

Rani Care C.I.C.

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Inspection report

43 Chandos Gardens
Leeds
West Yorkshire
LS8 1LP

Date of inspection visit:
17 April 2019
18 April 2019
23 April 2019
25 April 2019

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18 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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:

Rani Care C.I.C. is a domiciliary care agency providing personal care and support to people in their own homes in the Leeds area. They provide support to older people from all communities. However, they specialise in offering support to people from south Asian communities to meet their specific cultural, language and religious needs. They have a multi-lingual staff team.

Not everyone using Rani Care C.I.C. receives regulated activity; 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 take into account any wider social care provided. The service was providing personal care to five people at the time of the inspection.

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

Medicines were not always managed safely. People did not always receive their medicines as prescribed. Risks in people's homes were not fully assessed to ensure safety. People told us they felt safe and spoke positively of the care and support they received. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely. People were supported by a small team of regular staff which provided continuity.

The provider's quality assurance systems were not fully effective. They had not identified areas we found where the service needed to improve. There was a positive culture within the service where people, staff and relatives felt listened to. People and staff were encouraged to provide feedback about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received appropriate training and support to enable them to carry out their roles effectively and safely. Staff supported people to access healthcare and maintain nutrition and hydration where they provided this support. People's needs were assessed before they began to use the service; however, this was not always recorded.

We have made a recommendation about the recording of assessments of people's needs.

People and relatives told us staff were caring and treated them with respect. People were supported by staff who could communicate in their preferred language. Staff were described as kind and patient. They understood people's cultural needs and were respectful of this. People were involved in making decisions about their care. Staff promoted people's independence.

People had care plans regarding their support needs. Some of these needed to be reviewed to include more detail. However, staff knew people's needs, life histories, preferences and routines well. The provider had a system in place for responding to people's concerns and complaints. Any complaints or concerns raised

were used as an opportunity to improve the service.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Details of the action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: At the last inspection the service was rated Good. (published 18 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Rani Care C.I.C.

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. This inspection was planned to check 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. We gave the service short notice of the inspection visit because it is small and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection site visit activity started on 17 April 2019 and ended on 25 April 2019. We visited the office location on 23 April 2019.

What we did before the inspection:

We reviewed all the information we held about the service. We contacted relevant agencies such as the local authority, safeguarding and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). 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 with two people and one relative. We also spoke with two staff and the registered manager.

We reviewed five people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of staff.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. One person had received doses of their pain relief medication too close together for several days. This put their health at risk. We reported these concerns to the registered manager for their immediate attention. The instructions for safe administration of this time sensitive medicine were not included on the person's medication administration record (MAR).
- One person received support from staff with the administration of a pain relief patch. The specific detail of this had not been recorded in their care plan. We could not be assured this was administered as prescribed.
- Care plans did not describe the individual support people required with their medicines. This meant there was a risk people's needs could be overlooked. The provider's medicines policy stated assessments of people's needs with medicines were carried out. There was no evidence this had taken place for people.
- Staff received training in medicines management and told us their competency was assessed to ensure their practice was safe. However, the registered manager did not record the competency checks.
- The provider's medicines policy was undated and had not been updated to reflect current good practice guidance.
- The provider's approach to assessing and managing environmental and equipment related risks was inconsistent. This meant people who used the service and staff were not protected properly.

We were not assured all reasonable steps had been taken to ensure the safe management of medicines and risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- Assessments of people's individual needs identified potential risks and hazards. These included areas such as areas such as personal care and health related risks.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their family member felt safe. Comments included, "[Name of family member] is well looked after and safe" and "I feel very safe. I used to be afraid of falling in the shower; but not anymore."
- Staff showed a good awareness of safeguarding procedures and knew how to report incidents or allegations of abuse.
- Staff were confident the registered manager would act on any concerns reported.

Staffing and recruitment

- There were enough staff to meet the needs of people who used the service. People told us staff were

punctual and stayed the expected length of time of their visit. One person said, "They are absolutely on time and stay for the time I need them."

- People received care from a consistent team of staff. One person said, "It is the same girls that come. I know them and they know me."
- The provider had thorough recruitment procedures, which ensured suitable people were employed.

Preventing and controlling infection

- Staff understood the importance of the management and prevention of infection and said they had completed training. Records confirmed this.
- Staff had access to personal protective equipment. This included disposable gloves and aprons for use when undertaking personal care tasks.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for accidents and incidents.
- The registered manager responded appropriately when accidents or incidents occurred. They said they used any incidents as a learning opportunity. However, records needed to show this more clearly.

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.

Good: 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

- Overall, people's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service.
- The registered manager received an assessment of people's needs from local authority or health care commissioners. They used this to inform their assessment of people. However, this assessment was not always recorded.

We recommend that the provider reviews their systems for ensuring assessments of people's needs are recorded.

- People were involved in making every day decisions and choices about their care. Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- People told us staff were well trained. One person said, "They are most certainly well trained. They pick things up very quickly."
- New staff completed an induction and worked alongside the registered manager when they first started. Their competency was checked during this time. The registered manager said staff did not work unsupervised until they were satisfied of their performance.
- Staff received training in various areas such as moving and handling, safeguarding and dementia care. Staff spoke highly of their training.

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

- Staff assisted people to eat and drink when this was required.
- Staff understood the importance of offering people choice in what they had to eat and drink and maintaining good nutrition and hydration.

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

- People were supported to maintain good health and had access to healthcare support as necessary.
- Staff told us they would have no hesitation in calling health professionals for advice on people's needs. Staff said they liaised with district nurses and GP's as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was aware of the need to discuss with the local authority any potential applications to deprive people of their liberty.
- People told us they consented to their care. One person said, "They [staff] always ask and explain everything."
- The registered manager and staff showed they understood the requirements of the MCA. They understood the importance of gaining consent before providing care.

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.

Good: 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 treated with kindness, respect and compassion by staff. Positive feedback was received from people and relatives regarding staff's caring approach. One person said, "Staff and the manager are absolutely lovely. I feel comfortable with them all." A relative said, "My [family member] is treated very well."
- Staff and the registered manager spoke warmly about the people they supported. It was clear they had developed good relationships with people and valued them as individuals. One member of staff said, "I love my job with lovely people."
- People were treated equally, with no discrimination. People's preferences and cultural background and faith were identified during the initial assessment. Staff who spoke the same language as people who used the service were provided. A relative told us how helpful this was when staff were supporting their family member.

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

- People and their relatives were asked for their views on their care. They told us they had been involved in the development of care plans and assessments. One person said, "I feel very involved in my care plan. It says exactly what I need and staff stick to it."
- People were supported to express their views consistently by staff and the registered manager. They told us they had regular contact with the registered manager who always asked if they were happy with the service. One person said they felt confident if they requested any changes they would be addressed.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People told us their care was provided in a dignified manner and they felt respected. Comments included; "I'm in good hands, I feel safe and respected in my own home" and "They [staff] are very respectful of my privacy and dignity."
- Staff understood the importance of treating people with respect and dignity. One member of staff said, "It's very important to treat people well; no rushing, go at their pace." They also spoke of the importance of respecting people's views and choices.
- People's independence was respected and promoted. One person said, "They [staff] encourage my independence. They assume you can do things for yourself."

Is the service responsive?

Our findings

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

Good: 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; End of life care and support

- People received personalised care that was responsive to their needs from staff who knew them well. People and their relatives told us they were very pleased they or their family member were supported by the same staff. This provided people with continuity of care.
- Some people's care plans were individualised and gave good detailed information on how people wished to be cared for. For example, the culturally appropriate clothing a person liked to wear.
- Some care plans were vague and stated people required 'support' or 'assistance'. This could lead to people's needs being missed or overlooked. The registered manager agreed to review these care plans. Staff could explain the support people needed and what was important to them as individuals. They showed us they knew people and their needs well and provided a person-centred service.
- Staff were not providing end of life care to anyone at the time of our inspection. The registered manager said they would always aim to support people with end of life care if this was their wish.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their responsibilities under this legislation. They knew how to access translation services should these be required.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was appropriately shared with people and relatives to help ensure they knew how to raise any concerns.
- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager.

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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of safe care.

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

- Some quality assurance systems were in place to monitor the service and ensure risks were managed. These included checks on staff's performance and medication administration records. Improvements were needed to the quality assurance system to ensure it adequately identified shortfalls. The issues we found regarding risk, care records and management of medicines support had not been identified by the checks in place.
- The provider had policies and procedures in place to guide staff. However, there were no systems in place to check and review the policies and update them if required, to ensure staff were following current best practice guidance.
- Systems were in place to review and monitor accidents and incidents should they occur. Actions taken to prevent re-occurrence had not been fully documented.
- The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) was notified of significant events which had occurred within the service. However, one concern had not been reported to the CQC but had been reported to the local safeguarding authority. The registered manager confirmed this was an oversight.
- People and relatives all knew the registered manager and spoke highly of them.

Continuous learning and improving care

- The registered manager was open and honest about what improvements were needed to ensure staff provided safe and effective care to people. They acknowledged they needed to spend more time on improving the documentation and records in the service.
- Staff meetings were organised to ensure staff were kept up to date with any planned changes in the service.

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

- People and their relatives told us the registered manager was approachable and sensitive to people's needs. They told us the service was managed well. One person said, "I find them very well organised."
- Staff said they were well-supported and felt valued. They said the registered manager was helpful and they were confident to raise concerns or make suggestions.
- The registered manager led by example working alongside the staff guiding and supporting them ensuring standards were maintained.

- Staff said they were kept informed of important information that affected the service delivery. One member of staff said, "We learn from any mistakes."

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

- People or relatives were asked regularly to provide feedback about the service provided. This was completed by telephone or face to face with people.
- The registered manager and staff were multi-lingual to enable participation of people who did not have English as their first language.

Working in partnership with others

- The registered manager and staff worked together with other health and social care professionals involved in people`s care. These included GP's, community nurses and dementia nurse specialists.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed in line with best practice.</p> <p>The lack of identifying, assessing and managing risk meant people were not always safe.</p>