

Rawi Care UK Ltd

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## Inspection report

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### 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

### About the service

Rawi Care UK is a domiciliary care agency. The service provides personal care to older people. At the time of our inspection there were two people using the service.

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

People told us they were treated with dignity and respect by their care workers. A person told us "I cannot speak highly enough of [my care worker], she's someone who cares for me."

People benefitted from consistent staff who knew their needs well and could communicate using the same language. Care workers understood how to treat people with dignity and respect and people were supported to be involved in planning and speaking up about their care. The provider understood what was important to people, such as their wishes and needs for care and what they liked doing.

People were safeguarded from abuse and poor treatment by staff who understood their responsibilities to detect and report abuse. Risks to people's wellbeing were assessed with appropriate measures in place to keep people safe. Staff were recruited safely.

Care workers received the right training and supervision to do their roles. The registered manager checked staff's skills and knowledge to ensure they could perform their roles safely and effectively. The provider carried out detailed assessments of people's needs and wishes for care and used this to plan people's care with them. Care workers responded to people's changing needs and provided extra support and reassurance when people needed it.

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.

The registered manager promoted a positive culture, engaging well with people who used the service and care workers. The provider carried out regular checks on people's care and made sure people were satisfied with the service they received.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

We registered this service on 19 February 2021 and this was the first inspection.

### Why we inspected

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

#### Recommendations

We have made a recommendation in relation to how the service assesses people's capacity to make certain decisions for themselves. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

#### Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

# Rawi Care UK Ltd

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector with the support of an interpreter.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

Inspection activity started on 22 June and finished on 15 July 2022.

We gave the service 48 hours' notice of the initial inspection call. This was to ensure the provider would be available to speak with us.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and a company director. We spoke with one person who used the service and attempted contact with two relatives of another person. We spoke with two care workers.

We reviewed information relating to the care and support for two people who used the service and records of recruitment, training and supervision for two care workers. We looked at policies and processes and records relating to audit and oversight of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from the risk of abuse. Care workers we spoke with understood the signs of abuse and their responsibilities to report this. Care workers had received training in safeguarding adults and felt that any concerns they had would be taken seriously by the registered manager.
- The provider had suitable policies for safeguarding adults. These were clear about staff responsibilities to detect and report abuse and how the organisation would respond to allegations or concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing. Risk assessments highlighted risks to people, including those from falls, mobility and skin integrity. The provider assessed the safety of people's homes and how this could impact their wellbeing.
- There were suitable management plans to protect people from identified risks. Care plans detailed the measures staff needed to take to keep people safe and staff had received appropriate training in moving and handling. One risk assessment highlighted the risk of a person developing skin breakdown; there were suitable risk mitigation measures in place but these were not fully detailed in the person's care plan. The provider told us they would ensure this information was included in the risk management plan.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The provider had a small number of people using the service and routinely allocated staff to the same person, with the registered manager able to cover when staff were absent.
- Staff were safely recruited. The provider obtained proof of identification, evidence of people's right to work in the UK and obtained suitable references from previous health and social care employment. Staff underwent a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider assessed people's medicines needs to ensure these were met. This included identifying what medicines people took and why, the support people required and who was responsible for ordering, storing and taking medicines.
- Medicines were managed safely. Care workers had sufficient training in managing medicines and the registered manager assessed their skills and competency in doing so. Care workers recorded people's medicines support on medicines administration record (MAR) charts.
- There were not fully developed systems for auditing medicines support. MAR charts were completed to a

suitable standard and the registered manager told us she checked these. However, there were not formal systems for auditing medicines which would help the registered manager to identify areas for development should shortfalls occur in future. The registered manager told us they would develop more detailed systems of medicines audit.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection. The provider had a suitable infection control policy and ensured that care workers had access to personal protective equipment (PPE) including the use of masks.
- Staff had not been testing for COVID-19 in line with national requirements, as the provider had not fully understood current guidance. In response to our feedback during the inspection, the provider showed us evidence they had increased the frequency of staff lateral flow device testing and this now met national guidance.

#### Learning lessons when things go wrong

- The provider had systems for responding to incidents and accidents. Where care workers had reported an incident to the registered manager, there was suitable recording of this and the immediate action taken. However incident reporting procedures were not clear about the longer term action to prevent similar incidents from reoccurring.



# 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 of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA. People had indicated consent to their care, although it was not always clear what capacity family members were signing in when they had signed a care plan on behalf of a relative.
- The provider assessed people's capacity to make specific decisions about their care. The provider correctly assumed people had capacity where appropriate, however we found that the capacity assessment did not always ask questions which were in line with best practice.

We recommend the provider review their capacity assessment process in line with the MCA code of practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices. People had detailed assessments of their care needs, including the support they required with key daily living tasks which were used to identify outcomes for their care.
- The provider had appropriate policies in place to ensure care was delivered in line with best practice. Policies took account of the law and contained information on best practice in key areas such as safeguarding and medicines.

Staff support, training, skills and experience

- Care workers received appropriate training and support to ensure they were suitable for their role. Care workers had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A

care worker told us "I got an induction, I definitely got everything I needed."

- Staff received the right training to carry out their roles. The provider assessed people's training needs and had systems in place to ensure these were met. A care worker told us "We do monthly training as well such as the medicines trainer, and I have asked for extra training when needed."
- The provider checked that staff had the right skills to carry out their roles. Supervisions were used to check staff knowledge of key areas and to identify development needs. The registered manager also carried out competency checks and observations of staff carrying out care and support tasks.

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

- People were supported to eat and drink enough. The provider assessed people's nutritional needs and preferences and ensured that this formed part of people's plans of care. In places this was very detailed, including how people liked their food prepared, their preferred drinks and how they liked them.
- Care workers recorded how they had provided food and drink which met people's needs and in line with a balanced diet. People confirmed that they were supported with meals as needed.

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

- The provider worked jointly with other agencies as required. Where two agencies were involved in providing care for people the provider ensured that their own responsibilities were clear and that there were suitable forms of communication between the two sets of care workers to pass on key information.
- People's health needs were assessed. The provider identified when health conditions may impact on people's wellbeing and living skills and identified the support people needed to stay healthy and well.

# 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 of this newly registered service. We have rated this key question 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 were well treated by consistent staff. A person told us "The care [worker] I have been assigned is almost like my daughter. I feel very lucky due to the person I've been assigned."
- The service respected equality and diversity when supporting people. The provider checked that they understood people's cultural and religious needs and ensured that care was provided in line with these. This including identifying and meeting dietary needs relating to people's cultures.

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

- People were supported to express their views. A person using the service told us they had a care worker who spoke the same first language they spoke, "It makes a big difference, it's not the same when you don't understand someone completely."
- The provider obtained detailed information about people's life stories and what was important to them. This included understanding people's family backgrounds, previous employment and their favourite movies and hobbies.
- The registered manager spoke with people regularly to ensure they were happy with their care and treated them with dignity and respect. A person told us "She does a follow up as well, she talks to me about whether I approve of how the care workers treat me." Care workers gave us examples of how they maintained people's dignity during care, including ensuring people were covered appropriately, explaining what they were doing and ensuring people felt secure.
- The provider ensured people's independence was promoted. Plans were clear about the level of support people required and what they could do for themselves and records of daily support showed that staff respected this and encouraged people to be independent where possible.

# 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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Care was planned to meet people's needs. Care plans were detailed about the support people required and care workers recorded how they had done so. A person told us "[my care worker] arrives on time and does everything that I ask."
- The service responded to people's changing needs. Care workers recorded when people were unwell and needed additional support and how they had met people's needs at the time. There was evidence of positive engagement and communication with people. A person told us "[At times] I have asked for a little extra time as my needs have got a bit more than they were usually, she does actually help."
- Care workers told us that care plans were of a suitable standard to help them provide the right support. Comments from staff included "I always have the care plan in advance so I can see what I'm expected to do. It contains everything I need."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. We saw examples of where communication was provided in alternative formats to meet people's communication needs. There were other documents which could have been provided in people's first languages such as support plans. The provider told us they would consider expanding the range of accessible documents they offered.

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

- People knew how to make complaints if necessary. The provider had a suitable policy for addressing and responding to complaints, but none had been received since the service had registered.

# 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 of this newly registered service. We have rated this key question 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 provider promoted a positive culture. Care workers told us they felt well supported by the registered manager and could always contact her for advice and support. Comments included, "I am happy to work for them," "I am always able to get hold of a manager, I always get through for any reason" and "I've worked in care before but [this service] is brilliant".
- The provider engaged well with people and their families. People told us they regularly spoke with the registered manager and were contacted to ask their opinion of their care. One person told us "She follows up on me and asks about how I'm getting along. She asks me about the work that is being done and closely monitors." A person whose family member had received support in their final days wrote "I found [the registered manager] and her team so professional in their duty of care of my [family member]...[they] went far and beyond the call of duty."
- The provider engaged with care workers through regular supervision and spot checks and team meetings. Team meetings were used to brief staff on the priorities of the business, expectations for care workers and upcoming changes.

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

- The provider understood their duty of candour. Policies and procedures were clear about the expectations of the registered manager and staff to investigate and be transparent when things had gone wrong.
- The registered manager used suitable systems to ensure regulatory requirements were met. This included checking and monitoring the skills and competency of staff. Audits were used to check the quality of documentation, including checking that daily records showed that people's care needs were met and that there was sufficient detail on people's wellbeing and interactions. Staff record keeping had improved as a result of this process.
- Certain areas of audit were not yet fully developed to ensure quality performance in future. For example we did not see a systematic audit of medicines records, and there was a lack of higher level audits which would allow the registered manager to monitor and maintain the quality of care if the service were to grow in future.

Continuous learning and improving care

- The registered manager promoted a system of continuous learning and improvement. Care workers were invited to reflect on their own practice in supervision and received feedback following direct observations by the registered manager. Comments from care workers included "[The registered manager] follows up the notes, and if there is a mistake she tells me how to correct it and shows me how we do it."
- The service identified areas for development and fed these back to staff. These included assessing staff training and redesigning logbooks in line with their current practice.

#### Working in partnership with others

- The service worked in partnership with others to deliver care. This included working jointly with other agencies providing care and with local health service to support a person with more complex health needs.