

Real Homecare Limited

Real Homecare

Inspection report

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Date of inspection visit:

19 July 2022

20 July 2022

21 July 2022

22 July 2022

Date of publication:

08 September 2022

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

Real Homecare is a domiciliary care agency providing personal care to children and adults living in their own homes. At the time of our inspection there were four people using the service.

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

People using the service were kept safe by staff who always looked out for risks. People told us they were kept safe in their own homes.

Staff knew how to raise safeguarding concerns and whistleblow, they had policies they could easily access to support them with this.

People and their relatives told us the service had enough staff and they did not experience any missed visits. Staff were recruited safely and in line with the providers policy.

People told us they were cared for by competent staff who were trained well for their job.

People's consent to care was asked at each stage and people were involved in decisions concerning their care.

People's nutrition and wider health needs were monitored by the service. The service worked well with health professionals to ensure people had good health outcomes.

People were cared for by staff who were kind and compassionate. People and their relatives told us staff were very understanding and took the time to get to know them and understand their preferences.

People's privacy and dignity was respected by staff and their independence promoted.

Care was personalised and staff worked with people and their relatives to find out how people liked care to be provided.

People's communication needs were considered, and staff found ways to communicate with people to ensure they were involved in their care.

People told us the management of the service was good, and that the registered manager was considerate and took time to listen to people and staff. Quality assurance systems were in place to monitor the service and identify areas to improve.

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 30 July 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Real 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to children and adults living in their own home.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 19 July 2022 and ended on 12 August 2022. We visited the location's office on 19 July 2022.

What we did before the inspection

We reviewed the information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, operations manager and the care coordinator. We viewed their monitoring systems and displayed policies in the office. We contacted three members of staff and spoke to three people who used the service and a relative. We contacted two health professionals for their feedback on the quality of the service.

After the site visit we viewed three care plans and three staff recruitment files including training documentation. We also reviewed quality assurance documents in relation to the management of 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 of 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

- People were protected from the potential risk of harm.
- People using the service told us they felt safe with staff. One person said, "110% I trust them. They are safe, when [staff member] is looking after [relative] I don't have to look at them, I have trust." Another person said, "I feel safe [with care staff]."
- The service had a safeguarding adult and children's policy and whistleblowing policy. Staff told us they had easy access to them, a copy was displayed in the office and some told us they had a copy stored on their phone.
- Staff were fully aware of the process to follow if they thought someone was at risk of abuse. A member of staff said, "I'd observe them, their demeanour, are they eating enough. If any abuse (physical or emotional) I'd raise it with the registered manager. If no action was taken, I can approach the local authority or the police."

Assessing risk, safety monitoring and management

- People had risk assessments completed to ensure care could be delivered safely to them.
- Records confirmed the registered manager assessed people's home environment and identified measures to reduce the potential risk of harm when care was being provided.
- Equipment used in people's homes had been serviced with service dates and details of who to contact when a repair was needed. Staff had been trained in the safe use of all equipment in people's homes.

Staffing and recruitment

- Staff were recruited to the service safely and there were enough staff to support people.
- People told us there were enough staff to provide safe care. One person said, "They [care staff] are always on time, I will let them know if I don't need them, otherwise they always turn up." Another person said, "They do (come on time) and they communicate if they are running behind, things do happen with transport."
- The registered manager told us recruitment was ongoing and they would help provide care where needed as a float member of staff.
- Records confirmed, staff had completed an application form, provided references and criminal background checks using a Disclosure and Barring Service (DBS). These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Continuity of care was important at the service and people using the service benefited from having long standing staff provide care.

Using medicines safely

- People received their medicines in a safe manner.
- Systems were in place for people to receive medicines on an 'as required' (PRN) basis with guidance for when staff should administer them.
- Medicine audits were performed monthly to ensure people received their medicines safely and identify any errors.

Preventing and controlling infection

- People were protected from the risks of infection as staff followed safe and appropriate hygiene practices.
- People using the service told us staff always washed their hands and wore Personal Protective Equipment (PPE) whilst in their home providing personal care or preparing food.
- One person said, "They wear masks, aprons and gloves all the time in my house." Another person said, "Yes they always wear it (PPE) and dispose of it safely."
- The registered manager showed us they had enough amounts of PPE within the office for staff to collect.
- The service had an infection control policy to support staff in following good hygiene practices.

Learning lessons when things go wrong

- Systems were in place to learn when things went wrong.
- Records confirmed accidents and incidents were logged and information provided to help the service learn from them.

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

- People's needs were fully assessed before care began.
- The registered manager told us they visited people to perform an assessment of need, asking people and their relatives what they wanted from the care package. Records confirmed an assessment of need took place.
- One person said, "She [Registered manager] did sit down with me and I told her what I needed, she goes out of her way."

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and experience to do their job.
- Staff told us the in house training they received was very effective in giving them the skills to perform their role well, records confirmed this.
- Observations confirmed the service had extensive equipment for staff to practice their skills before providing care. This supported staff to be fully competent in their job role.
- Where staff provided specific care to people with high needs, for example using specialist feeding techniques, they were trained by specialist nurses. People we spoke to confirmed this, one relative said, "Oh my goodness, the nurse came and trained them all, they [staff] understood immediately."

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

- People were supported to eat and drink enough.
- Records confirmed dietary requirements were recorded.
- Details of any allergies and food preferences were recorded in people's care plans.

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 well with external health professionals to provide good health outcomes for people.
- People's health needs were clearly documented within their care plans.
- Records confirmed the service worked with social workers, GP, community nurse team and speech and language therapists.

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 MCA 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.

- Consent to care was obtained before it was provided, people and their relatives confirmed this.
- One person told us staff asked for permission before starting care and explained what they were doing at all times.
- Staff told us it was important to communicate with people and ask them for their consent before providing care. One member of staff said, "I speak to people and ask them, I sometimes involve their guardian if they lack capacity."

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 were supported by staff who were kind and compassionate.
- A relative spoke positively about the staff caring for their family member and said, "I don't know where you [registered manager] get your people from, they are so good." Another person spoke highly of staff and said, "They're jovial, if feeling down they bring you up. They're very helpful, thoughtful, kind and generous. They have a lot of patience."
- The registered manager had received several compliments from people using the service. The registered manager said, "They [people] will say, [staff] is brilliant. Hearing that makes my day."

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

- People were involved in their care and encouraged to state what they wanted from their care at all times.
- People and their relatives told us staff spent time with them asking what they needed and engaged with them.
- A member of staff said, "I ask the client what they like how they would like the task to be carried out and upon finishing a task ask them how they feel and if it's to their satisfaction. I believe this approach gives the patient a sense of control and dignity." This showed that people were being involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People and their relatives confirmed staff respected their privacy and dignity when delivering personal care.
- A relative told us, "Yes, they always close the door when giving [person] personal care."
- People were encouraged to complete tasks they were able to by themselves to maintain some independence. The registered manager told us where people liked to cook for themselves, staff would be present to provide support for them.

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

- People received care which was personal to them and met their individual needs.
- One person said, "[Registered manager] asked me what I needed, she was so good. The carers are the same, they ask me what I need."
- People's care plans detailed their likes and dislikes and provided information on how to provide care in the way people wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met by the service.
- Care plans recorded information on how to best meet people's communication needs. For example, one person liked sensory toys to be used and for staff to use gestures to communicate with them.
- A relative told us communication was good between staff and their family member. They said, [Person] can't talk but they know what you are doing, and let you know how they are feeling. If [person] laughs, then you are good."

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 attend their cultural activities.
- One person told us they were so pleased they were supported to attend their favourite Nigerian restaurant with staff.

Improving care quality in response to complaints or concerns

- The service had a system in place to respond to complaints or concerns.
- People told us they knew how to raise a complaint if required. One person said, "I don't hide my feelings, I will tell [registered manager] immediately." Another person said, "I have no concerns, but I would tell [registered manager] if I had."

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

- People, their relatives and staff told us the service was well led.
- People using the service and their relatives knew who the registered manager was. They told us they could contact them freely for assistance when they needed it.
- One person said, "It is because of [registered manager] that I have improved and [relative] have improved."
- The registered manager told us they were on call 24 hours a day to provide support to people using the service and for staff.
- Staff commented on the positive work environment promoted by the registered manager and office team.
- Staff said of the registered manager, "She cares about her staff, she calls to check up on me and to find out how the work with [people] is going and if we have any issues or require PPE." Another member of staff said, "[Registered manager] is very professional to start with, she has a good relationship with staff She is approachable and a good listener. She is always looking after the needs and welfare of her staff and service users."

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 responsibilities under duty of candour and the need to be transparent when things go wrong.

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

- The registered manager and staff understood what was expected from their job role.
- Staff confirmed they attended regular team meetings at the service to discuss ways to improve the service for people using it and to discuss any staff development opportunities. Records confirmed these took place as well as management meetings.
- The registered manager regularly monitored the service by asking for feedback from people who used the service and from staff, records confirmed this.
- Audits of the service were performed regularly, these included a medicine audit, call log audit and telephone monitoring.

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

characteristics

- People using the service were actively supported to engage with the service, either in person or over the telephone.
- People using the service told us they were regularly asked to provide feedback to the service. One person said, "I'm very happy with this agency [Registered manager] is always checking on me, if I wasn't happy, I'd tell her."

Continuous learning and improving care; Working in partnership with others

- The service was always looking at ways to improve the quality of care.
- Records showed the service had an active improvement plan to guide them in continuously improving. For example, the service wanted to implement an electronic system for the purpose of recording medicines more accurately.
- The service worked well with a number of health professionals and feedback received from them was positive. One health professional said, "Quality of the care for [person] is second to none, [person] is well looked after."