

Raza Home Care Ltd

# Raza Homecare Limited

## Inspection report

215 St Helier Avenue  
Morden  
Surrey  
SM4 6JH

Tel: 02087154268

Date of inspection visit:  
08 March 2022

Date of publication:  
24 March 2022

## 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

Raza Homecare Limited is a domiciliary care agency and registered for 'personal care'. The service provides personal care to older people who may be living with dementia, and have a physical disability and younger adults. At the time of inspection, six people were receiving support with personal care from this service.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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

At the last inspection, people's risk management plans lacked information regarding potential risks to them, to help staff identify and reduce the impact of these risks and monitoring and audit systems did not always identify issues in relation to the quality of care provided.

At this inspection, risk management plans contained suitable information regarding potential risks to people to help staff identify and reduce the impact of these risks and monitoring and audit systems identified issues regarding the quality of care provided.

People received a service that was safe to use and for staff to work in. Enough appropriately recruited and trained staff supported people to live in a safe way and enjoy their lives. Risks to people and staff were assessed and monitored. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Medicines were safely administered, by trained staff. The agency met shielding and social distancing rules, used PPE effectively and safely and the infection prevention and control policy was up to date.

There was transparent management and leadership with an honest, open and positive culture. The provider vision and values were clearly defined, in the statement of purpose and staff understood and followed them. Staff were made aware of their responsibilities and accountability and prepared to take responsibility and report any concerns they may have, as required. Service quality was reviewed, and changes made to improve people's care and support. This was in a way that best suited people. There were well-established working partnerships that promoted people's participation and reduced their social isolation. Registration requirements were met.

### Rating at last inspection

The last rating for this service was Requires Improvement (published 4 September 2019) and there were two breaches of regulation. The agency completed an action plan after the last inspection to show what they would do to improve and by when. At this inspection we found improvements had been made and the agency was no longer in breach of regulations.

### Why we inspected

This inspection was prompted in part due to risk management plan concerns and audit and monitoring systems not always identifying issues in relation to people's care and safety. A decision was made for us to inspect and examine the risks associated with these issues.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, and Well-led where we had specific concerns outlined above.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions 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 Raza Homecare Limited 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.

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

## 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.

# Raza Homecare Limited

## 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

One inspector carried out this inspection.

#### 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

This inspection was announced and took place on 8 March 2022. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke in person with the registered manager. We contacted four people using the service, their relatives

or advocates, and four staff, to get their experience and views about the care provided. We reviewed a range of records. This included two people's care and risk records. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, spot checks and quality assurance.

#### After the inspection

We continued to seek clarification from the agency to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff and training information, and audits. We received the information which was used as part of our inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection risks to people were not always identified to ensure that staff had necessary information about how the risks could affect people and action required to minimise risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 12.

- People were safe using the agency services.
- People and their relatives said they felt the service was safe. One relative said, "They give a brilliant service no matter the circumstances like the lockdown." Another relative told us, "They are very caring and helpful with [person using the service]."
- People's risk assessments and care plans supported them to take acceptable risks and enjoy their lives safely. They included aspects of people's lives such as health, activities and daily living. As people's needs changed risk assessments were updated and regularly reviewed. Staff were aware of people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks.
- Policies and procedures explained how to safeguard people, manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were informed of the lone working policy to keep them safe.
- Staff were trained to identify abuse and the required action to take, if encountered. Staff knew how to raise a safeguarding alert and when this was required. There was no current safeguarding activity. They explained to people how to keep safe and if specific concerns were identified about people, they were recorded in their care plans.

Staffing and recruitment

- The agency staffing, and recruitment was safe.
- The recruitment procedure and records showed that it was followed. The interview process included scenario-based questions identifying prospective staff reasons for wanting to work in health and social care, skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was a three-month probationary period with reviews. Suitable numbers of staff met people's needs flexibly. This was confirmed by people's relatives and the staff rotas.
- Staff files had a checklist that confirmed the recruitment process and training had been completed. Staff were provided with a handbook that set out the agency expectations of them and their responsibilities. Staff told us that the training was very good and meant they could do their jobs properly. New staff had the

opportunity to shadow more experienced ones prior to working on their own. They were introduced to people using the service before providing them with a service. A relative told us, "The carers [staff] are diligent and caring. They always complete all their tasks and use their time very efficiently.

- Staff supported people in small hubs, to promote continuity of care and reduce footfall. Staff were facilitated to have discussions that identified best outcomes for each person, during handovers and meetings including things that didn't work. A relative told us, "They look after the [person using the service] wellbeing and are attentive to their needs."
- Staff received minimum three-monthly supervision and an annual appraisal.

#### Using medicines safely

- No people using the service were currently being administered medicine or prompted to take it. There were systems in place to ensure people received medicines safely from trained staff. When medicines were administered, the audit system checked that people's medicine records were fully completed, up to date and medicines were appropriately stored and disposed of. Staff training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach to good infection, prevention and control (IPC) from the NHS.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, and accidents and incidents were reviewed to identify themes and take necessary action.
- Each person had a small dedicated group of staff that where possible supported them. The agency facilitated discussions that identified best outcomes for each person, during handovers and meetings including things that didn't work.



# 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.

### Continuous learning and improving care

At the last inspection evidence regular audits were not carried out by the management team to monitor the quality of the services being provided for people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 17.

- The agency improved care through continuous learning.
- People, their relatives and staff were kept informed of updated practical information such as keeping safe guidance and PPE good practice.
- Audits underpinned action plans identifying any performance shortfalls that required to be addressed and progress made towards them. The registered manager was also in daily contact with people using the service and staff.
- The complaints system was regularly monitored and enabled staff and the agency to learn and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "She [registered manager] listens."

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

- The culture was open, positive and honest. Relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One relative said, "The communication with both the [registered] manager and the carers [staff] is smooth and efficient." Another relative commented, "No complaints." A staff member told us, "The [registered] manager is always there when I need her."
- People and their relatives had the services available to them explained, so they were clear about what they could and could not expect from the agency and staff. Staff told us they felt well supported by the registered manager. The statement of purpose, mission statement and user guide were regularly reviewed.
- There was a clearly set out vision and values, that staff understood, and relatives said were reflected in staff working practices. They were explained at induction training and revisited during staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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 agency was aware of their duty of candour responsibility.
- There was a simple, transparent management reporting structure and an open-door policy.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.

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

- The registered manager and staff were clear about their roles and its importance.
- There was an electronic care planning and quality assurance system that staff, people using the service and relatives had access to which updated in real time highlighting tasks carried out and when. It provided appointment scheduling, client details, and updated staff rota so people knew who was coming. Staff said they were able to make their visits due to the quality of scheduling and visit allocation. Data was collated to update and improve services provided. A staff member told us, "Always kept updated."
- The registered manager contacted field staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as care workers that may not be able to cover calls and any tasks that were not completed and why. A staff member told us, "I'm very happy working for them [agency]."
- Quality assurance systems contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily electronic logbooks, care plans, risk assessments, staff training and medicines audits. The staff files and data base contained recruitment, training, performance and development information. This information was stored on the electronic system.
- The agency worked with voluntary and statutory partners, to identify areas for improvement to progress the quality of services people received. Feedback from organisations was integrated to ensure the support provided was what people needed including district nurses and GPs. This was with people's consent. The agency also worked with hospital discharge teams to prevent vulnerable people being discharged without appropriate support being available.

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

- People's relatives and staff were able to give their views by telephone, visits to people, and feedback monthly questionnaires and annual surveys. The agency identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed included updates from NHS England and CQC.
- Staff received annual reviews, regular supervision and there were staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health & risk assessments. Selected procedure reviews also took place during the staff meetings to identify that staff understood them.
- Links were maintained with community-based health services, such as district nurses, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- People's vulnerability regarding social isolation was reduced by the agency and staff sign posting them towards other organisations that may be able to meet their needs, within the community if it could not.