checked the information we held about the service. This included the last inspection report for December 2013, any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home and the local borough safeguarding team.

The inspection team consisted of one inspector. On the day of the inspection we spoke with the registered manager and the nominated individual. After the inspection we spoke with one care worker, one representative from the local authority, one person who used the service and one relative. We looked at two care files, two staff files, minutes for various meetings, training information, safeguarding information, and policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

The provider's website states that they will assist people with "a comprehensive risk assessment and draw up of care plan (support plan)." This statement did not reflect the care experience for people using Rupaal Care and Training services. Risks to people were not assessed by the service. The registered manager told us the local authority completed risk assessments and care plans for all the people who used their service. Risk assessments completed by the local authority included medicines, wet flooring, accessing the community, smoking, and the risk of clutter in people's accommodation. We found that risks for people's and staff member's safety had not always been assessed. For example, the registered manager had told us that one person was non-verbal however there was no risk assessment or guidance to support the person and staff. Also the registered manager told us they were not assessing the risks associated for people's living environments. This meant staff were at risk of accidents or injuries when providing care in people's homes.

The provider had a medication policy dated October 2015 which set out how medicines were to be safely managed and administered. One person needed support with their medicines. There were no risk assessments relating to medicines completed by the service. Their care file did not contain any information about their current medication other than to remind the person to take their medication as they self-medicated however staff needed to monitor each visit and prompt when required. The local authority had completed a risk assessment that included medicines for this person. A care worker told us about this person, "I crush the tablet for [person who used the service] and put in water and give to them to drink." The risk assessment and care plan for this person contained no information how to support this person with crushing medicines. The care worker told us there was no information in the person's home on crushing medicines. After the inspection the local authority sent us a copy of the doctor's authorisation to do this. This meant staff were not provided the information to administer medicines safely.

The provider's policy on medication stated 'basic training is essential before a care worker gives medicines to people." The registered manager told us and we saw records that medicines were covered in induction which covered other topics such as health and safety, safeguarding adults, food hygiene, infection control and fire safety. The registered manager advised all these topics were covered in six and half hours. The local authority told us and records confirmed staff members attended a two hours medicines session which covered the local authority's medicine policy and information on completing medicine records. We saw no other documentation that staff attended specific training on medicines provided by the service. The lack of specific training prior to staff administering medicines posed a risk to people using the service.

The above issues were was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have robust recruitment process. The registered manager told us the service did not have a recruitment policy and procedure. The staff files we looked at included a recently recruited member of staff. The staff file did not have a completed employment history of the person and no interview record. The person's employment history stated a position they held but contained no information what company they were employed with. The same staff file also contained two work references for a period that was not

covered in the employment history on the application form. This meant the service could not ensure person's employed were of good character, and the necessary skills and experience to carry out the regulated activities.

The above issues were was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and a relative told us they felt the service was safe. One person said, "Yes safe. [Staff member] makes me feel safe." A relative told us, "It is one hundred percent safe."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would call my manager and she would take it from there." The service had a whistleblowing procedure in place.

The registered manager told us there had been no safeguarding incidents since the last inspection. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. One staff member told us, "If I know I can't go I have to inform the manager four hours before. She would send someone else in." People and their relatives told us staff were punctual and had not missed an appointment.

Requires Improvement

Is the service effective?

Our findings

The provider did not act in accordance with the requirements of The Mental Capacity Act 2005 (MCA). The 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 confirmed that they were asked for their consent before care staff delivered their care. Staff understanding of the Mental Capacity Act 2005 was variable. The registered manager could explain the Mental Capacity Act 2005 and how it applied in people's home. However one member of staff when asked if they could explain the Mental Capacity Act 2005 said, "No." Whilst staff did obtain the consent of people before delivering care, they were not familiar with the principles and codes of conduct associated with the Mental Capacity Act and were unable to apply these when appropriate, for any of the people they cared for. The service did not have a policy on the Mental Capacity Act. There was no specific training for care staff on the Mental Capacity Act.

The above is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was not clear that all staff had the training relevant to their role. The registered manager told us she was a qualified trainer and she provided the induction and training refresher courses to staff. The registered manager told us that new care staff were expected to complete the Skills for Care Certificate. This is a training course for staff who are new to working in social care. One staff member had induction when they started with the service in August 2012. Induction had included health and safety, fire safety, food hygiene, infection control, safeguarding adults, whistleblowing, dementia, death and dying, medicines, moving and handling, first aid, Mental Capacity Act 2005. The registered manager told us that induction for new staff was completed in six and half hours. The same staff member had two training certificates on moving and handling and first aid since induction was completed. One staff member told us, "I went to induction two times. First time was four hours and second time was two hours." The same staff member said about training, "It's not enough but I still have more training to do. In February I have food hygiene training." This meant we were not assured the induction programme prepared staff for their role.

Not all staff had received on-going formal supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. One staff member had no recorded supervision since September 2014. We asked the registered manager why the staff member had not had supervision. The registered manager told us, "She didn't come in." The other staff file we looked at was for a staff member who was recently employed by the service. This staff member had completed one formal supervision which covered a discussion around medicines, and any personal and professional issues.

The above issues meant there was a lack of training and development for care workers. This was a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "My [relative] gets my breakfast."

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health that they called for an ambulance to support the person and support their healthcare needs. One care worker told us, "I would call the ambulance and the manager if the person was not well."

Good

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness, respect and compassion by care workers and were complimentary about the care provided. One person told us, "She [staff member] is very good. She is very helpful." A relative said, "She [staff member] does a fantastic job, extremely good job. She is caring." The same relative told us, "We are lucky to have a person of that quality."

Staff told us they enjoyed working with the people they provided care to. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "I love my job." The same staff member said, "I have a passion for my job."

People and their relatives told us care workers were punctual and spent the allocated time providing care. One relative said, "She [staff member] is never late." One person told us, "She [staff member] does come on time."

People's privacy and dignity were promoted. Staff demonstrated good understanding of the importance of respecting and promoting people's privacy and respect. They gave examples such as covering people when providing personal care, and closing the door to ensure people's privacy. A staff member told us, "I only clean where she asks me." A relative told us, "Very respectful." One person when asked if staff respected their privacy and dignity told us, "She [staff member] does."

Care plans included information about how to support people in a way that promoted their independence. For example, one care plan stated, "[Person who used the service] is able to undress. Staff to assist [person who used the service] to have a shower each morning, and help by washing the areas they find difficult to do themselves."

Care plans provided staff with the key information they needed to care for individuals. Staff were knowledgeable about the people they supported and were able to tell us about their care preferences and described how they involved people in their care. One staff member said, "I had to go through the care plan to know what to do. She [person who used the service] told me her personal care needs."

Overall people and their relatives spoke positively about the care they received and could not fault it. They spoke highly of the manner in which the care staff spoke to them and the way in which they supported them.

Good

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "I have a care plan and I am involved."

People were involved in making decisions about their care. However the care plans were completed by the local authority for all the people that used the service. The registered manager and the local authority told us the service was involved in reviewing people's care plans. We saw records were staff members from the service attended review meetings for people and provided feedback.

Care plans were detailed and informative, including information about people's preferences and support needs. For example, one care plan detailed how one person had memory issues and liked to be reminded to have a bath and putting soiled clothing into the laundry basket. Some of the areas considered in people's care plan included personal care, dressing, support with laundry, support accessing the community, social interaction, medicines, and supporting with daily living skills. The care plans were reviewed every three months. Records showed that people had signed their care plan to indicate their agreement with the care being provided. A copy of the care plan was held in the office and at the person's home.

Staff were knowledgeable about the people they supported. They were aware of people's preferences, hobbies and interests and their family backgrounds which enabled them to provide a personalised service. Staff told us that they were kept informed of changes in people's needs by telephone calls or messages from the office but they could read care plans in people's homes or call the registered manager to ask if they were unclear. The local authority told us and records showed that the care workers attended a bi-monthly meeting to discuss if people's needs had changed and provide any feedback about people.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The registered manager told us the service had received no complaints since the last inspection.

People and their relatives were confident on how to make a complaint however they advised they would contact the local authority instead of the service. A representative from the local authority told us if concerns and complaints were raised then they would be confident the registered manager would respond immediately.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of this service in December 2013 we found the provider was not regularly or effectively monitoring the quality of service provided and this placed people at risk of unsafe or inappropriate care. During this inspection we found some improvements had been made however the service was still not directly monitoring the quality of the service from people who used the service.

Since the last inspection the registered manager had arranged three monthly review meetings with the local authority. Records we saw confirmed this. The minutes of the meeting looked at changing needs of the people using the service, staffing issues including covering and shadowing, staff observations, medicine audits conducted by the local authority, induction, care plans and risk assessments, information sharing, nutritional needs of people, and quality assurance.

The registered manager told us she had started doing regular staff observations in people's homes. Records confirmed this. The record of the staff observation included checking that the person's care file and risk assessment were up to date, if staff were aware of how to report an incident, the communication logs were being completed, weekly monitoring forms were being completed, staff sign in sheets were completed, and medicine sheets were being completed.

The service had a quality assurance procedure. The procedure stated that 'a visit within 48 hours from a field supervisor to complete full detailed service needs assessments and risk assessment.' The registered manager told us they did not complete risk assessments for people as this was done by the local authority.

The quality assurance procedure stated that telephone monitoring was to be carried out on a one to three month basis and six month questionnaire was to be sent to people. The registered manager told us they did not send out questionnaires to people. The registered manager told us the local authority quality assessed the clients and would feedback to the service. This meant the service was not actively seeking the views of people who used the service and was not acting in line with its own quality assurance procedure.

Records relevant to the running of the service were not always well organised or up to date. For example, the registered manager was asked to show what training and induction staff had completed. However they could not demonstrate a system in place that identified this. It was not clear what staff had completed training. Also the service kept copies of policies and procedures in a folder. The folder had an index of policies and procedures listed however we saw policies were missing such as acceptance of gifts and legacies and handling and financial matters on behalf of service users. We asked the registered manager for copies of these policies and was told they had not been written up as yet.

The above issues were was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives we spoke with did not know who the registered manager was. They told us they had more contact with the care worker and the local authority.

There was a registered manager in post. Staff told us the registered manager was open, accessible and approachable. One staff member told us, "She is a good woman, helpful and understanding. She will help you to take you to the next level." A representative from the local authority told us they found the registered manager very supportive and said she responded immediately with any concerns.

We found care files were stored securely in the office and in people's own homes. The provider could demonstrate how to notify the Care Quality Commission of important events and incidents affecting the service, as legally required. The provider was therefore ensuring that legal requirements were met.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not appropriately assess the health and safety of people and did not take reasonable steps to mitigate risks. Staff were not suitably trained to administer medicines in line with legislation, guidance and as per the organisation's medicines policy. People who use the service were not protected from the risks of unsafe care because medication was not always managed safely. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to regularly assess and monitor the quality of services provided were not effective, and were not undertaken on a regular basis. Records were not always accurate, up to date and easily accessible. Regulation 17 (2) (a) (d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were not protected from the risks of unsafe care because the recruitment procedures were not adequate. Regulation 19 (1) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training, professional development, and supervision. Regulation 18 (2) (a)