Rehoboth Health and Home Care Limited

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Inspection report

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Date of inspection visit:
11 May 2021

Date of publication:
22 June 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Rehoboth Health and Home Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 20 people were supported with their personal care needs.

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
This service was registered with CQC in July 2020. Since registration, the service had implemented a new electronic care management system to assist the managers in monitoring the service in 'real time'. However, the provider was unable to fully demonstrate that people's care needs were being fully met as not all staff were consistently using the systems in line with the provider's requirements.

Whilst the deputy managers delivered care and had some oversight of the service, the registered manager had failed to ensure that effective systems were in place to assist them in monitoring the quality of the service, drive improvements and improve people's experiences of the service.

People were at potential risk as staff did not always have access to information on how to mitigate people's personal risk and how staff should support people in managing their medicines. Risk management and medicines care plans did not comprehensively describe the actions staff should take to minimise risks to people and the support people required to safely manage their medicines.

New staff were given opportunities to shadow more experienced staff and completed an intensive one-day course as part of their induction. Spot checks and observations of staff visits in people's homes were carried out. However, there was limited evidence that the skills and knowledge of staff when supporting people with their risks and medicines had been robustly assessed as being competent.

People reported that staff had good infection control practices and wore the appropriate PPE; however, the provider was not routinely monitoring the COVID-19 testing and vaccination of staff and implementing extra measures where required.

People were supported by staff who were familiar with their needs, however some people and their relatives felt staff could be more punctual as they sometimes arrived late which impacted on their well-being. Some relatives felt that communication relating to their concerns and punctuality of staff could improve.

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. However, we have recommended that the service seeks advice and guidance from a reputable

source in relation to mental capacity assessments and best interest decisions to ensure the provider gains people's lawful consent to the care being provided.

Safe recruitment practices were being used, however further evidence of the registered manager's assessment of an applicant's good character was required when there was limited background information made available to them.

Staff we spoke with told us they understood their roles and responsibilities and felt supported by the registered and deputy managers.

People and relatives, we spoke with said they felt safe when staff visited them. They told us staff were friendly, cheerful and treated them with dignity and kindness. People's care plans detailed some of their preferences and backgrounds.

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 in July 2020 and this is the first inspection.

Why we inspected
This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and the manage the service.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment of people and the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Rehoboth Health and Home Care 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was not present during this inspection.

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 manager would be in the office to support the inspection.

Inspection activity started on 11 May 2021 and ended on 18 May 2021. We visited the office location on 11 May 2021.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care provided. During and after the inspection we spoke with two deputy managers and three staff.

We reviewed a range of records. This included seven people's care records and a selection of medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and requested feedback from the local authority commissioners.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- People were at risk of not receiving the appropriate care to assist them in managing their personal risks and medicines.
- People's support requirements and personal risks such as the level of risk to their skin integrity and nutritional requirements had been assessed and reviewed. However, staff did not always have access to information on how to support people to mitigate their risks and the action they should take to monitor people's risks and escalate concerns. For example, care plans did not provide detailed information to guide staff on the correct and individual use of equipment such as the hoists, sling and catheter care.
- This meant staff did not always have access to comprehensive information on how to support people to minimise their risks and the actions staff should take in the event that people became unwell.
- People were at risk of not receiving their prescribed medicines and barrier creams as comprehensive medicines care plans were not in place to guide staff on their role and level of support required when assisting people with their medicines.
- Systems used to record, and monitor people's medicines were not always documented by staff. We reviewed a sample of electronic medicines records and found that some records had been edited by the managers to indicate that people had received their medicines. However, there was no evidence that the deputy manager had gained assurances that people had received their medicines before they edited the electronic medicines records.
- Staff had not been effectively assessed as being competent in the management and monitoring of people's clinical risks such as catheter care, diabetes awareness and medicines management knowledge.
- It was unclear how the provider was effectively protecting people from the spread of COVID-19 virus through staff COVID-19 testing and vaccinations and any additional infection control measures that had been implemented when there was a gap in this process.
- The provider Coivd-19 contingency plan and personal risk assessments needed to be updated to reflect current guidance and any risks associated with staff not agreeing to be vaccinated.

We found no evidence that people had been harmed however, systems to mitigate people's personal risks, spread of infection and medicines were not always effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these concerns with the deputy managers who stated they regularly observed staff practices and provided additional training and support to staff as required. The service had recently implemented a

new electronic care management system and were still in the process of training staff in the use of the system to ensure they consistently documented their delivery of care and administration medicines.
● Staff had been provided with information and training on infection prevention and control, and COVID-19.
● Staff told us they had access to adequate supplies of personal protective equipment. People and their relatives we spoke with had no concerns about the infection control practices of staff.

Staffing and recruitment
● The background of new staff was checked during the recruitment process including previous employment and criminal checks.
● Staff employment histories and their understanding of expected care standards was discussed and documented during the recruitment interview process. However, further evidence of the registered managers assessment of the suitability of staff when there was limited information about the character of staff was needed.
● Sufficient numbers of staff were available to support people. However, we received mixed comments about the punctuality of staff and the length of time they spent supporting people. Some people were unclear about their agreed visit times, the length of the call and which staff would be supporting them. One relative said, "Their [staff] start times are variable, it's hard to plan anything." They went on to describe the care that they had to provide to their relative while waiting for staff to arrive and how this impacted on their personal well-being.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and their relative told us they felt safe when supported by staff.
● Systems and policies were in place to help safeguard people from different types of abuse.
● Staff had been trained in safeguarding awareness training as part of their induction and were confident that the managers would listen and act promptly to address any concerns. They were aware of their responsibility to report any safeguarding, accidents and incidents.
● There was evidence that the management team had investigated into concerns and had worked with the relevant agencies when safeguarding concerns had been raised.
●The deputy managers were able to describe lessons learnt from these events and how they were responded to.

Good

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 care requirements were assessed and identified before the care package was agreed and delivered to ensure the person could be safely and effectively supported by the service.
- Assessments reflected people's social and medical backgrounds and preferences to help safeguard people from the risk of discrimination and not being treated equally.

Staff support: induction, training, skills and experience
- All new staff undertook a one-day online training course as part of their induction which covered subjects such as medicines, safeguarding, infection control and moving and handling. This training was refreshed annually. Deputy managers provided new staff with opportunities to shadow them and provided additional training such as moving and handling support for new staff with limited experience.
- A training matrix was kept which evidenced when staff should refresh their knowledge in all areas. The care practices of staff were regularly observed, however the details of the managers assessment of staff competencies in specific topics relating to people's risks would assist the registered manager in identifying if staff had the correct and current skills to support people.
- The staff we spoke with felt they received appropriate training and support.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff provided some people with support to prepare meals and drinks and knew people's food and drink preferences.
- People's nutritional needs and eating and drinking requirements had been assessed. This included areas such as the risk of choking. Care plans provided staff with some details of how to support people with their meals and drinks; however staff would benefit from further guidance relating to people's specialist dietary requirements such as maintaining a healthy balanced diet to assist people to manage their diabetes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked with people's families and other agencies to promote better outcomes for people such as liaising with commissioners, GPs and district nurses.
- Staff told us they would contact the office if they observed changes in people's health and well-being and request additional support. An out of hours on-call system was available to staff if they required additional support or advice. They referred people to specific health care services such as a district nurses as required.

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

- Staff had a basic understanding of the principles of the MCA and supporting people to make choices.
- People and relatives confirmed staff always asked for consent before providing care to people.
- However further evidence was required to demonstrate that people or their representatives had signed and consented to the care being provided. The assessment and outcome of people's mental capacity to make specific decisions was not always clear to help direct staff in delivering care in people's best interests.
- We discussed this concern with the deputy managers who told us they would review their documentation and consent to care processes.

We recommend that the service seeks advice and guidance from a reputable source in relation to mental capacity assessments, best interest decisions and the lawful consent to care.

Good

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 relatives told us they found the staff and managers to be caring and friendly. One relative stated "They [staff] are always very cheerful and kind." We were told that staff treated people well and were respectful of their homes. People confirmed that they were cared for equally and without discrimination.

●The deputy managers and staff all had a good knowledge of the people being supported and told us they were dedicated to providing people with good quality care that met people's needs.

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

● People were involved in the planning of their care in conjunction with their families and health care professionals. They told us staff provided them with choice and ensured people had full control of the care being provided to them. People's relatives also said they were consulted about their family member's care. One relative said, "They [staff] are very good like that, if they spot anything such as sore skin, they always report it to me, and we decide what to do next."

● Care plans described how people's regular routines and how people liked to receive their care. People and relatives told us the staff provided them with choice and respected their decisions.

Respecting and promoting people's privacy, dignity and independence

● People and relatives we spoke with all confirmed staff were respectful of promoting privacy and dignity. They told us staff treated them with respect and kindness. One person said that staff understood that respecting their privacy was important to them. They explained staff were discreet when supporting them with personal hygiene needs and gave them time and space as needed.

● Where possible, staff supported people to promote and retain their levels of independence.

Requires Improvement

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.

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

- People did not always receive their care in a timely manner. Some people and their relatives told us they felt the service was not always reliable as staff sometimes arrived late or did not stay for the full amount of time.
- We reviewed a sample of monitoring reports of staff, however we were unable to fully judge whether staff completed the visits as planned as staff had not always logged their call accurately on the system.
- People's care plans did not always comprehensively describe people's support requirements, levels of independence and desired outcomes and goals. However, care plans contained information about people's medical, social and culture backgrounds and allergies. Information about access to people's home and how staff should greet the person and prepare for their care was documented to guide staff.
- We discussed these concerns with the deputy managers who told us they had recently implemented a new electronic system to help them monitor the timings and location of staff. They explained that further staff training was planned to ensure there was consistent and reliable approach in using the system. This would assist the managers in monitoring the punctuality of staff and making any adjustments to their rotas as required. They also agreed to review people's care plans as a priority.

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.

- People's communication needs were assessed and met in accordance to AIS.

Improving care quality in response to complaints or concerns

- The provider had processes in place for handling complaints. The deputy managers reported that they had not received any formal complaints since their registration with CQC. They explained that any concerns raised to them would be dealt with promptly.
- People and relatives told us they knew how to make a complaint and the provider had given them information about this. One relative felt that communication from the service relating to their concerns was often delayed.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- If people required end of life care, their care plans would need to be updated to include information about

their end of life preferences and staff would require training in end of life care to ensure people would receive comfortable and pain free care.

Requires Improvement

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

- Improvement to the systems and tools used to monitor the service and ensure staff were skilled and competent to support people was needed.
- Some people could not be assured that they were being supported by staff who had the skills to meet their needs as there were limited details of the assessment of staff competencies in areas such as the management of people's medicines and catheters.
- New staff were given opportunities to shadow their colleagues and completed an intense one-day induction training in various health and social care subjects and were supported throughout their induction. Their care practices were observed by the deputy managers, however there was limited evidence that the registered manager had assessed the effectiveness of the induction and training of staff to ensure they were fully equipped and skilled to support people in areas such as catheter care and medicines management.
- The managers would benefit from advance training in subjects such as safeguarding and MCA to assist them in the management of people's care. This would assist the managers in keeping up to date in health and social care guidance and current care practices to enable them to drive further improvement. For example, managers had only received basic MCA training and therefore did not fully understand their role in effectively gaining people's lawful consent to care.
- The provider had not always ensured that comprehensive records of people's care and risk management plans had been maintained to support and direct staff. Processes to accurately record people's consent to care or assessment of people's metal capacity to make specific decisions about their care was not always clear.
- The provider's systems used to monitor the service had not been used effective in improving people's experiences of the service. For example, the provider had not effectively used the reports available to improve staff timings and people's experiences of the reliability of staff.
- Records relating to the management of people's risks and medicines had not always been maintained. This meant staff did not always have the information they needed to support people with their risks and medicines and the provider could not always determine whether people had received their prescribed medicines and creams.

We found no evidence that people had been harmed however, robust system were not fully in place to assess, monitor and improve the quality of the service and skills of staff. The provider had not ensured that complete and contemporaneous care records had been maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● We received mixed feedback from people and their relatives about the communication from the provider and managers. Some people's relatives reported that they felt that the provider could improve their communication especially if staff were running late or if they had raised a concern.

● Staff were encouraged to engage and make suggestions about people's care. This was facilitated through supervisions and staff meetings.

● We saw that the service worked in partnership with external agencies and health and social care professionals to maintain the health and wellbeing of people.

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

● The provider's values focused on people being the centre of the care being provided. They aimed to provide equal opportunities and ensure people could access the service irrespective of their age, race or ethnicity.

● The registered manager was not present at the inspection. However the deputy managers who supported the inspection were experienced and demonstrated the providers values.

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; Continuous learning and improving care

● The provider was open and transparent when things went wrong. The provider and deputy managers investigated and reflected on all incidents to identify how the service could improve and prevent further incidents. Their findings were openly shared with other health care agencies as needed.

● The deputy managers took opportunities to learn from any incidents and improve their practices which was shared with staff.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems to mitigate people's personal risks, spread of infection and medicines were not always effectively managed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust system were not fully in place to assess, monitor and improve the quality of the service and skills of staff to drive improvement.