

Raphael's Home Care Ltd

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Inspection report

Top Floor Office, Heath House
156A Sandridge Road
St Albans
Hertfordshire
AL1 4AP

Tel: 01727568756

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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

This inspection took place on 05 and 7 July 2016. On the 07 July 2016 we contacted people and relatives to obtain feedback about the service they received. Raphael's Home care is a domiciliary care service that provides care and support to people in their homes. At the time of our inspection, Raphael's was providing support to 7 people.

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

Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. Risk assessments were completed to keep people safe.

People told us staff asked for their consent before providing care and support, care plans we looked at had consent to care forms signed by the people or their rightful representatives who received care and support.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people's needs safely. There were sufficient numbers of staff available to meet people's individual needs, and the service provided was flexible.

People told us staff supported them to take their medicines. Staff were trained in safe administration of medicine practices and had their competency regularly observed.

People and their relatives were very complimentary about the abilities and experience of the staff that provided care and support. Staff received training when they were employed and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

People and their relatives where appropriate were involved in the initial planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us they felt the staff provided care and support that was delivered in a way that promoted their

dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the manager would take appropriate action to address any concerns in a timely way.

People were asked to provide feedback about the service they received regularly and we saw these were positive. The registered manager contacted an independent company to carry out a survey which included people who used the service, their relatives, staff and health and social care professional to gather feedback about the service they offered.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service any improvements needed were actioned.

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.

People were supported to stay safe by staff who had been trained to recognise and report potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that suitable staff were employed.

Sufficient numbers of staff were available to meet people's needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's consent before support was provided and were aware of the mental capacity requirements.

Staff were trained supported to help them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well.

People were involved in the planning and review of their care.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received support that met their needs and took account of their preferences and personal circumstances.

Staff provided person centred care and support.

People were helped and supported to pursue social interests relevant to their needs and interests.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, and manage risks.

People who received support were very positive about the how the service was operated.

Staff were clear about their roles and responsibilities.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. 05 and 07, July 2016 and carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also 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 and after the inspection we spoke with one person who used the service, two relatives, three support staff, the registered managers and the providers. We looked at three care plans, two employment files and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

People and their relatives told us the service they received was safe and met their needs. One person told us, "I am in my own home and feel safe here. I know all the staff that comes to help me I never worry about my safety". A relative told us "I am confident in the staff providing safe care to (person); yes it has never been an issue".

Staff completed risk assessments which identified potential risks to people's health and safety. Where concerns were identified actions were put in place to reduce and mitigate risks to ensure people were kept as safe as possible. Staff told us that any changes were recorded in the documentation in people's homes so that staff were aware of changes in a timely way. We saw that environmental risk assessments were completed so that staff were working in a safe environment. The information supported staff to provide care and support for people in a safe environment

Staff told us they had received training about safeguarding people from potential harm. Staff were able to demonstrate how to identify any signs of abuse. They knew how to raise concerns, both within the organisation and externally if required. Staff we spoke with told us "I would not hesitate to report any concerns with senior staff. Another member of staff said "we are a really small team and communicate all the time so I know our managers would take any concerns seriously and take appropriate action". Staff confirmed they discussed safeguarding regularly to ensure it was 'always on the agenda'.

The staff team at Raphael's was small and only one new team member had been recruited since our last inspection. We saw that safe and effective recruitment practices were followed to make sure that staff were of good character and suitable to work in a caring role. All pre-employment checks were completed including taking up of a minimum of two references a criminal records bureau check and proof of identity. We saw and people confirmed that there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. People had been assigned regular staff to provide continuity of care. A small group of staff supported people so that when regular staff were off duty a replacement worker was already known to the person. Staff were assigned visits in a small geographical area to minimise travelling. We saw from records and the managers told us they never missed visits and staff usually arrived on time.

People were supported to take their medicines safely by staff who had been trained in the safe administration of medicines. Staff had their competency checked by senior staff who also completed spot checks in the community. Part of the spot check visit was to observe safe working practices.

Accidents and incidents were monitored and records kept so that staff could learn from these to ensure the risk of reoccurring incidents were minimised. However none had occurred or been recorded since our last visit.

Is the service effective?

Our findings

People who used the service were positive about the staff that provided care and support. People told us they had regular care staff that knew them well and provided effective care and support that met their needs and requirements. One person told us "I am confident that the staff knows what they are doing. I have a regular carer and they have got into a routine. It works very well for me".

A relative told us they were confident in the skills experience and abilities of the staff. They told us "we always have someone we know it is a small service and that works well for us".

Staff told us they were required to complete a detailed induction programme during which they received training relevant to their role. In addition they had additional training in topics such as safeguarding, moving and handling, medicines, health and safety and food hygiene. Annual refresher and updates were also completed when required.

Staff were required to 'work alongside' more experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff told us they felt the training was relevant to their roles and provided them with the knowledge they required to provide care and support that was effective. There was a moving and handling trainer within the organisation who also 'observed practice and completed risk assessments to ensure staff had the correct and current skills and worked in a way which demonstrated 'best practice'.

Staff had 'one to one' supervision meetings with their line manager and told us they had the opportunity to review and discuss their performance, people they supported and any training needs. One staff member told us, "we speak regularly with the office staff, we are a small team and have regular 'catch ups". Another member of staff said "we speak all the time and get regular updates. They went on to say "if any information needs to be shared the managers will give us a call to let us know".

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they obtained people`s consent before they offered any support. One staff member said, "They [people who used the service] have the right to live how they want, choose what they want it is about them.

People were supported and encouraged people to eat a healthy diet that met their needs. However most people were supported by family so did not need assistance from staff in respect of food provision.

People were supported to keep healthy and had access to arrange of health care professionals. Staff informed managers if there were any changes to people's health and or wellbeing to enable them to make

referrals if required. This included making GP appointments. Staff would assist with making appointments with opticians for example. A relative told us "I would normally make any appointments but if I was not around at the time staff would do it and keep me informed"

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring and provided support in a compassionate way. One person told us, "They are marvellous at Raphael's; they really do their best for you". Another person said "I think that because they are a small agency you really do get the care that's needed".

People told us they mostly had regular care from a consistent team. One person said the only time I have someone different is when my regular is on her day off or is on holiday". We saw from work allocation sheets that there were regular staff allocated to people and they always had someone who had visited them before and told us "it was always a familiar face".

People and their relatives told us they had developed positive and meaningful relationships with their care workers. Staff told us they were aware of how people liked to be supported and knew about their likes and dislikes. One person said, "I have built good relationships; it's almost like having extended family." Another person said, "I feel the staff listen to me and do things the way I want them to".

People we spoke with told us that they felt the staff were 'respectful' and treated them with dignity. People also said that staff tried as much as possible to promote their independence which enabled them to continue living in their own homes. One person told us, "my carer has a chat with me when they are helping me, it makes me feel more comfortable because I feel they really care about me". Another person said "I am happy with my care, and get on well with all the staff". A relative said, "Staff do a good job and they are all very caring."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "I had a meeting recently and we discussed (relatives' care. "Another person told us they could not remember if they had been involved but did not have any concerns about the care they were receiving and confirmed the care provided was meeting their needs.

Staff we spoke with knew people well and were able to tell us about people's individual wishes and knew how to support people in a personalised way. We saw that care plans contained relevant information for staff about the support people required. People told us, "They are caring and respectful and provide care in the way that I want them to.

Records were stored securely in the office and staff and people told us the files in people's home contained an up to date risk assessment and copy of their care plan which people could access as it contained their personal information. Staff were able to demonstrate they understood the importance of keeping information confidential. One staff member told us "we are always mindful of people's information being kept confidential even when we discuss people's care needs; we make sure that there is no one within earshot and that included people's relatives and family members".

Is the service responsive?

Our findings

People who used the service received personalised care and support based on their assessed needs. Care and support was delivered in a way that took into account their preferred routines and preferences around how their care was provided. Staff were knowledgeable about people's likes and dislikes and knew how to respond to people's changing needs.

People were positive about the service they received and in particular about staff who supported them. People who used the service told us they received care and support that met their individual needs and that took into consideration any changes to their needs and abilities. People told us they felt the staff were always aware of any changes to their requirements and took appropriate action to review any changes.

Staff told us that when people's needs changed this was usually communicated by their care worker and would trigger a review. However sometimes changes were picked up during a routine review. If the person required professional intervention for example of a GP the managers would make the referral. People also told us that the service was flexible so times and days could be changed in response to people's needs.

We saw and staff told us that they were given detailed and specific information to help staff provide care in a person centred way, based on people's individual health and support needs. A member of staff told us they always checked if people had any specific cultural, religious or dietary needs to enable them to respond appropriately to those needs.

Raphael's had established meaningful links and working relationships with a number of other service providers in the community including a providers training partnership service. These links facilitated the sharing of good practice and information relevant to people who were being supported. Staff told us that they often contacted other professionals to arrange appointments for people who used the service including GP's, or other social care specialists such as opticians or chiropodists or whatever people required relevant to their particular needs.

People told us they felt 'involved' and said they were consulted and updated about the services provided. They were encouraged to provide feedback about how the service operated. People we spoke with told us they knew how to raise a concern if needed. However no one we spoke with had needed to complain about the service they received. People told us they had confidence that the registered manager's and staff would respond to any concerns raised in a prompt and positive way.

One person told us "The service provides good quality care". They check that people are happy with the service." Another person told us, "If I had any concerns I would have no concerns in sharing them with the managers.

We saw there was a complaints process in place. However no complaints had been made. The manager told us the process was to record complaints, investigate and respond. Where feedback that was in anyway negative had been received managers tried to learn from events to reduce the risk of them reoccurring.

Is the service well-led?

Our findings

People, their relatives and staff were complimentary about the provider and the management team. Staff told us they felt valued and supported by the managers and had clear roles and responsibilities and were consulted and involved in how the service operated. One member of staff told us, "We are a small team and we are all equal, yes I definitely feel valued". Another staff member told us, "This is the best agency I have ever worked for, they really care about the quality of care people receive and about the staff satisfaction."

People who used the service spoke positively about all aspects of the service. One person said, "This is by far the best agency I have ever had, they really do care and everything is well managed there is no comparison with my previous experiences." Another person said, "It is definitely well run and managed. The thing is they have kept it small and know what's going on"

Staff told us they were supported in their roles and that the registered managers were approachable and gave clear and consistent leadership. Staff told us they were able to speak to managers at any time. One staff member told us, "We all speak practically on a daily basis, we are all involved". Senior staff were available when the office was closed and told us "you can always get advice"

The registered managers were knowledgeable about the people the service supported. Staff told us the provider ensured that staff had the tools, resources and training necessary to meet people's needs.

We found that people's views, experiences and feedback were sought. People all spoke highly about how the service was managed and run. The registered managers were about to complete the annual survey at the time of our inspection so we could not comment on the feedback. Staff told us the minimum time provided was 30 minutes which meant that people had ample quality time to spend with people. Staff told us and rotas confirmed staff had plenty of time in between visits so 'travelling time' was never an issue and visits were assigned in a geographical area to minimise travelling.

We saw that regular 'spot checks' were undertaken by senior staff who worked in the community. This helped to ensure staff maintained the quality of the service. For example to check if staff wore their name badges, used personal protective equipment (PPE) when it was required and if they respected people's dignity and promoted the company's ethos and values.

Quality assurance systems and processes were in place to monitor all aspects of the service. We saw regular audits were completed in relation to care plans and reviews, risk assessments and quality monitoring. Notifications which are required to be submitted to CQC to inform us of significant events were sent to us appropriately.

Accidents and incidents were recorded to enable managers to identify possible trends and put any required remedial actions in place.