

Rupaal Care & Training Ltd

Rupaal Care and Training Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rupaal Care and Training Ltd is a domiciliary care agency providing the regulated activity of personal care to people living in their own home. The service was supporting people living with learning disabilities and older people some of whom were living with dementia. There were 17 people using the service at the time of the inspection.

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

The registered manager was clear about their role and understood quality and regulatory requirements. However, during this inspection we found that records were not always complete and that the service relied on the records provided by a sub-contracting agency to deliver care and support.

The service carried out a variety of checks to monitor the quality of care people received so that appropriate actions and learning could be taken forward to improve people's experiences. However, these were not always recorded.

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. However, the policies and systems in the service did not always support this practice.

People received care and support that was personalised and responsive to their health and care needs. However, care plans did not always contain enough information about the support the person required.

Despite some of the concerns we identified as part of this inspection, we found that people's experience of the care and support that they received was positive and that the lack of appropriate records had not had a negative impact on the care they received.

People and relatives were happy with the care and support that they received from Rupaal Care and Training Ltd. They told us that they felt safe and reassured with the care staff that supported them.

People and relatives described care staff as "Kind", "Caring" and "Nice."

The service assessed risks associated with people's health and care needs. These gave information to care staff about people's identified risks and how to support people to reduce or mitigate those risks.

Care staff knew how to safeguard people from any form of possible abuse and the actions they would take

to report their concerns.

Processes were in place to ensure that people received their medicines on time and as prescribed.

Staff recruitment processes involved the checking that all staff recruited were assessed as safe to work with vulnerable adults. People and relatives told us that staff were generally on time and that where they were running late they were always informed of this.

Care staff received an induction, regular training, supervision, appraisals and support which enabled them to carry out their role effectively. However, these were not always recorded.

People were supported with their nutrition and hydration where this was an identified need.

The service supported people to access health and care services where required.

Complaints were recorded, investigated and responded to according to the provider's complaints policy.

During this inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around the management and governance of the service.

We have also made a recommendations about the following; the key principles of the MCA 2005 in relation to mental capacity assessments and recording best interest decisions.

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

Rating at last inspection

The last rating for this service was good (published 23 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement ●

The service was not always 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 team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 August 2019 and ended on 3 September 2019. We visited the office location on the 29 August 2019 and 2 September 2019, spoke to people and relatives on 30 August 2019 and spoke to care staff on 29 August and 3 September 2019.

We reviewed information we had received about the service since the last inspection. Due to technical

problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, two care co-ordinators and six care staff.

We reviewed a range of records. This included six people's care records and four people's medication records. We looked at six 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Systems and processes were in place to protect people from the risk of abuse.
- People and relatives told us that they felt safe and re-assured with the care staff that supported them. One person told us, "Yes, they make sure I'm ok, they watch me walk into the living room and always watch me in case I fall."
- A relatives comment included, "[Person] is blind and they know how to walk around with her, they keep informing her of her whereabouts and they feed her."
- Care staff confirmed that they had received training on safeguarding people from abuse, how to recognise signs of abuse and the actions they would take to report their concerns. One staff member told us, "Sometimes people can be withdrawn and distant and if you know the person you would know they are not right. I would inform my manager and I am confident she would be on it."
- Care staff also knew how to 'whistle-blow' and the agencies they could contact including the local authority or the CQC to report their concerns.
- The registered manager knew how to deal with any concerns raised about possible abuse and had processes in place to report their concerns to the appropriate authorities where required.

Assessing risk, safety monitoring and management

- People were protected and kept safe from identified risks associated with their health and care needs.
- A risk assessment was completed for each person receiving care and support. These assessed risks identified with the environment, moving and handling, falls, food and drink needs and personal care.
- However, specific risks associated with people's health conditions and medicine administration support had not been clearly assessed and guidance on how to support the person with the identified risk had not been documented.
- The registered manager was shown the issues we had identified. We were told that for most of the people they supported, the care package had been sub-contracted to them by another agency. This agency provided them with all the information and risk assessments to safely support people and this is what they and their care staff followed.
- In addition, the registered manager also confirmed that all care staff were given the appropriate information to safely support people. We have further reported on this under the 'well-led' section of this report.
- On the second day of the inspection, in response to our feedback, the registered manager showed us updated risk assessments which clearly identified people's specific risks and gave clear guidance and direction on how to support the person to stay safe. The registered manager gave assurance that going forward detailed individualised risk assessments would be completed for all the people they support

regardless of the information received from other sub-contracting agencies.

Staffing and recruitment

- People were supported by care staff that had been appropriately vetted and assessed by the service to work with vulnerable adults.
- Checks included criminal record (DBS) checks, proof of identification, conduct in previous employment and the right to work in the UK.
- However, we did find that for three staff members the provider had not followed best practice guidance in completing their own DBS checks and had accepted DBS checks that had been completed by other recruiting agencies who had employed them within the last two years.
- The registered manager explained that their understanding was that DBS checks were valid for up to three years and that renewed checks would be completed by the service at the end of the three-year validity.
- Following this feedback, on the second day of the inspection, the service showed us evidence that they had completed DBS checks for all staff where required.
- People and relatives confirmed that they received support from a regular team of care staff who arrived on time for each call. They told us that where care staff were running late they were always informed of this. One person told us, "Yes, they are on time and they do call me if they are going to be late." A relative stated, "Yes, they do. I am always told we are flexible with the times but they always do their hours."

Using medicines safely

- People received their medicines safely and as prescribed. Medicine Administration Records were complete and no gaps in recording were identified.
- During the inspection we identified some issues in the recording of certain high-risk medicines such as blood thinning medicines and the crushing of medicines. The registered manager explained that with these particular people they supported they were again directed by the sub-contracting agency regarding the support the person required.
- However, on the second day of the inspection, where issues had been highlighted, the service had put in place appropriate records and authorisations to ensure that people were receiving their medicines safely.
- People and relatives told us that the support they received with medicines was good and that there had been no concerns noted. One person told us, "Yes, no issues." One relative commented, "Yes, no problems."
- Staff received annual medicine administration training. Competencies in this area were also assessed through regular spot checks and observation visits that the registered manager carried out. This allowed them to check that staff were appropriately skilled to administer medicines.

Preventing and controlling infection

- Care staff received training on infection control. Records confirmed this.
- The service provided personal protective equipment to all care staff which included gloves and aprons to prevent and control the spread of infection.

Learning lessons when things go wrong

- Systems were in place to document all accidents or incidents reported by care staff. Records included the detail of what happened, and the immediate actions taken to ensure people's safety.
- Where people sustained any form of injury, care staff completed detailed body maps to record the site and type of injury.
- The registered manager used the information as a learning and development opportunity so that future occurrences could be prevented. The registered manager told us, "We follow up with risk assessments, look at the cause of the incident in the first place so that we can look at how to prevent it. We also look at staff training and how we can support the staff."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed so that care and support could be planned and delivered according to their needs and choices.
- The registered manager told us that an assessment of need normally took place when a referral from the sub-contracting agency was received. However, on some occasions, requests for care packages to commence was immediate, which meant that needs assessments were completed once a care package had begun.
- Information received from the sub-contracting agency including information gathered as part of the assessment of need was used as part of care delivery but was not always incorporated into the care plan. We have further reported on this under the 'well-led' section of this report.
- Care staff told us that care plans gave them the relevant information they required to support people effectively. One care staff explained, "Care plans are always up to date and gives us information about the person's needs, what they like and what they need. New information does come up and we let the office know. It tells us about people's risks and tells you that if you see something different what to do."
- Care staff also stated that at the start of any new care package the office always introduced them to the person and their care plan and went through in detail the person's needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff that were appropriately skilled, trained, supported and assessed as competent to work in care.
- People and relatives told us that they felt staff were suitably skilled and knowledgeable about their care and the care of their relative. One relative said, "Yes, I think so! I always ask that the same carer continues to work with her. I don't like strangers to take her out and they do shadowing."
- Care staff told us that they received an induction before they started delivering care. The induction included training and a period of shadowing a more experienced member of staff before being assessed as competent to work on their own. One staff member said, "She [registered manager] has supervision quite a lot. She comes and checks on us through spot checks. This happens quite a lot and she even stays in touch with us over the phone."
- Care staff also stated that they received on-going training in their role and were regularly supported through supervision and annual appraisals.

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

- People were supported with eating and drinking where this was identified as an assessed need.

- For most people, family members took responsibility of preparing food or making the necessary arrangements to ensure the availability of food for their relative. In this situation care staff were only required to heat up the meal and give it to the person.
- People and relatives confirmed that they received the required support with their and their relative's nutrition and hydration needs. One person told us, "Yes, they give me breakfast, I like Weetabix." One relative commented, "Yes, he has Wiltshire Farm foods and he eats most of them. The carers prepare and clear away after him, he feeds himself."
- People's needs, specialist requirements, likes and dislikes in relation to eating and drinking had been recorded within their care plan.

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

- The service worked in partnership with the sub-contracting agency who commissioned care packages with them and any other associated health and social care professionals. This enabled them to ensure that people received effective and consistent care and support.
- Information about people's health and medical needs was available within the person's care plans and referral records which detailed the support and assistance required to maintain and live healthier lives.
- Most people had relatives or representatives who supported them with their health and medical needs. However, where required, the registered manager told us that they always reported any concerns to involved relatives and the sub-contracting agency. The service also supported people in accessing specialist services such as occupational therapists, social workers and district nurses.
- People and relatives told us that their health care needs were appropriately met and that care staff acted efficiently to support them especially in cases of an emergency. One relative explained, "The carer saw him in the morning and he wasn't feeling well. They called 111 and he went to hospital, so yes, they did act quickly and made sure that he was ok. They listened to him."

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.

- Records confirmed that people had consented to the care and support they received. Where people were unable to sign, relatives or representative's involvement was documented within the person's care plan.
- Most people were able to consent about day to day decisions relating to their care and support needs. Where people required assistance with more significant decisions family members or representatives were available to support with the decision-making process.
- However, where people did lack capacity to make specific decisions about their care and support, the service had not documented any information relating to this and where appropriate, decisions that had been made in the persons best interests had not been recorded. This meant that people may not have been

receiving effective care and support that followed the key principles of the MCA.

- We highlighted this to the registered manager who although demonstrated a good understanding of the MCA, had not applied its principles in practice.
- Care staff demonstrated a good awareness of the key principles of the MCA 2005 asking consent and involving people in making day to day decision around the care and support that they received. One care staff explained, "I would give them choices and let them decide what they want to do and try encourage them with the right choices, give them advice and help them."

We recommend that the service follows current best practice, in line with the Mental Capacity Act 2005, especially when assessing and recording people's mental capacity and where decisions have to be made in the person's best interest.

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.

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 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 relatives told us that they supported by care staff who were kind and caring and respected them at all times.
- One person told us, "Yes, they are very kind and caring." Relatives comments included, "Yes, if she is feeling poorly they will cuddle her and comfort her and massage her head and back. They do show a lot of care and concern" and "Yes, they calm her down and speak to her before they shower her and ask her what she wants to wear, they are very nice to her."
- Care staff understood people's needs, likes and dislikes and how each person wished to be supported. One care staff explained, "I have to know that I have done everything I have had to do for the person and that they are satisfied."
- Care staff had developed positive relationships with people based on mutual trust. One relative stated, "They buy her presents for her birthday and take her where they know she likes to go." One care staff explained, "I get on with the clients really, really well, I have a good relationship and I have built up a good trusting relationship with them."
- People's religious and cultural needs had been documented in their care plan.
- Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. One staff member told us, "We are all just human beings, we just care for people, there is no difference."

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

- People and relatives told us that they were always involved in the planning and delivery of their care and that they felt confident in expressing their views as care staff listened to them and acted upon their requests and suggestions.
- One person told us, "Yes, they always listen to me." One relative stated, "Yes, I'm sure they do and they take my suggestions on board."
- The service regularly called people and their relatives to obtain feedback on the care and support that they were receiving and to ensure the service was meeting their needs and expectations.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was always upheld and respected by the care staff that supported them.
- One person explained, "Yes, they do. Yes, they always say good morning before they come into my room, they call me by my name which I prefer. They shut the door when they are getting me ready." One relative

said, "Yes, definitely! They look after her well."

- Care staff gave examples of ways in which they supported people which respected their privacy and dignity as well as promoted their independence. Care staff told us, "Confidentiality, we don't share people's information, we cover them appropriately so that they don't feel embarrassed" and "We give them choices so that they feel that they are in control of their own life."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received personalised care which was responsive to their needs and considered their wishes and preferences.
- Care plans did give personalised information about the person, their life history and how they wished to be supported. However, there was a high reliance on the sub-contracting agencies documentation for additional information especially around people's care and support needs. We have further reported on this under the 'Well-led' section of this report.
- We discussed this with the registered manager, who on the second day of the inspection showed us the care plans that they had updated which were person centred and clearly reflected people's care and support needs.
- People's care needs were reviewed every six months or sooner where people's needs had changed. Reviews were normally initiated by the sub-contracting agency who then communicated the outcome of the review to the service. We again spoke to the registered manager about reliance on the sub-contracting agency to provide them with information and updates which the service should also complete themselves. The registered manager gave assurance that going forward they would formalise their own review processes.
- However, records did confirm that the registered manager regularly visited people and undertook regular telephone reviews to ensure that the service people received continued to meet their needs.
- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information and that care and support could be delivered in response to any changes.

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's specific communication needs were recorded in their care plans. One person's care plan recorded that, 'I find it easier to understand by reading, being spoken to, being shown how, pictures and listening to audio.'
- Information about any support aids that person used to support them with communication was also documented.
- The registered manager explained, "We design our information which is in picture format so that people have easy access to our information. A communication folder is always available at the clients home with all

contact details. We do large font and also sometimes we support some clients with specific languages and so we try and allocate particular staff with those language skills to those clients."

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

- Most people engaged in their own interests and hobbies with the support of their relatives or representatives.
- Where people required additional support with activities and following their interests this was provided as part of the care and support package. Details of the required support were recorded within the person's care plan.
- Where people did receive support with accessing the community and activities, their relatives feedback was positive and we were told, "Sometimes they play with a ball together, sometimes they take her out in her wheelchair for a bit", "Yes, we plan it daily and she gets to do all the things she likes like, bowling, cinema and eating out" and "They do get her involved at the day centre and take her swimming and music, they explain everything to her, she has beauty sessions and pedicures."

Improving care quality in response to complaints or concerns

- People and relatives named the registered manager as the person to speak with if they had any concerns or complaints to raise and were confident that these would be dealt with appropriately.
- We saw records of each complaint received by the service. Information included the investigation findings and details of actions the service had taken to resolve the issues raised. This was in line with the provider's complaints policy.
- One relative told us, "I would call [registered manager] and yes, she would listen." Another relative stated, "I would normally speak to the carer, I've never had to call [registered manager] to complain."

End of life care and support

- The service was not providing end of life care at the time of this inspection.
- The service mainly supported younger people with learning disabilities and therefore obtaining their end of life wishes and preferences was not always appropriate.
- However, where the service did support older people, end of life wishes were not always discussed and recorded so that this information could be incorporated into the care planning process leading to the provision of appropriate care when required.
- The registered manager agreed that this was an area they would try to be more proactive in and that going forward they would encourage people to engage and discuss their end of life preferences and wishes.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Although the registered manager was clear about their role, understood quality and regulatory requirements, this was not always evident through the variety of care records that we looked at during this inspection.
- The service primarily worked very closely and received the majority of its referrals to provide care and support to people from an agency that sub-contracted to them.
- We found that the service did not always assess specific risks associated with people's care, maintain their own contemporaneous records relating to each person's care package and review people's care needs. Instead they relied on and accepted the information and records that were provided to them by the sub-contracting agency.
- The registered manager had not ensured that regardless of who contracted care packages with them, they were required, under the health and social care act, to maintain an accurate, complete and contemporaneous record in respect of each person that they supported.
- The registered manager told us that they did check medicine administration records, care plans and daily records to check that records were completed correctly and appropriately. However, these checks were not recorded.
- Records confirming supervision and annual appraisals were not always available. The registered manager agreed that supervisions and annual appraisals were not always formally recorded but gave assurance going forward that these would be recorded.
- We found that the issues we identified with the lack of contemporaneous records, certain individual risks not being assessed and the lack of formal reviews had not been identified by the registered manager.

We found no evidence that people had been harmed, however, 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.

- The registered manager did complete certain checks and audits to monitor the quality of care people received that were recorded. This included regular telephone monitoring calls, observation checks and spot checks to ensure that care staff were working to the required standards.
- Despite, our findings in relation to records, we found that people's experience of the care and support that

they received was positive and that the lack of appropriate records had not had a negative impact on the care they received.

- Following this feedback by the second day of the inspection and days after the inspection, the registered manager completed a review of each care package and sent us updated and detailed care plans for each person that they supported.
- The registered manager gave assurance that going forward they would assess, monitor and maintain their own records in respect of each person they supported whilst working in partnership with the sub-contracting agencies.
- The registered manager also gave assurance that all audits and quality checks would be recorded.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team at any time.
- The registered manager was positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development so that the service could improve the quality of care people received.

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

- People and relatives spoke positively about the registered manager and the overall management of the service. One person told us, "Yes, she is very good." A relative said, "Yes, she will always try to solve a problem and is easy to talk to. When one of the carers was not suitable she dealt with the situation straight away."
- Care staff also complimented the registered manager and the service on the way they were supported and the culture of the service. Feedback from care staff included, "Good manager, quite amazing. She does help out when we need help, she is always there and she is out there in the field" and "Excellent the service is excellent. What they train you to do is what they expect you to do and the standard here is very high."

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 legal responsibilities in relation to being open and honest with people when something went wrong.
- Where required, the registered manager was also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- People receiving a service and their relatives were engaged and involved by the service to give feedback and suggestions about the service that they received.
- This was done through regular telephone monitoring, observation visits and the completion of satisfaction surveys.
- The service also held staff meetings periodically throughout the year to exchange information and get their feedback about care delivery. Agenda items discussed included, care plans, risk assessments, medicine recording, reliability and punctuality.
- In addition, the registered manager explained that she was always in regular contact with all care staff over the telephone delivered relevant information through emails and text messages.
- Care staff also confirmed that they regularly met with the manager where they were kept abreast of changes, updates, discussed any issues or learning to be taken forward. One care staff told us, "We do have

every often and there is no timeline we can have at any moment depending on what information has come out. We discuss what do we do and what can we improve. We talk about clients, timesheets, being on time, supporting each other. Staff give you tips about other clients and we share practices."

- The service primarily worked in partnership with the sub-contracting agency who commissioned the provision of care from Rupaal Care and Training Ltd.
- The service met with the sub-contracting agency every three months to discuss each of the people they supported, what was working and what required improvement.
- The service also had established relationships with a variety of health care professionals such as GP's, community nurses, occupational therapists and social workers, to maintain the health and wellbeing of the people they supported.
- Where there had been referrals, appointments or on-going engagement with other health care professionals, this was clearly documented in people's care files with details of outcomes and actions to be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not maintain accurate, complete and contemporaneous records in respect of people receiving care and support.