Raphael's Home Care Ltd

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Inspection report

Raphael's Home Care Ltd
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Raphael's Home Care is registered to provide personal care. At the time of our visit eight people were receiving a service. We gave the provide 48 hours' notice of our visit to make sure the appropriate people were in the office. We visited the office on 15 and 17 October 2015. Between the 15 October and 22 October 2015, we spoke with care staff, people who used the service and their relatives or friends by phone to get feedback about the service.

The service has a registered manager. 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 2008 and associated Regulations about how the service is run.

There were some systems in place to safeguard people from the risk of possible harm. There were risk

Summary of findings

assessments in place to provide guidance to staff on how risks to people could be managed and minimised. However improvements were required as there were no environmental risk assessments in place.

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were fit and proper for their roles and of good character. There were sufficient numbers of staff to support people safely.

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their responsibilities. However there were no systems in place to obtain peoples consent prior to care being provided and no assessments for people who lacked capacity.

People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans included their individual needs. However care plans were not always personalised and did not demonstrate people's preferences, and choices.

The provider had a formal process for handling complaints and concerns.

There were some quality monitoring processes in place. Regular spot checks had been carried out and some people's views had been sought regarding the quality of the service.

Summary of findings

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.

There were systems in place to safeguard people from the possible risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

There were robust recruitment processes in place.

Good

Is the service effective?
The service was not consistently effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was not obtained prior to care or support being provided and this was also the case where people lacked capacity.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

People were provided with information about the service.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place.

Good

Is the service well-led?
The service was not consistently well-led.

There was an open culture at the service.

The service had a registered manager. However they were unaware of their responsibilities to meet some of the regulatory requirements.

There were some quality monitoring audits and checks in place. These were not always effective in identifying shortfalls in the quality of the service.

Requires improvement

Summary of findings

Systems and processes were inconsistent and there were gaps in the recording of information.

Raphaels Home Care Limited

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 15 and 17 October 2015 and was carried out by one Inspector. We gave them 48 hours' notice of our intended visit. The visit was announced to make sure that the right staff were available to support us with the inspection visit. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, two relatives' four members of care staff, and the two managers. We received feedback from health and social care professionals. We viewed people's support plans. We looked at staff records. We reviewed safeguarding records, comments and complaints records. We looked at quality monitoring records including staff support documents, team meeting minutes and individual training and supervision records.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe with the staff who visited them. One person's relative told us, "I feel that my relative is in safe hands with all the carers." Another person said, "I feel the support I receive is provided safely and I have no concerns about them."

Staff confirmed that they had received training on safeguarding people from avoidable harm and we saw that there were procedures in place. Staff were able to describe the process in detail, as well as describe the types of harm that people might be subjected to. One member of staff told us, "If I have any concerns about a possible allegation of abuse, I would report it to my manager." The manager said that they were aware of reporting any safeguarding concerns to the Local Authority and inform CQC. Information about safeguarding was available to staff.

There were personalised risk assessments carried out for each person which included information on the actions staff should take to reduce the risk of harm. We saw that risk assessments for moving and handling informed staff how to assist people with transfers safely and where equipment was in use the assessment detailed how this should be used safely. The manager told us that equipment checks were undertaken regularly to ensure equipment was properly maintained.

However there were no environmental risk assessments completed in people's homes prior to support being provided. Although staff told us that at each visit they carried out an informal risk assessment to ensure that there were no hazards to the safety of people and themselves. One member of staff told us, "At each call you carry out a risk assessment as soon as you walk in the house." Another staff member said that if they were concerned about any potential risks in people's homes they would refer these to the office for advice.

People told us that they were happy with the small group of staff who supported them. One person told us, "Two regular carers visit me and I feel safe with them." Another person said, "The carers who support me do it safely and I do feel safe". The manager told us that they had sufficient numbers of staff to meet the needs of people who were supported by the service. Records confirmed this to be the case.

There was an effective recruitment policy in place, and most of the staff employed had worked there since the service opened, which meant that staff turnover was very low. We saw that pre-employment checks had been carried out before an offer of employment was made. All pre-employment checks had been made in advance of an offer of employment being made, which included the taking up of references and Disclosure and Barring Service (DBS) checks. These had been carried out to ensure that staff were of good character. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service had a policy on the safe administration of medicines and in some cases people were prompted or reminded to take their own medicines. One person said, "I do take my own medicines, but the care staff do remind me." We saw from a medicines administration record (MAR) chart that there were a number of entries of a care workers signature which had been written over for example it had been signed by care staff and then a code written above the signature to indicate the medicine had not been administered. The manager was unable to tell us why this had happened. However the prescriber had administered the medicine to be given PRN this means when the person needs it but not at regular intervals.

Requires improvement

Is the service effective?

Our findings

People were positive about the support they received. One person said, "The carers are really great, I don't know how we would manage without their support". Another said they [staff] are experienced and know what to do. They are brilliant." The staff we spoke with said that they worked as a team to support people and maintained continuity of care.

The service had a training programme for staff which included an induction for all new staff. One member of staff told us, "I had three days of induction. After the training we had an assessment to test out understanding. It was very helpful. I was able to ask questions where I was not sure." Another staff member said, "The training was good, I attended in a small group, I shadowed other carers which gave me confidence to support people." Staff told us that the induction had been effective in helping them acquire the right skills and knowledge necessary to support people. A member of staff said, "If we feel that we need additional training, we discuss it with the manager. We also do refresher training to make sure we keep up to date with current requirements.

We saw that staff had received on-going regular supervision and support. This included team meetings so that their work was reviewed and that any identified areas for training had been discussed and provided. Staff confirmed that they had regular supervision and they could speak with the manager whenever they needed support. These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas they needed additional support in.

On the first day of our inspection care plans and associated risk assessments were not available for inspection. The manager told us that these documents were kept in people's own homes and that they did not keep copies in the office. This could be a problem if they were unable to access the person's home for any reason for example if people were taken into Hospital and care plans and Risk assessments required updating. We arranged to review these documents on the second day of our inspection.

The care records we looked at were inconsistent in their content. For example some people had additional information such as medical information and others did not. The manager was unable to say why some files had additional information, but did say they needed to bring care records up to date and to make them more consistent. Without consistency about what documents were contained we could not establish if they were missing from the file or had not been included because they were not relevant to that person.

We asked the manager to tell us about their policy for obtaining consent to care. The manager told us they did not have a policy to obtain consent. Because people approached them and asked them to provide a service they assumed they had consented for all aspects of the service provided. In addition the manager told us that two people who they provided care to, did not have capacity and were unable to give consent. The manager told us their care had been agreed by their families and this had been accepted as them giving consent. Assessments of these people's capacity to agree to the various aspects of their care had not been carried out and there had been no assessment of whether the care requested by the families had been in the person's best interests. The manager explained that they had been told by the respective families that their relatives lacked capacity and that staff had not received specific training regarding consent, and would therefore not know that this was required. There was no process in place to asses or review consent. This meant that care was being provided to people who used the service without the appropriate consent. Staff spoken to told us they did not routinely ask for peoples consent but did say they would respect people's wishes if they refused care. Staff spoke about providing personalised care when asked how they obtained consent.

Do not attempt resuscitation (DNAR) forms are legal forms that are completed with input from people, their GP, relatives or whoever they choose to be involved in the decision making process. They are in place to inform medical staff of people's wishes in the event the person became critically unwell. However none of the care notes we reviewed indicated that people were at risk of having a cardiac arrest and therefore the DNAR forms found in the files were serving no purpose and left us wondering if the manger was aware of information relating to the persons health which had not been recorded.

We saw that four of the five DNAR's we checked had not been signed and there was no evidence that this had been discussed with the people concerned. We asked the managers what instructions staff were given regarding whether or not people wanted to be resuscitated. Mangers

Requires improvement

Is the service effective?

told us that if they were not signed they would 'Assume' they wanted to be resuscitated and staff would call the emergency services. However this may not be what people want and therefore by not discussing this with the person concerned they were not giving people a chance to make the decision.

This was breach of regulation 11 Need to consent. Care and treatment of service users must only be provided with the consent of the relevant person.

People said that staff were helpful and made sure that they ate and drank enough. A person said, "The carers ask me is whether I would like a cup of tea. I do like tea in the morning" .Staff told us that they supported some people with their meals and they made sure that people had enough to eat and drink. One support worker said, "We always make sure that people have drinks left next to them when we leave."

People told us that they would ask the care staff to arrange for them to see a GP or in some cases their relatives would make the arrangements. They were also supported to attend other appointments such as Hospital, Opticians or Chiropodist when they needed to. Staff told us that if someone was not feeling well, they would contact their GP and informed the office staff. The care notes we looked confirmed that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People told us that the staff were caring, kind and provided a good service. One person said, “Carers are always willing to help me.” “Another person said, “I get on with all of them, they are all lovely.”

The manager told us that they involved people and their relatives where possible in arranging their care and setting up the care package. However people and or their relatives were not always involved in reviewing care. The manager told us care staff updated care documents in the person’s home when required. People could not always remember being involved in reviewing their care needs but told us that when the service commenced they had been asked questions about their requirements and that staff offered them choices and preferences.

Staff told us that their visits were varied and people required different things from the service they provided. For example where a person did not have family living with them, they valued the ‘companionship and being able to speak with their care staff. One person said “I do look forward to them coming, they are very kind and nothing is too much trouble”. They also said that they made sure that people’s needs were met before they left. One care staff said, “People will tell us how they liked to receive their care and support at each visit. The care records we looked at contained information about people’s needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. The manager told us they asked people if they would prefer to be assisted by a male or female worker although this was not recorded and at the time of our inspection there were no male care workers employed by the service. No one we spoke to had requested a male worker but the manager told us they would try to employ a male worker if this was requested. .

People told us that the staff understood their needs well and knew how to support them. Staff confirmed that they had a good knowledge of the people they supported, and had developed good working relationships. For example when speaking with care staff they demonstrated a fondness for the people they supported and spoke in a kind and caring way about their duties.

People told us that staff respected their dignity and privacy. One relative told us “The carers are respectful.” Another person said, “I like the way the care staff respect me as a person. When they help me with personal care they shut the bathroom door and make sure I am covered with a towel.” The staff demonstrated that they were aware of the importance of respecting people’s dignity, privacy and independence.” A member of staff told us, “We call out their names before we enter the dwelling. It is their home and we respect that.”

Staff were able to tell us how they maintained confidentiality by not discussing people who used the service outside of work or with people who were not directly involved in the persons care. We saw that confidential information was held securely within the provider’s office.

People’s comments showed that they were happy with the care and support they received from a consistent group of staff. One person said, “The staff are brilliant and I would recommend them to others.” The manager told us that they worked well as a team which ensured that people received good care and support.

One person we spoke with told us “The office staff are very kind and helpful and whenever I have telephoned the office about something, the staff have dealt with it in a caring and respectful way, and they knew who I was so I did not have to go round the houses”.

Good

Is the service responsive?

Our findings

We saw that each person had their needs assessed and appropriate care plans were in place to ensure that people's needs were met appropriately. People's choices, and preferences had been taken into account in the planning of their care and had been recorded in their care plans. One relative told us "I do think they provide a responsive service". I know that if they needed to stay a bit longer to complete something they would". Another person told us that the service "Was flexible".

Staff told us that although people had care plans in place they tried where possible to support people in the way they wanted and were not rigid in their approach to providing care. This sentiment was echoed by a person who used the service who told us "We are human beings and our needs and abilities change, sometimes I can help myself and other days not so much, and the staff recognise this".

We noted from the care plans that there was guidance for staff on how people should be supported in meeting their needs. For example a care plan showed how staff should support the person with their positioning and stated that a pillow should be placed in a certain position. There was also detailed instructions about the person's mobility and how best to support them when transferring from bed to chair. We also noted that the care plans had been reviewed regularly or when people's needs changed. However dates were not always put in at the time the change was made so it was not always clear when the change had been implemented. We noted from the care records that several different staff had added information to the care plan at different times. However in the review records in three of the care plans we reviewed it said 'no change to current care'.

The manager told us that they carried out spot checks in people's homes to make sure staff were providing care in a responsive way and that they were adhering to the care plan? Staff told us that they found the care plans informative and easy to follow. One member of staff said, "We discuss when there are changes in people's needs and we read the daily care notes." This helped us to ensure that continuity of care and support was maintained.

The service has a complaints procedure. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, "If I have any concerns, I would call the office." Another person said, "I have a copy of the complaints procedure but I do not have any concerns." People told us that they would, speak with the staff and then the manager or the office staff if necessary. People who used the service were given information when the service commenced and this contained a copy of the complaints procedure. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. We noted that there had been no complaints received but saw that there were a few compliments

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager. We found that in some areas there were gaps in the skills and knowledge of the manager. For example they were unaware of certain aspects of the new regulations and related legislation. For example there was no system in place to obtain peoples consent and no evidence that staff were trained or knew that people were required to give consent each time care and support was provided in line with the Mental Capacity Act (2005).

The manager told us they had 'missed' this regulation and they would obtain a consent policy and training for staff in place. A consent policy was provided following the inspection and work was in progress to obtain peoples consent and to roll out the training for staff.

We saw that the audits that were in place were not always effective. For example the care plans we reviewed had blank DNAR's in place. (Do not attempt resuscitation). These had not been picked up when the files were audited.

We asked the manager about the quality monitoring arrangements that were in place and were told that an annual survey was undertaken but as they had only received two responses to the last one "They had not bothered to do one this year". However we saw no evidence that alternative arrangements had been made to obtain feedback though other methods and there was no further engagement with people, relative's, staff or professionals involved in the service.

The manager told us it is a small service and they are involved in the delivery of care so 'Know they are providing a good service as they provided some of the care themselves'. However there was no feedback or evidence to support this statement.

Staff told us that they were encouraged to make suggestions and discuss any actions that they could collectively make to ensure that they provided good quality care. We saw that staff meetings were held intermittingly as the manager told us they spoke to staff almost daily however and got updates and discussed service users these conversations were not always recorded. This meant that we were unable to assess how effective they were at putting remedial actions in place. The process for communication regarding the review and changes to people's needs was also 'informal' and not often recorded. The manager told us that they recognised that they needed to strengthen their processes to ensure they recorded conversations in order to have an audit trail and to provide evidence that the processes that were in place were effective and consistent. The manager provided an out of hour's service which ensured continuity of the service at all times. One member of staff said, "We work as a team and we have good communication within the team and we provide a personalised care to each individual."

Regular spot checks had been carried out by senior members of staff which ensured that safe practices were maintained when delivering care and provided support to people who used the service.