

Raza Home Care 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

This inspection took place on 3 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure there would be someone available at the office. This was the first inspection of this service since they registered with the Care Quality Commission (CQC) on 25 July 2016.

Raza Homecare Care provides personal care and support to people in their own homes. People who use the service have a variety of needs and, include older people and people with physical disabilities. There were 10 people using the service at the time of our inspection.

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

The registered manager ensured risks to people were mitigated by assessing risks and putting suitable management plans in place for staff to follow. People were involved in the risk assessment and care planning process. Risk assessments and care plans were reviewed regularly to ensure information in them remained current and reliable for staff to follow.

Care workers understood how to keep people safe and how to respond if they suspected people were being abused. Care workers received training in this to help increase their understanding about how to care for people appropriately.

The provider managed people's medicines safely and had a clear policy to only provide care to people who required minimal support with medicines, such as prompting to reduce the risk of errors occurring.

There were enough care workers deployed to meet people's needs. Care workers received the right support to carry out their roles through effective induction, support and supervision. The registered manager carried out various checks of staff's suitability to work at the service, including criminal records, previous employment and identity checks before recruiting them. Some people reported a communication barrier with some staff and the registered manager was aware of, and looking into this to improve communication.

A suitable complaints policy was in place and people were confident the registered manager would respond appropriately if they had cause to complain.

The registered manager and staff were aware of their responsibilities in supporting people in line with the Mental Capacity Act 2005. People received appropriate support to meet their needs including their health care needs and needs associated with eating and drinking.

Care workers were caring and treated people with dignity and respect and knew the people they were supporting well. People's preferences were recorded in their care plans and staff understood this information and provided care to people in line with it. People were involved in making decisions about their own care.

The provider had a range of systems to monitor and assess the quality of the service including gathering and acting on the views of people who used the service and care workers. The registered manager encouraged open communication with people and care workers.

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. Risks to people were well managed. Care workers knew how to report concerns when people may be being abused and understood the signs which may indicate abuse was taking place. People were supported with their medicines safely.

There were enough care workers deployed to support people and care workers were recruited after checks were carried out to verify their suitability.

Is the service effective?

Good ●

The service was effective. The provider supported care workers with effective induction, training and supervision.

People received suitable support with their health needs and with eating and drinking. The registered manager and staff understood their responsibilities in supporting people with decision making in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Care workers knew the people they were caring for and treated people with dignity and respect.

People received care in the ways they wished and were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People's care was assessed and reviewed appropriately, with their involvement. People's care plans included information about their backgrounds and preferences to guide care workers on delivering care centred on each individual.

People had confidence the managing director would investigate any complaints they raised appropriately.

Is the service well-led?

Good ●

The service was well-led. There were systems in place to assess

and monitor the quality of the service and to gather the experiences and views of people who used the service and care workers to help ensure people experienced good care.

Raza Homecare 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 on 3 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure there would be someone available at the office. It was undertaken by a single inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also spoke with a social worker and received information about the service from the London Borough of Wandsworth commissioning team.

During the inspection we spoke with the registered manager and responsible individual. We looked at two people's care records to see how their care was planned, two care workers' recruitment files and records relating to the management of the service.

After the inspection we spoke with two people using the service and five care workers.

Is the service safe?

Our findings

Our discussions with people showed they felt safe. One person told us, "Staff aren't rough and don't shout." The registered manager understood their responsibilities in keeping people safe and working with local authority safeguarding teams should any allegations of abuse be made. Care workers understood different types of abuse and how to respond to allegations of abuse. The registered manager provided care workers with safeguarding adults training as part of their induction and scheduled training annually thereafter. Records showed the registered manager discussed safeguarding with care workers at each support and supervision meetings to help care workers keep their knowledge at the fore. Support and supervision meetings were held between staff and a more senior person at regular intervals which provided an opportunity for staff to discuss their work and receive support.

The registered manager reviewed risks before people began using the service by meeting them and their relatives and considering information from social services. The registered manager then put risk assessments in place with management plans to reduce these risks. When risks to people changed the registered manager responded appropriately by ensuring risk assessments were reviewed. For example, one person recently had a ceiling hoist installed in their home. The registered manager contacted the Occupational Therapist (OT) to obtain their professional risk assessment and arranged for them to train their Care workers in using the hoist. Guidance from the OT was used to update their risk assessments and risk management plans for care workers to follow in managing risks safely. In addition, a person was due to be discharged from hospital and the registered manager had already made an appointment to meet with them to review their risk assessments due to changing needs.

The provider managed people's medicines safely. One person told us, "[Staff] don't miss medicines." When we asked another person about how their medicines were managed they said, "That's fine, it's very good." The provider had a clear policy that they would only provide care to people who either required no support with medicines or who required only prompting. Care workers recorded medicines they prompted people with clearly to keep an accurate record for auditing purposes. The registered manager provided care workers with medicines training as part of their induction and scheduled annual training.

People told us there were enough care workers to meet their needs and they always received a visit when scheduled. People also told us they usually received care from the same person which they preferred as it meant their care was consistent. The registered manager and care workers confirmed there were enough care workers and the provider was also recruiting new care workers. This was because they anticipated increasing the number of people to use the service in the near future. The registered manager and responsible individual cared for people themselves when necessary to ensure people received care when needed.

The registered manager followed robust recruitment procedures in checking care workers were suitable to work with people. They checked prospective employees' work histories, qualifications, criminal records, proof of address and identification and they kept records of these as required by law. In addition the registered manager interviewed applicants to check they had the required competencies and attitudes to

care for people.

Is the service effective?

Our findings

Two people fed back to Wandsworth commissioning team they believed some staff lacked basic training in caring for people while all other people were unconcerned about this. The London Borough of Wandsworth commissioning team gathered feedback from people using the service in early 2017 to ascertain people's views. During our inspection we found care workers were supported by the registered manager to develop the knowledge and skills required to meet people's needs. A programme of induction training was in place which included shadowing experienced care workers and studying topics key to the work care workers were required to carry out. Ongoing training was scheduled each year. The registered manager kept a record of the training care workers had completed with details of when each training topic was required to be renewed.

Records showed care workers also received regular supervision to help them carry out their roles and responsibilities. Care workers told us supervision was a useful opportunity to receive guidance and feedback on their work as well as to review policies and best practice. Annual appraisals for care workers were also scheduled although these had not yet been carried out because the service had been operating for less than a year. Care workers confirmed they could contact the registered manager or responsible individual at any time to raise concerns and they felt well supported.

Care workers received training in the Mental Capacity Act (2005) as part of their induction and annually afterwards. 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. Our discussions with care workers showed they understood their responsibilities in relation to the MCA, such as obtaining consent from people before providing care. The registered manager and responsible individual also understood the MCA and provided care packages in accordance with this.

Care workers supported people in relation to their healthcare needs. They supported people to attend healthcare appointments where this was part of their agreed package of care. In addition the registered manager worked closely with healthcare professionals involved in people's care such as district nurses, occupational therapists, speech and language therapists, obtaining their reports and using these to inform their own risk assessments and care plans. For a person receiving support from a district nurse in relation to pressure ulcers, care workers were trained to monitor their pressure areas and report any concerns. The registered manager liaised with people's social workers when necessary to ensure they were referred to healthcare services they required.

Care workers supported people with their needs relating to eating and drinking. The registered manager obtained information about people's food preferences, dietary requirements and cultural food needs as part of the preadmission assessment. This information was recorded clearly in people's care plans for care workers to refer to and to follow when supporting people. People told us care workers understood their food and drink preferences well and supported them in the right way, ensuring they had choice in what they had

to eat.

Is the service caring?

Our findings

People told us the care workers who supported them were kind and caring and treated them with dignity and respect. One person said, "Yes my care worker treats me with dignity and respect. I insist they don't change her [because I'm so happy with her]." Another person told us, "That's one thing, they are caring. It's a very gentle sort of nature [that my care worker has]." The London Borough of Wandsworth commissioning team gathered feedback from people using the service in early 2017. Three people fed back that the manager went out of their way to support people. People also told us care workers did not rush when supporting them and spent time talking with them and treating them with dignity and respect. The registered manager ensured new staff shadowed existing staff when they began working with the service and they monitored how well they treated people with dignity and respect as part of the induction. In addition, the provider regularly carried out spot checks and observations of care practices to monitor care workers' interactions with people.

The registered manager encouraged people to be involved in decisions about their care. The registered manager met with people and their family members before they began receiving a service from the provider to find out how they would like their care to be delivered. This information included particular ways people preferred their personal care to be carried out. The registered manager gave us examples of when they had amended people's care packages as a result of people requesting changes. These changes included providing an alternative care worker if the person felt the care worker provided was not suitable, and changing the times care was provided.

People told us care workers provided care to them in the ways they wanted and understood their needs. Our discussions with care workers showed they understood people's preferences well and carried out care accordingly. Staff also understood people's backgrounds and the people who were important to them which helped initiate conversations. The registered manager matched people with care workers who understood their cultural needs and who spoke specific languages when requested.

One person told us they had experienced communication barriers with some care workers. A safeguarding case was being investigated by the local authority at the time of our inspection involving a different person who also claimed difficulty with communication led to an unsafe situation. We spoke with four staff and experienced some difficulty communicating with one of them. We fed this back to the registered manager and they told us they would address this. The registered manager checked care workers' competencies in English language as part of the recruitment process and told us they would keep this under review.

The registered manager provided people with information when they needed it to enable them to understand the service Raza Homecare could provide them. The provider gave people a 'service user guide' when they began using the service. This included information about service provision and options available to people.

Is the service responsive?

Our findings

One person told us, "Yes, I have confidence the manager would investigate any complaints. They are professional." The registered manager provided people with information about how to complain when they began using the service. The registered manager gave people opportunities to complain through the regular contact they had with them. Although the registered manager had received no formal complaints people were confident they would respond appropriately if they had cause to complain.

The registered manager assessed people's needs and found about people's likes and dislikes, including food preferences, through meeting with them before they began to receive their care. The registered manager brought care workers to these meetings so people could check they would feel comfortable with the care worker who would be working with them. Information about people's preferences was recorded in people's care plans for staff to refer to when providing care. People's care plans also contained information about people's backgrounds including people who were important to them and religious beliefs for staff to refer to.

One person told us, "They try their best to meet the needs of service users. If they need to improve they address this as much as they possibly can." The registered manager reviewed people's care every quarter or more often if necessary. This meant information about people remained current and reliable for care workers to follow. People were involved in the process as the registered manager asked for their feedback on the package of care and checked whether they required any changes. If significant changes were required to people's care the registered manager arranged this promptly, liaising with healthcare professionals as necessary.

One person told us, "The manager calls me and is due to visit me soon." People were encouraged to express their views on the service they received because the registered manager frequently contacted them to gather feedback. The registered manager called people to check they were happy with their care and also visited them to observe how staff provided care to them during 'spot checks'. The registered manager recorded these spot checks and records showed people were consulted on their satisfaction levels as part of the process.

Is the service well-led?

Our findings

There was a registered manager at the service who was supported by the responsible individual who acted as a care coordinator. Both the registered manager and responsible individual owned the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us Raza Homecare was well led. One person said, "They are professional. They take note of any concerns and address them." Care workers also told us the service was well managed. Our inspection findings were in line with this as we found both the registered manager and responsible individual showed they understood their roles and responsibilities well.

The registered manager encouraged open communication with people and care workers. They frequently called and visited people using the service to check they were satisfied with their care. Care workers told us the registered manager and responsible individual were always available for support and advice and they felt comfortable calling at any time as necessary. The registered manager called care workers frequently to check whether they had any concerns and required any assistance. Care workers were also able to discuss and issues and offer feedback on the service during formal supervision sessions with the registered manager.

The registered manager monitored the quality of the service through various auditing processes. They frequently reviewed documentation relating to management of the service, such as staff recruitment folders and staff training, support and supervision, to check documentation was obtained and stored in line with regulatory requirements, and was reviewed at the right frequencies, in line with internal policy. The registered manager also frequently carried out spot checks to confirm care workers were caring for people appropriately and according to their care plans. Our inspection findings indicated these audits were effective in ensuring the service ran smoothly and efficiently.

The service was meeting their registration requirement to send notifications to the CQC of allegations of abuse.