

Rupaal Care & Training Ltd

# Rupaal Care and Training Ltd

## Inspection report

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05 October 2020

07 October 2020

08 October 2020

09 October 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rupaal Care and Training Ltd is a domiciliary care service providing personal care to people living in their own homes. The service supports people living with dementia and people with mild learning disabilities and physical disabilities. At the time of this inspection the service was supporting seven people.

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

Since the last inspection the registered manager had implemented systems and processes to address the issues we had identified at the last inspection.

People and relatives were happy with the care and support that they received from this service and spoke positively of the registered manager and the way in which care was delivered.

People and relatives told us they felt safe receiving care and support from their allocated care staff. Care staff spoke passionately about keeping people safe and knew the actions they would take if they had any concerns.

People's care plans recorded risks associated with their health, medical and care needs with clear direction to care staff on how to minimise identified risks to keep people safe from harm.

People were supported by a regular team of care staff who people knew well. They arrived on time and supported them with their needs. Relevant and appropriate checks had been completed on prospective staff wishing to work with the service to ensure their suitability for the role.

People received their medicines safely and as prescribed. Policies and systems in place supported this.

Care staff had access to the required personal protective equipment (PPE), information and guidance to prevent and control the spread of infection.

Management oversight of the service had improved since the last inspection. The registered manager had implemented audits and checks to monitor the quality of care and ensure where issues were identified these were addressed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 October 2019) and there was a breach of Regulation 17 (Good Governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 29 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rupaal Care and Training Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Rupaal Care and Training Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 5 October 2020 and ended on 9 October 2020. We visited the office location on 5 October 2020 and made telephone calls to people, relatives and staff on 7 and 8 October 2020. The other days were spent reviewing records, speaking to staff, people and their relatives who used the service.

#### What we did before the inspection

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. We reviewed the provider's action plan as well as information we had received about the service since the last inspection. This information helps support our inspections.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included six people's care plans and three people's medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with two people using the service and four relatives of people using the service. We also spoke with four care staff. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they and their relatives felt safe with the care staff that supported them.
- Care staff had received training on safeguarding and were able to name the different types of abuse, the signs they would look for to recognise possible abuse and the actions they would take to report their concerns.
- The registered manager was aware of their responsibilities on raising allegations of abuse with the relevant authorities including the CQC. Where concerns had been raised, records confirmed the actions the registered manager had taken to ensure people's safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection, although the service identified and assessed risks associated with people's care and support needs, we found that not all risks associated with people's health and medical needs had been assessed. At this inspection we found that this had been addressed.
- Care plans were person centred and contained detailed risk assessments which assessed risks associated with people's environment, social, care and medical needs.
- Each detailed risk assessment contained information about the risk, how it affected the person and guidance to care staff on how to support people to minimise the risk to keep them safe.
- Care staff told us that they had access to people's care plans and risk assessments and were able to support people safely according to their needs.
- Accidents and incidents were appropriately reported and recorded. Records included details of the occurrence, the actions taken to keep people safe and any learning arising from the incident to support improvements and further development.

Staffing and recruitment

- At the last inspection, we found that the service did not always complete their own criminal record checks when recruiting care staff and relied on checks that had been completed historically by other agencies. At this inspection we found this had been addressed.
- The service recruited staff who had been assessed and confirmed as suitable to work with vulnerable adults.
- The registered manager ensured all required checks were completed to assess and confirm the suitability of care staff. These included criminal records checks, employment history, conduct in previous employment and the right to work in the UK.
- People and relatives told us that they were supported by a regular team of care staff who arrived on time and supported them according to their needs. One relative told us, "Pretty good with timekeeping and if

they are going to be delayed then they will call me."

#### Using medicines safely

- People received their medicines safely and as prescribed. Policies and systems in place supported this.
- At the last inspection we did identify minor discrepancies in the recording of certain high risk medicines and how people were to be supported with these. At this inspection we found that this issue had been addressed.
- Medicine administration records were complete and no gaps in recording were identified. Risk assessments in relation to medicines administration had been completed and gave specific direction to staff on administering certain medicines safely.
- Care staff had received training on medicine administration and management followed by a competency assessment which allowed the registered manager to check staff skills and suitability to administer medicines.
- The registered manager completed monthly medicine administration audits to ensure people were receiving their medicines safely and as prescribed. Where issues were identified these were addressed immediately with the person and the care staff involved.

#### Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. The registered manager explained the steps they had taken to ensure people and staff remained safe and protected from infection.
- Staff were provided with the required personal protective equipment which included gloves, aprons and masks. Care staff told us that they had received training and guidance on infection control and the correct use of PPE and were also kept up to date with information and changes in good practice.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, whilst we found no evidence that people had been harmed, the lack of accurate, complete and contemporaneous in respect of people receiving care and support did not demonstrate effective management of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had introduced and implemented checks and audits to monitor the quality of care people received. This included medicines and daily record audits, six monthly review of care plans and spot checks of care staff whilst at work to check that staff were working to the required standards.
- The registered manager had also recently introduced an electronic call monitoring and care planning system which enabled the service to monitor timekeeping and attendance of care staff to their care calls.
- Where issues were identified, these were addressed immediately so that further learning and development could be implemented to improve people's experiences and the quality of care and support that they received.
- Rupaal Care and Training Ltd are a relatively small service, however, the registered manager and the care staff team understood their roles and responsibilities, the importance of delivering quality care and what was expected of them in this regard.
- During the inspection, minor discrepancies that we identified were discussed with the registered manager who following the inspection promptly acted upon these and sent evidence confirming the improvements they had made. This indicated that the service was willing to continuously learn and improve people's experience of care.

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

- People and relatives knew the registered manager well and spoke positively of her and the way in which she managed the service. One relative told us, "She [registered manager] listens, and she puts systems in place about any concerns."
- Care staff also spoke very highly of the registered manager who they stated always listened to them and

supported them accordingly. One care staff stated, "[Registered manager] is always available, she really is, very understanding of personal issues, if I have an issue, I can pick up the phone and she will listen and sort it out."

- Records and staff confirmed that they were supported regularly through training, supervisions and annual appraisals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory responsibilities and were keen to ensure that these were adhered to and people received safe and good quality care.
- Complaints and safeguarding records evidenced a culture of openness and honesty when things had gone wrong. We saw letters that the registered manager had written to people and their relatives apologising for inconveniences caused and actions taken to make the required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives confirmed that the registered manager was in contact with them regularly especially throughout the COVID-19 pandemic. One relative told us, "[Registered manager] has been in contact more so during COVID-19 on a regular basis. We recently informed her of an issue, and she copied me into emails that she is trying to sort out the issue."
- People and relatives told us that they had been involved in the care planning process and could approach the registered manager with all their concerns.
- People and relatives had been asked to complete satisfaction surveys in July 2020. These were pictorial so that people with communication and reading difficulties could respond and complete accordingly. Feedback had been positive. Where issues had been noted these had been acted upon to make the required improvements.
- Care staff were also engaged and involved with the running of the service through staff meetings, regular telephone calls and the completion of staff surveys. Care staff felt able to express their views and ideas and these were listened to and valued.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, occupational therapists, GP's and the local authority.