

RUMAX LIMITED

Rumax Limited

Inspection report

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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

The inspection took place on 28 April 2016 and was announced.

Rumax Ltd is a small domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Basildon and the surrounding area. At the time of our inspection there were nine people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained. Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported when necessary with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to

maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Rumax Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 28 April 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the Registered manager at the agency's office.

Following the inspection we spoke with four people who used the agency, one relative and received information from three staff. We also spoke to health care professionals.

We looked at four people's care records and examined information relating to the management of the service such as staff support, training records and quality monitoring audits.

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe when receiving their care and that they 'trusted' the staff.

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, "I get help when I need it so yes, I do feel safe." Staff told us there were always two staff when required, for example to assist someone in using a hoist or to use a standing aid. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

Staff told us all the staff were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The managers told us that if staff were unable to cover then they themselves would carry out the care visits. Staff confirmed that on occasion this happened.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "The staff just watch me to make sure I have my medication when I need it, I need it at

certain times of the day and they always arrive on time." Staff were trained to administer medication, however at the time of our inspection people were able to take their own medication or had support from family members.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff are very knowledgeable they know what needs to be done and what help I need they are excellent."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, stoma care and pain management.

Newly appointed staff completed an initial induction this included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs or areas of concern were discussed.

The manager explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, "[manager] is always available for advice and support."

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

People told us that their care visits were usually on time and they were contacted if the carer was going to be late. One person told us, "They are always on time, I can put the kettle on three minutes before they arrive and they will be here just as it boils they are that reliable."

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs

met by staff. Staff had information about people's likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten.

When a person's health was of concern they would refer to health professionals if needed. One staff member told us, "We have the contact details of the GP surgery and ring if necessary then let the office know." Records confirmed that staff had taken the appropriate steps when they had noticed a person's health had deteriorated.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness. One person said, "I look forward to their visits they always have a smile on their face." Another said, "The staff are excellent, they are all very kind." Relatives told us, "The staff are excellent we never stop laughing, they are always so cheerful."

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

Staff told us how important it was to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer; I know them now that's important to me."

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered. People had their own communication books which enabled staff to pass on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The manager comes and asks if I want anything to change." Records showed that people had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, "I would definitely recommend this agency to other people; they have been great I have no regrets." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from staff. One person told us, "[manager] is really good, he listens to everything I say and knows where to arrange extra help if I need it."

Healthcare professional's comments included, "They provide a very good service they are really co-operative in dealing with some complex care packages, and have a very person centred approach."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. Staff told us, "We are only a small team and work closely together we are always talking to each other, passing on information about people, communication is very good."

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke to told us, "I know how to complain but I have never had the need to."

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had a deputy manager to support him who also carried out care visits.

Staff told us the service was well organised and they enjoyed working at the service. They said the management had visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. The manager told us he worked alongside the staff team which gave him the opportunity to observe staffs practice and ensure they were competent in their job role and also to give advice and guidance.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. We saw records which confirmed this.

The manager described how the quality of the service was monitored and showed us records of the checks that were carried out. These included reviewing areas of record keeping, and having discussions with people that received the service. Sampling of other documentation was undertaken by the manager on visits to individual's homes.

The manager had formed good links with Health care professionals, one person told us, [Managers name] is always available to talk to communication between us is very good."

The provider used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out. People made positive comments about how the service they received was managed. One person had commented, "They are always on time with a smile nothing but care in their hearts whatever the task, they cannot be praised enough." Another person said, "Yes, I would recommend your service to family, friends and neighbours."

We looked at records of complaints, there was a clear audit trail of the complaint being investigated and responded to.

Care files and other confidential information about people kept in the main office were stored securely this ensured people's private information was only accessible to the necessary people.