

Raageh Care Limited

# Raageh Care Limited

## Inspection report

Apartment 42  
L E 1 Living, 8 Lee Street  
Leicester  
LE1 3AT

Tel: 01164786999  
Website: [www.raagehcareltd.co.uk](http://www.raagehcareltd.co.uk)

Date of inspection visit:  
10 May 2021  
11 May 2021  
12 May 2021

Date of publication:  
10 June 2021

## 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

### About the service

Raageh Care Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 46 people were using the service, however, only 24 people were receiving personal care from the service

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

Risks to people's safety were not always assessed and details around the care they required were not always documented.

Safe recruitment practices were not always followed. The service did not always obtain two suitable employment references, as per their own policy.

Care plans did not always reflect people's individual needs, preferences and routines in sufficient detail.

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; However, sufficient assessments of people's capacity and their ability to make decisions were not always completed.

Audits taking place in the service did not always identify the lack of information, or prompt appropriate action.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.

The service did not support anyone with the administration of medication.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

People told us they were treated with kindness, compassion and respect. People and relatives we spoke with felt they had the time to develop good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

The registered manager and provider understood their responsibilities, and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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

### Why we inspected

This service was registered with us on 18 June 2019 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Raageh 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

This inspection was carried out by one inspector.

#### 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.

#### Notice of inspection

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 registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2021 and ended on 12 May 2021. We visited the office location on 10 May 2021 and made telephone calls to people and relatives on 11 and 12 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 three relatives about their experience of the care provided. We spoke with three care staff members, the registered manager and the deputy manager.

We reviewed a range of records. This included five people's care records. We looked at three 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.



# 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 people were not always safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed, but did not always contain sufficient detail. For example, one person's care routines described how they required the use of a hoist, but the risk assessment in place did not contain detail about what risks this may present, and how staff should mitigate them. Staff and the registered manager had good knowledge of people's needs and the associated risks, but these were not always documented.
- Some care plans lacked detail, and covered generic tasks required for people. Care plans did not always contain sufficient information to explain the detail in what was required for each person's safe care.
- The registered manager told us they would be adding the required detail immediately.
- People and relatives told us they were happy their family members were being safely supported in these areas, and we found no concerns relating to unsafe support.

### Staffing and recruitment

- The provider did not always fully follow safe recruitment practices. We saw that some staff did not always have sufficient employment references. The registered manager told us that following the inspection, risk assessments would be carried out when two employment references were not obtainable.
- Other pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks.
- Sufficient staffing was in place. People told us that staff were prompt. The registered manager was able to track the staff call times via an electronic system which staff used to log in and out of calls. Any discrepancies could be identified quickly and acted on by management.
- Staff we spoke with told us they had enough time to get from one person to another, and sufficient time to carry out the tasks asked of them.

### Using medicines safely

- The service was not supporting anyone with the administration of medicines. People using the service either administered their own medicines, or had family members support in this area. The registered manager showed us that systems were in place to ensure the safe administration of medicines, should they be required to do so in the future.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff

safely supporting people's needs. One person told us, "I'm in very safe hands, they do a great job."

- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

#### Preventing and controlling infection

- People and their families told us that staff consistently wore the appropriate personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for the putting on and taking off, of PPE.
- People and relatives we spoke has no concerns about staff infection control procedures.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. We saw accident/incident forms had been completed for a recent incident in the community, and appropriate follow up action was taken.
- Staff meeting minutes showed that any issues and concerns were discussed.



# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff demonstrated they understood the principles of the MCA and supporting people to make choices, and people and relatives confirmed staff always asked for consent before providing care to people. However, appropriate assessments had not been carried out to show how people's capacity and decision making ability was identified. For example, one person was described as 'not having capacity', but there was no assessment in place to show how this had been determined, and by who. It was clear the registered manager and staff had good knowledge about the person, but capacity assessments had not been completed as required. The registered manager told us these assessments would be completed immediately.
- People, or their representatives where appropriate, had signed and consented to the care being provided.

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

- People had their care needs and preferences assessed and identified before any care was agreed and delivered. This helped to ensure there were sufficiently trained staff to provide the care and support required.

Staff support: induction, training, skills and experience

- All staff undertook the Care Certificate qualification upon starting their employment with the service. The Care Certificate is a qualification that covers the basic requirements to work in care.
- Staff had been trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been

trained for.

- A training record was kept which evidenced when staff should refresh their knowledge in all areas. Staff felt the training in place was sufficient for their roles.

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

- The staff provided some people with support to prepare meals and drinks. Most people had the support of family members in this area, but when staff did support people, they felt confident in doing so. Staff we spoke with knew how to support people.

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 other agencies to promote better outcomes for people. For example, the local authority.
- The service was not currently supporting anybody with any access to healthcare, but staff told us they would contact health care professionals if the person who they were supporting required attention.

# 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 received support from staff who had a friendly, positive, and caring approach towards them and their family members. One person told us, "The staff are kind and gentle, and most importantly, we have a laugh, and they know what I like." A relative of a person using the service told us, "They are all brilliant people."
- The staff, registered manager and provider, all had a good knowledge of the people being supported, and had a passion to provide good quality care to them, that met their needs.

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

- People and their relatives when required, were involved in the planning of care. One relative said, "I talk to the carers every day, they are very good at communicating and checking in."
- People and relatives told us that staff respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with all confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their homes. One person said, "They [staff] have always been respectful, I have had no issues."
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us they received care that was personalised and staff knew and understood them. However, care planning documents lacked personalised information. We saw that some care plans had generic care tasks listed, with no detail as to the specifics of how the person wanted to be supported. For example, one person's care plan stated '[Name] requires support with meals', but no other information was documented to detail the specifics of how this support was personalised. It was clear the registered manager had a good knowledge of the person and their preferences, but this was not documented. The registered manager told us this information would be documented immediately.
- A person we spoke with told us that staffing was consistent. They said, "I usually have the same carers. They know me well and arrive on time." A staff member said, "I have regular calls, which means people trust me more, as they get to know me."
- Consideration had been given to match staff and people together to enable effective communication. We saw several examples where staff were matched with people as they were able to speak their first language, and communicate with them and their families effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The people using the service did not have any requirements for information to be presented to them in any specialised way. Staff understood people's communication needs, and the registered manager said they were able to provide information in different formats such as large print or pictorial documents, if required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

# 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

- The registered manager understood their role and understood the needs of their staff team. However, regulatory requirements were not always fully met. MCA assessments had not been completed as required, care plans and risk assessments did not always contain enough detail, and safe recruitment procedures were not always followed. We did not find any concerns relating to unsafe support, but record keeping in these areas required improvement to ensure risks were kept to a minimum.

This lack of adequate documentation in the above areas and detail in care records was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.

Continuous learning and improving care

- Audits and checks had been carried out to check on quality. However, not all areas of the service had been adequately quality checked. Areas within care planning, risk assessment and recruitment had not been identified by management as requiring action for improvement.
- Spot checks on staff were taking place to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with told us they were regularly checked on and given the support they required.

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

- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. One person told us, "I ask the staff to tell the office to call me and they do. I know they will get back to me."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "The support from the registered manager is brilliant, nothing is too much."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- The registered manager and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gathered from people and their relatives. We saw that questionnaires had been sent out to people to gather feedback on all aspects of the service. Results were largely positive. The registered manager also utilised phone and video calls to people to check in and ask for feedback.
- Team meetings were held to formally discuss the service. We saw minutes of meetings which showed that issues were discussed such as training, COVID-19 testing and data protection information.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and provider were open and receptive to feedback during our inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulatory requirements were not always fully met. MCA assessments had not been completed as required, care plans and risk assessments did not always contain enough detail, and safe recruitment procedures were not always followed. We did not find any concerns relating to unsafe support, but record keeping in these areas required improvement to ensure risks were kept to a minimum.</p>