

Miss Rachel Osgood

R.A. Homecare

Inspection report

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Tel: 07903140804

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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

R.A. Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting seven people with a variety of health needs and some people living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe being supported by R.A. Homecare. There were enough staff in place to meet people's needs. People were safeguarded against the risk of abuse and supported by a consistent staff team who understood their needs well.

Detailed assessments of people's needs were carried out before they started to receive care and support. Staff were provided with appropriate training and supervision for their role. Referrals were made to health and social care professionals appropriately when people's needs changed.

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.

Care plans were reflective of people's needs, including the support they needed with their healthcare, medicines, nutrition and personal care. Staff were committed to supporting people to keep as much independence as possible and treated people with dignity and respect.

People received personalised care and the service worked flexibly in order to meet people's needs. Staff said they had enough time to meet people's care and support needs and any complaints were responded to promptly with actions followed up in a timely way.

Feedback from people and their relatives about the way the service was managed was positive and staff told us they were well supported. There were effective systems in place to monitor the quality and safety of the service and the provider was committed to ongoing improvement in the future.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been previously inspected.

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?

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.

R.A. Homecare

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. In this service the provider was also the registered manager.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 22 October 2021 and ended on 12 November 2021. We visited the office location on 22 October 2021.

What we did before the inspection

We reviewed information we had received about the service since it became registered with CQC. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider and care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We spoke with a professional who regularly works alongside 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff supporting them. One person said, "One of the things that makes me feel safe is that I know who to expect and when to expect them." People's relatives also told us that they felt their family members were safe with the care staff.
- Staff had received training about safeguarding and knew how to report a safeguarding concern. Staff told us they would inform the registered person if they had any concerns someone was being abused and would ensure the person was not in any danger from potential abuse.
- The provider worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.
- The provider described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. One person was at risk of pressure sores. There was a risk assessment and care plan in place which detailed how best to support this person to maintain their skin integrity and minimise the risk of them developing pressure sores.
- Staff were knowledgeable about people's individual risks and knew how and when to report these to the manager or a health professional. One staff member said, "If we have any concerns [provider] is at the end of the phone if we need her."
- There was an out of hours call service available to people and staff. This meant contact could be made with someone if an incident occurred outside of normal working hours.

Staffing and recruitment

- People told us that staff arrived on time and they regularly had the same care staff supporting them. One relative told us, "They try to keep it with the same person. They let me know if it is different."
- The RM ensured staff numbers were safe through good rota management and ensuring travelling times between calls were reasonable. One member of staff told us, "[Provider] gives us plenty of time to get from one place to another and do our work."
- A robust recruitment process was carried out for all employees. Pre-employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people

receiving care.

Using medicines safely

- Some people were supported to take PRN (as and when required) medicines. There was no guidance for when people should have this medication. We raised this with the provider who ensured this guidance was in place immediately following inspection.
- Medicines were managed and administered safely. Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way.
- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.

Preventing and controlling infection

- Routine infection prevention and control practices had been reviewed and updated. Staff clearly understood when and where to wear personal protective equipment (PPE). People confirmed staff routinely used disposable gloves, aprons and face masks. One person told us, "They wear masks, they wash their hands before [providing support]."
- Staff had received training about infection prevention and control, and they told us they had good access to PPE throughout the COVID-19 pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

Staff support: induction, training, skills and experience

- Records showed staff had access to the training they needed for their job roles and staff told us they could request additional training should they want to. One member of staff told us "If we feel we need more training we can talk to [management team] and that will happen."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- New staff completed an induction and were supported to complete the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us their induction training had given them the necessary skills they needed to carry out their role.

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

- Care staff supported people to eat healthy foods and drink sufficient fluids. Care plans detailed what support people required for them to eat and drink enough and described what their dietary preferences were. "One member of staff told us, "I make sure they have a hot meal or something nutritious."
- Where people were at risk of malnutrition there were clear risk assessments in place to help mitigate the risk. This detailed actions for staff such as regularly offering food and drinks and looking out for meals or drinks being left by people.

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

- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken.
- People were supported to access appropriate healthcare. Staff showed knowledge about people's health needs and acted quickly if health conditions deteriorated.
- People were supported to do activities that were meaningful to them and were beneficial to their physical

and mental health. These included taking part in quizzes and accessing the community.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). (LPA gives a nominated individual the legal right to make decisions on the person's behalf should they no longer have the capacity to do so).
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, [We give] constant informed choice, you don't stop them from doing something, but you tell them the risk and they can make their own choice."
- People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated them with kindness and respect. One person told us, "The staff are very polite and very caring. They are really enthusiastic and respectful." A relative described the staff as, "Incredibly polite and helpful."
- Staff were respectful of people's individual cultures. One person who had been unable to attend church due to COVID-19 restrictions was supported by staff to access online church services as well as to read their chosen religious texts.

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

- People and their relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out. This information was reflected in individual's care plans.
- People were involved in regular reviews of their care. The provider maintained regular contact with people through telephone calls and review meetings. This gave people a chance to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff said they maintained people's dignity and independence as much as possible by supporting them to manage as many aspects of their own care that they could. One member of staff told us, "I encourage [person] to clean her teeth and wash her face. I give her the flannel to wash her face."
- People's care plans reflected this approach and included detailed information about what each person could do for themselves and what tasks they needed help with. For example, one person's care plan explained that someone liked to put their own toothpaste on their toothbrush but may require support with brushing.
- People's care plans identified who was involved in their care and what information the provider was able to share with them. This helped to promote a coordinated approach to delivering care without imposing on people's confidentiality and privacy.

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; End of life care and support

- People received person centred care that took account of their needs, wishes and preferences. One relative said to us about their family member's support, "Person] really enjoys it...she always says it is my friend coming. She really looks forward to it." another relative told us, "They have improved [person's] quality of life."
- Support was planned to give people as much choice and control as possible. One member of staff told us, "I take [person] shopping so she can choose what she wants to eat herself."
- People's care plans included details about their personal history, family contacts and preferred routines. People's personal care routines were clearly detailed, which helped staff deliver care in a way which people were familiar and comfortable with. When describing the care planning process, the provider told us, "I always try to involve the service user as much as possible."
- The service worked with people to plan end of life care when appropriate and people had end of life care plans in place. The provider confirmed discussions would take place with people around their preferences for end of life care, including whether they wished to remain at home and any cultural preferences.

Meeting people's communication needs

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

- People were asked about their communication needs during their initial assessment before their care with the service started so that this could be taken into account for planning their support.
- People's care plans included any important information about their communication needs including any sensory loss and how they may need to be supported with this. Staff we spoke to were knowledgeable about the communication needs of the people they cared for.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue activities and interests that were important to them. For example, one person had recently been supported to attend a birthday party that they wished to go to. Another person was regularly supported to go shopping.
- When people had been unable to see family and friends due to COVID-19 restrictions, staff provided people with support to set up video calls with them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to. One person said, I know that [provider] is very approachable so I can go to her if I have any [complaints]." A relative who had previously made a complaint told us, "It was taken very seriously...the complaint was dealt with well."
- A complaints policy and process was in place which could be provided in different formats when required. Any complaints had been recorded and dealt with in line with company policy.
- The provider told us they learnt from any concerns to improve quality, and also shared this learning with the staff team.

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 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; 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

- People and their relatives spoke positively about the provider and said they saw them frequently. One relative told us, "I have contacted [provider] on occasions. She always says ring me. She is very approachable."
- Staff told us they enjoyed working for R.A Homecare and were well supported by the management team. One member of staff said, "[Provider] is a lovely boss. If she can support you with anything she will." Another member of staff told us, "[Provider] has been fantastic. She has ensured we feel comfortable."
- A set of key values based around providing good quality care had been established for the service and staff had been involved in choosing these. The provider told us these were important guiding principles for how the service operated.
- The provider understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- Systems were in place to monitor the standard of care for people and the efficiency of the service. The manager had implemented various quality assurance processes which were completed on a regular basis.
- There was good communication between management and staff. Any changes to people's support was communicated to staff quickly via phone call or electronic messaging.
- The provider understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and observing staff working practices during scheduled visits. The management team also

frequently provided people's care themselves which meant they could have regular discussions with people about their care.

Continuous learning and improving care; Working in partnership with others

- Regular audits were carried out by the management team to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes, the management team routinely carried out spot checks on staff during their scheduled visits. During these spot checks staff's punctuality and record keeping was assessed, as well as their interaction with the person they were supporting.
- We found there was a positive approach to ensuring continuous development and learning. The provider had a system in place that enabled them to review any accident, incident, safeguarding concern or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- Positive working relationships had been established with several different health and social care professionals, these included GPs, hospice staff and social workers. One social care professional told us, "I know that [provider] is always happy to work with social care and NHS colleagues to resolve any issues."