

# Rehoboth24 Healthcare Solutions Ltd

# RHS24 Care Registered Office

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

RHS24 Care provides personal care for adults living in their own homes in the Leicester area. The service, whilst being inspected, has not been rated because at the time of the inspection a service to one person was being provided. This meant that we had insufficient information to determine the level of service that people received.

This was our first inspection of this service since they registered with us.

There was a registered manager in post. 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.

The person we spoke with felt safe using the service. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. There were enough staff to provide care safely and support the person. Checks were carried out on staff before they started work to assess their suitability to support people who use care and support services.

Staff received regular training and support to enable them to meet the person's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure the person's rights were respected.

The person we spoke with was mostly supported by a consistent team of staff who knew them well. Staff were attentive, caring and treated the person with dignity and respect. The person was involved in the planning of their care and supported to make decisions and choices in how they wished their care needs to be met.

Staff who provided regular care to the person demonstrated that they knew the person well. Care plans and care records recorded tasks to be completed but did not include detail on how the person preferred their care and support to be provided. This meant that staff who were not familiar with the person's needs did not have the guidance they needed to provide personalised care. The person was aware of how to make a complaint and felt comfortable raising concerns or complaints if something was not right.

The person and staff we spoke with were positive about the leadership and management of the service. The person was happy with the quality of the service and was provided with opportunities to share their views on the care provided.

The registered manager and staff had developed positive relationships with the person and supported them to share their views about the service. Minimal formal and recorded checks were being undertaken. Further

developing checks and audits would give the registered manager even greater assurance about the quality of the service being provided.

## 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 safe.

The person we spoke with felt safe using the service. Staff demonstrated they understood their responsibilities to protect the person from harm, including the risk of abuse. Risk assessments provided detailed guidance to enable staff to provide safe care.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Staff were supported to undertake the training they needed to provide effective care. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and respected people's right to make decisions and choices about their care.

**Inspected but not rated**

### Is the service caring?

The service was caring.

The person we spoke with was positive about the care they received. They were supported to maintain their independence and felt staff were respectful towards them. The person was supported to express their views about how they wanted their care to be planned.

**Inspected but not rated**

### Is the service responsive?

The service was not consistently responsive.

Staff demonstrated good knowledge about the person's likes, dislikes and preferences. Care records did not provide staff with the detailed guidance they needed to deliver personalised care. There was a complaints procedure in place. The person we spoke with felt able to raise concerns and complaints and was confident these would be listened to and acted on.

**Inspected but not rated**

### Is the service well-led?

The service was well-led.

**Inspected but not rated**

The person we spoke with felt the service was well-managed. They were supported to share their views about the service. Staff spoke positively about the support they received. The registered manager monitored the quality of the service but had yet to develop robust systems that demonstrated staff were providing quality care.

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# RHS24 Care Registered Office

## **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 15 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was undertaken by one inspector.

Prior to the inspection we looked at information we already had about the provider. This included reviewing any notifications. Providers are required to notify the Care Quality Commission about specific events and incidents that occur to people receiving care. The Provider Information Return (PIR) had not been sent to the service prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to discuss this information during the inspection.

During our visit to the service's office we spoke with the registered manager, an administrator and the registered provider. We also spoke with the person using the service and four care staff. We reviewed one person's care records which included a care plan and risk assessments. We also looked at three staff recruitment and training files and records pertaining to the quality of care provided and day-to-day management of the service.

# Is the service safe?

## Our findings

The person we spoke with told us they felt safe with staff who supported them. They told us, "Yes, I feel safe. They [staff] are confident using the hoist." The person told us staff were reliable and never missed a visit.

We spoke with the registered manager and staff about safeguarding (protecting adults from abuse) procedures. Staff told us they had completed training in safeguarding adults and this was confirmed in copies of training certificates in staff files. During discussions with staff, they described types of abuse and what they would do if they suspected abuse had taken place. One staff member told us, "I would look out for physical and emotional signs of abuse, such as change in behaviour or mood and report this to the office. I would record my concerns, being aware of confidentiality. If I didn't receive a response from the office I would go to outside agencies, such as CQC." Another staff member told us, "I am a good listener and understand the importance of communication in supporting people [who may be at risk of abuse]. If I had any concerns I would report these to the office straight away and I feel they would respond to these. If they didn't, I know I can report concerns elsewhere." This showed staff had a good understanding of their responsibilities in protecting people from abuse.

The registered provider had a policy on safeguarding. We looked at this and found it was not fit for purpose. For example, the policy did not include a clear definition of abuse including types of abuse, did not provide contact details for external agencies for staff to refer to and made reference to children and young adults rather than adults. We discussed this with the registered manager who agreed to review the document to ensure it included the information staff needed to enable them to respond to and report abuse. Following our inspection, the registered manager sent us an updated safeguarding policy and procedure which included all the required information.

The service employed enough staff to carry out the person's visits and keep them safe. The person told us they were usually supported by regular staff who knew them well. Where new staff attended the visit, they always worked alongside regular staff to help them to provide care in line with the person's preferences. They told us staff were mostly on time, with only occasional lateness of between five to ten minutes. Staff told us they had enough time to ensure they delivered care safely. We looked at a sample of care rotas and saw sufficient numbers of staff were allocated to visits to meet the person's needs.

The registered manager carried out initial assessments of people's needs and also assessed risks to their well-being and safety. These included environmental risks, the use of equipment and risks related to their health condition. We found risk assessments were detailed. For example, where the person using the service required assistance to transfer, risks assessments detailed the type of equipment needed, correct use of equipment, measures to reduce risks and action to take in the event of an accident or incident, such as equipment failure. This helped to ensure staff had the information and guidance they needed to support the person safely.

Safe staff recruitment processes were in place. We looked at recruitment records for three staff and found checks had been undertaken prior to their employment. For example, proof of identity and references from

previous employers had been sought. Disclosure and Barring (DBS) checks had been completed. This helped reduce the risk of employing staff who may be a risk to people who use care and support services.

At the time of our inspection, the person using the service did not require any support from staff to manage their medicines. The registered manager told us training would be made available to staff to enable them to support people with their medicines as and when the need arose.



## Is the service effective?

### Our findings

The person we spoke with said they were happy with the care they were receiving. They told us they had a regular carer who was very good. Although they sometimes had staff who were new to them, they explained that new staff always worked alongside regular staff to ensure their care needs were met.

Staff told us they felt they had completed enough training to enable them to provide effective care. One staff member said, "I have undertaken all mandatory training such as manual handling and safeguarding. Managers encourage us to go on courses to develop ourselves. The next course I be will undertaking will be administering medicines." Another staff member told us, "I completed induction training when I first started, though I have a lot of experience and training from previous care work. I have just undertaken refresher training in manual handling and have started the Care Certificate." The Care Certificate is a set of national standards for care staff. It provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager confirmed that all staff were required to complete induction which involved completing essential training and working alongside experienced staff to understand how to support people effectively. Training records confirmed this.

Staff told us they felt supported in their roles and had opportunities to meet with their manager to discuss any concerns or issues. The registered manager told us they met informally with staff and had not yet begun to record formal supervisions. They told us they intended to implement appraisals for all staff to enable staff to identify and achieve targets for development within their roles.

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.

The registered manager explained that the person using the service had capacity to make their own decisions but was fully aware of their responsibilities under the MCA where people lacked capacity. The person confirmed they had made decisions and choices about their care and records showed they had signed their care plan to provide consent to their care and support. Staff we spoke with demonstrated a good understanding of supporting people to make decisions. This included people's right to decline their care and actions staff would take in response to this, such as respecting the person's right to make choices and decisions whilst also balancing the need to keep people safe.

The person using the service told us they did not require staff support with their nutrition or healthcare needs. This was reflected in their care plan. Staff were able to describe the actions they would take if they had any concerns about the person's well-being which included contacting relevant health professionals, the office and relatives.

## Is the service caring?

### Our findings

The person using the service told us they were involved in the care planning process and this was undertaken during the initial meeting with the registered manager. This was confirmed in the care plan we saw. The registered manager provided them with the information they needed before deciding to use the service. They told us, "I said how I wanted my care. I decided dates/times and what I wanted support with." The person told us they were happy overall with the care and support they received. They told us staff were caring and attentive, only leaving after they had checked the person was happy with everything and didn't need anything else.

Staff said they enjoyed working for the service and described positive relationships with the person they supported. One staff member told us, "I enjoy going in and helping someone knowing I have made that person happy." Another staff member said, "It makes me feel good when I know that I have helped someone by providing them with good care. This is more important than anything else." Staff were able to demonstrate a good understanding of their history, interests and hobbies and how they preferred their care to be provided.

The person using the service told us staff respected their choices and supported them to do as much as possible for themselves. This was reflected in the person's care plan where staff were provided with guidance regarding tasks the person was able to do for themselves and tasks that they required staff support with, for example personal care. This helped to ensure the person maintained their independence.

Staff we spoke with gave us examples of promoting the person's privacy and dignity. One staff member explained how they ensured the person was kept covered during personal care and how they asked unexpected visitors to wait in another room until the person was ready to greet them. Another staff member told us they always announced their arrival when they arrived as they were respectful of entering another person's home. This showed staff treated the person with respect and upheld their privacy and dignity whilst providing care and support.

## Is the service responsive?

### Our findings

The person using the service told us they usually received care from the same group of staff who knew how the person liked things to be done and where things go. However, when new staff worked alongside experienced staff they said they found this frustrating as staff did not have this knowledge and the person found themselves having to repeat themselves and direct staff to ensure care was provided in line with their preferences.

We looked at the person's care plan. The care plan included a copy of their initial assessment of need which summarised the person's care and support needs. This included emergency information, details of health needs and main tasks for which the person required support. The care plan did not include detailed guidance on how the person preferred their support to be provided to make sure personalised care was provided. For example, the care plan did not include any information about the person's life history, their interests and their likes and dislikes. Although the care plan stated the person required support with some aspects of their personal care, the plan did not detail how the support was to be provided or any preferred routines. When we spoke with staff who regularly supported the person, they demonstrated good knowledge of the person's history, likes and dislikes and preferences. They told us they had gained this information through talking with the person and building a positive relationship. This meant that although staff who regularly supported the person had the knowledge to provide care that was personalised, staff who were not familiar with the person's needs would not have the information they needed to provide personalised care.

Staff completed daily care notes which showed the time the staff member arrived and left the call and the care and support provided. We found that entries were focussed on tasks completed and did not include reference to the person's emotional or physical health and well-being. This was another example of records failing to reflect personalised care.

We discussed the care plan and daily care notes with the registered manager who told us they would review the care plan to include information about the person including details of life history, daily routines and preferences for support. They told us they would meet with all staff to update their knowledge and awareness in how to complete daily care notes.

The person using the service told us that although they had not had a formal review of their care, they had opportunity to make any changes by contacting the office directly and these were responded to in a timely manner. For example the service had made changes to dates and times of visits at the person's request to accommodate social activities. The registered manager told us they had undertaken a review of the person's care whilst they completed a satisfaction survey with them during a visit. They told us they would clarify records to reflect that the visit had provided the person with an opportunity to review the care to ensure it met their needs.

The registered provider had a complaints procedure in place which supported people to make complaints about their care. The person we spoke with told us they were confident to raise any issues with the office

and these would be dealt with promptly. The service had not received any complaints and we had not received any concerns about this service. The complaints policy included all the information required and included the process that the service would follow which also included contact details for external agencies should people feel their complaint had not been resolved to their satisfaction.

## Is the service well-led?

### Our findings

The person using the service told us they felt the service was well managed and said they had no concerns about it. Records showed the person had completed a satisfaction survey in May 2017 and provided positive comments about their care including, 'Carers are very good, polite and caring,' and 'Staff are very helpful. I am pleased with the care provided - the service is excellent.'

The service had a registered manager who was supported by an administrator. The registered provider had an active role within the running of the service and had good knowledge of the key issues the service faced. Staff spoke positively about the leadership and management of the service. One staff member said, "They [registered manager] are on top of things. They like everything documented and tell us to write down what we have done. The [registered] manager rings us to check that we have done what we are supposed to have done and how the person likes it to be done." Another staff member told us, "They [registered manager] are professional, they do very well. I have no concerns, they treat me very well." A third staff member told us they felt the service was well managed because the aim was to provide quality care and the person was happy with their care.

Staff and the registered manager shared information in a variety of ways, such as face to face, by telephone and through formal staff meetings. We reviewed the minutes of manager and staff meetings held in June and August 2017. These provided staff with an opportunity to discuss improvements in working practices, such as not using mobile telephones during visits, and refreshing staff knowledge about key policies. Managers used meetings to review targets, for example ensuring all visits were on time and discussing the business development plan. Staff felt involved and appreciated by managers.

The registered manager told us that although they were still developing quality assurance systems, she monitored the service on a daily basis. For example, the registered manager was in regular communication with staff and the person using the service and undertook spot checks on recordings in daily care notes. However, audits of care notes had failed to identify that recordings were not person centred. The registered manager had not undertaken any spot checks or observations of staff whilst they provided care to ensure they were providing care in line with the values of the service and the registered provider's policies. Carrying out these would help to assure the registered provider that the person was receiving quality care. The registered manager told us they were developing quality assurance procedures to ensure systems were robust and used to drive improvement within the service.

The registered manager demonstrated that they were aware of their legal responsibilities in notifying CQC of significant events and incidents within the service. At the time of our inspection, no events had occurred which required notifying.