

Rani Care C.I.C.

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Inspection report

43 Chandos Gardens
Leeds
West Yorkshire
LS8 1LP

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 August 2016 and was announced. At the last inspection in July 2014 we found the provider was meeting the regulations we looked at.

Rani Care C.I.C is an agency providing personal care to people in their own homes in the Leeds area. It is a social enterprise and not for profit organisation. 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 who used the service and their relatives all told us they were happy with the support they or their family member received from the service. People told us they felt safe with their care workers and the care they were provided with. They said they received a good standard of care.

All the staff we spoke with and the registered manager showed a commitment to providing good quality person centred care. People told us the service was reliable and staff were kind and caring.

There were systems and procedures in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Staff received training in administration of medicines and systems in place ensured people received their medicines safely. However, some improvements were needed to the records of medication administration to ensure instructions for medications were always clear.

Where needed people who used the service received support from staff to ensure their nutritional and health needs were met.

The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

Care and support was provided by appropriately trained staff. Staff received support and supervision to help them understand how to deliver good care.

There were systems in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident the agency would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. People who used the service, relatives and staff all spoke highly of the registered manager and their commitment to the service and people who used it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Overall, there were appropriate arrangements for the safe handling of medicines and people received their medication safely.

The registered manager and staff had a good understanding of safeguarding and how to appropriately report abuse and people told us they felt safe.

Safe recruitment procedures were in place. People told us staff were reliable and flexible and they knew the staff who supported them.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and were supported through regular supervision and appraisal of their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

The service provided good support with meals and healthcare when required.

Is the service caring?

Good ●

The service was caring

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive

There was evidence that individual choices and preferences were discussed and identified with people who used the service.

The service had systems in place to manage complaints.

Is the service well-led?

Good ●

The service was well- led.

There were overall, effective systems in place to monitor and improve the quality of the service provided.

The registered manager was familiar with individual care needs and knew people who used the service well.

Staff said they felt well supported by the registered manager.

Rani Care C.I.C.

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 24 August 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications. We also sent out 18 surveys to people who used the service, their relatives, staff and community professionals. Six were returned to us. We have included the responses from surveys in the inspection report.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were nine people receiving the regulated activity of personal care from the service. We spoke with the registered manager during our visit to the office and also visited two people who used the service and their relatives. Following the visit to the provider's office we carried out telephone interviews with one person who used the service, two relatives of people who used the service and two care staff delivering care to people who used the service. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's support plans and three people's medication records.

Is the service safe?

Our findings

People who used the service were safeguarded from abuse. They told us they felt safe. One person said, "I feel safe and secure with them, they are all so nice." Another person told us, "I feel safe because they know what they are doing." Relatives of people who used the service said they were confident their family members were cared for safely and this gave them peace of mind.

The provider had safeguarding procedures and information about the local safeguarding authority. The registered manager understood how to report any safeguarding concerns. The provider had a whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. The registered manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Records confirmed this to be the case.

Staff showed they were aware of the action to take should they suspect someone was being abused and they were aware of the provider's whistleblowing policy. Staff felt confident any concerns they reported would be addressed by the registered manager. In our survey 100% of staff said they knew what to do if they suspected one of the people they supported was being abused or was at risk of harm.

There were systems in place to keep people safe through risk assessment and on-going management of any risks. The care records we looked at showed risks were assessed appropriately and managed to ensure people remained safe while independence was encouraged and promoted. Staff were aware of risk management plans and said these were updated regularly or whenever people's needs changed. Staff were aware of how to report changes in people's needs to avoid unnecessary harm or exposure to risk, for example, skin changes that could lead to pressure ulcers.

Everyone we spoke with said the staffing levels were good. People who used the service said the same care workers visited and their visit times suited their needs and wishes. The registered manager said staffing levels were determined by the number of people who used the service and their specific needs. They said they were constantly reviewing their recruitment situation to ensure they had staff available to meet people's needs or respond flexibly to changes in need.

In our survey, everyone told us they received care and support from familiar, consistent support workers, that their support workers arrived on time and stayed the agreed length of time. Staff told us they had enough time allocated for their visits and were able to meet people's needs well in this time. Staff told us they were able to spend sufficient time with people and did not feel rushed when providing care and support. They also said the registered manager tried to make sure that people received familiar, consistent staff to enable them to build up a good rapport and get to know people well. Staff said they were always introduced to people before they began providing care. One staff member said, "That is crucial, so important to meet someone first before you start to provide such a personal service."

There were effective recruitment and selection processes in place. We looked at recruitment records of three care staff. We saw appropriate recruitment and identification checks were undertaken before staff began

work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct.

The provider had policies and procedures relating to the safe administration of medication in people's own homes. The registered manager told us staff did not assist people with their medicines until they had completed appropriate training and their competency checked. Staff we spoke with confirmed this and we saw staff training was up to date. The provider's policy included the difference between the prompting of medication and the administration of medication. Staff described their practice when they administered medication to people and when they assisted people by prompting them to take their own medication. It was clear they understood the policy.

People who used the service told us they received the support they needed with their medication. One person said, "They are very attentive and careful, write everything down."

We looked at the arrangements in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. We saw for two people a prescribed cream was administered. There was a care plan in place describing how the cream was to be used, and daily records noted this was done. However, this had not been added to the MAR. The registered manager agreed to ensure this was rectified and included in future MARs so that staff could sign to say they had administered this. Following the inspection the registered manager informed us this had now been completed.

On another person's MAR we saw they were prescribed paracetamol four hourly. The instructions for administration did not state the time of administration or have instructions on how many could be safely taken in a 24 hour period. The registered manager said this information was on the medication box label but agreed to ensure safe practice this information would be added to the instructions on the MAR. Staff we spoke with were able to describe the safe administration of paracetamol. We also saw there were occasional gaps on this person's MAR which could have meant medication had not been given as prescribed. The same person had also been prescribed another medication half way through the MAR cycle. This had been added to the MAR with no instructions for its use. The registered manager said the instructions were on the box label but agreed the instructions on the MAR were also needed to ensure this medication was not overlooked. When we spoke with the registered manager after the inspection they told us all instructions from boxed medications were now included on the MAR and staff had been informed of the need to do this when preparing MAR charts each month.

The registered manager said they randomly checked MARs when they were delivering care to people. They said they did not document this and had not picked up on the issues we identified. They said they were going to now introduce an audit tool for the MARs which would result in documented action plans for any findings. They also said they were going to speak with the pharmacist to introduce a MAR with more space for writing instructions for medication to improve recording. We spoke with the registered manager after the inspection and they informed us they would check all MARs each month for completion and accuracy and document they had done so. They also told us they had reviewed several types of MAR sheets but were going to continue using what they had in place and make sure full entries of instructions were made. They said other MAR sheets they had looked at did not have any more room on them and theirs did have more room to include actual time of administration.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. They said there was good on call support from the registered manager if they ever needed any advice on people's welfare.

Is the service effective?

Our findings

People who used the service or their relatives said staff were very competent and well trained. People's comments included; "They are well trained, caring people", "We are so pleased with them and how they do things" and "Couldn't ask for better trained girls." In our survey, the majority of people said care and support workers had the skills and knowledge to give them the care and support they needed.

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff said they received a good induction which had prepared them well for their role. We saw the provider had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff confirmed they undertook shadow shifts as part of their induction, which meant they worked alongside more experienced staff and were introduced to people who used the service so they could get to know their needs. People who used the service said they appreciated being able to get to know new staff in this way.

We looked at staff training records which showed staff had completed a range of training which included; manual handling, basic first aid, medication, safeguarding, dementia and mental capacity and food safety. Staff spoke highly of their training. One staff member said, "I really enjoyed the training; it has made me feel confident." We also saw staff received regular supervision and appraisal which gave them an opportunity to discuss their roles and on-going development.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. The registered manager and staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

People who used the service told us they made decisions about their care and treatment. The registered manager said that as part of their initial assessment they discussed people's involvement in their care and their ability and capacity to make decisions about their care and support. The registered manager was aware of the need to carry out a formal mental capacity assessment where people lacked capacity. They said they would liaise with families and health professionals to do this.

The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this was done at induction and refreshed each year. In our survey, 100% of staff said they had received training in and understood their responsibilities under the MCA.

The registered manager told us they provided support to enable people to manage their health care needs.

They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed. They told us they accompanied one person to collect their own medication from the pharmacy to encourage independence in this area.

The service provided support to some people at meal times. Staff showed a good awareness of people's likes and dislikes and how they liked their meals to be presented. The registered manager said they tested staff's cooking skills at interview to ensure people received a good standard of home cooked food. People who used the service said they were very pleased that staff were able to cook food to suit their cultural needs. One person said the staff helped them to cook food themselves which helped them to maintain their independence.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were very positive about the service they received; they spoke highly of their experience. People's comments included; "I am very happy, the carers are all so kind and polite and do what I ask", "I am very pleased with them, have got to know them all so well and I like them", "They are lovely caring people" and "[Name of care worker] is so good, I feel she really cares about [family member]."

In our survey, a relative said, 'Always communicate concerns about my relative and are caring about her well-being. The family are very happy with the care provided.'

People who used the service said they were assisted to maintain their independence and were treated with dignity and respect. One person told us; "I am treated very well and the girls respect my home and privacy." Another person said, "They encourage me to do what I can for myself but are on standby for me." A relative said, "They all speak so nicely and treat [family member] with the utmost of respect." This relative told us that in the past there had been a care worker who they had not found suitable for their family member and they had raised their concerns with the registered manager who had addressed them to their satisfaction. We spoke with the registered manager about this and they confirmed they had spent time re-training the care worker to ensure high standards of caring were delivered.

In our survey we asked people if they were introduced to their care workers before they provided care or support: 100% agreed. The survey results showed overall everyone was happy with the care and support they received, care workers always treated them with respect and dignity, and care workers were caring and kind.

Staff talked about how they ensured people's privacy and dignity was maintained and gave good examples of how they did this. Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "We encourage people to do what they can for themselves; it's important to keep people going and gives them their pride." It was clear staff had developed good relationships with people and spoke caringly about them. Staff were trained in privacy, dignity and respect during their induction. The registered manager said they worked alongside staff to ensure this was always put in to practice.

We looked at care records which showed people had been involved in planning their care and support. A person who used the service told us, "I feel very involved and that I am in charge of what care I have." Relatives told us they were involved in identifying the care needs their family member wanted and any on-going reviews of care.

We looked at a selection of service reviews carried out in the last year by the provider and saw people's comments were positive and complimentary about the service. Comments included; 'Very happy with the service and all the carers', 'So pleased to have Asian carers I can converse with', 'Staff go the extra mile' and '[Name of care worker] is lovely kind and caring.'

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet their needs. The registered manager said they personally carried out all assessments to ensure they had the right support in place for people.

Care plans were developed once assessments had taken place. The care plans we looked at were, in the main, detailed and personalised to ensure support was provided according to the person's preferences. For example, the style of clothes people wished to wear or how they had their hair styled. However, some of the care plans we looked at did not all have enough detail to guide staff on people's care needs. The registered manager agreed to review these plans with people who used the service to ensure the detail was included and people's needs were not missed or overlooked.

Staff demonstrated a good knowledge and understanding of the care and support needs and routines of people who used the service. It was clear they knew people well. They were able to describe the individual, person centred way in which they met people's care needs. Staff told us the care plans were reviewed on a regular basis to reflect any changes in people's needs and said they found the care plans informative and clear.

Our survey responses showed the majority people who used the service felt care workers and office staff responded well to any complaints or concerns they raised. The provider had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process.

People who used the service and their relatives told us that they knew how to raise concerns or make a complaint about the service and were confident that if they did, it would be dealt with appropriately. There was a complaints policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with.

There was a system in place for recording any complaints and the action they had taken. We reviewed the complaints log and saw complaints were investigated and action was taken to put things right for people. We also saw apologies were given when complaints were upheld. Staff we spoke with confirmed they received information on important issues that affected the service provision in order to prevent re-occurrence of issues. Staff records we looked at confirmed this.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of care and support staff. The registered manager also worked alongside staff to deliver people's care. People we spoke with told us the service was well managed, well organised and they would recommend it to others. People told us the registered manager was approachable and they had regular contact with them. Comments we received included; "[Name of registered manager] is so helpful whenever we see her or have any contact with her", "I can't fault the manager and organisation of this service; very good" and "I feel confident that I can bring anything up for discussion and she will sort it out."

In our survey a relative commented; 'Well organised service providing excellent continuity of care which is essential for elderly people.'

Staff spoke highly of the registered manager and spoke of how much they enjoyed their job. One staff member said 'I love this job, great support and love helping people in their lives.' Staff said they felt well supported in their role. They said the registered manager worked alongside them to ensure good standards were maintained and they remained aware of issues that affected the service. One staff member said, "[Name of registered manager] has very high standards and expects that from all staff." Staff told us they knew what was expected of them and understood their role in ensuring people received the care and support they required.

Staff we spoke with said communication and support within the service was good. All the staff we spoke with said they had daily contact with the registered manager. They told us they felt valued, listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions. One staff member said, "[Name of registered manager] is very fair and treats us well."

The registered manager told us how they monitored the quality of the service. They said they were familiar with people's individual care packages and worked alongside care workers to deliver the care and support people needed. It was clear they knew people's needs well and had a good overview of the service. They also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.

The registered manager told us they monitored the quality of records made in people's homes as they were carrying out their visits or on spot checks. However, this was not documented to show it had been done or if any actions had been identified. We found the standard of daily records was good and gave good information on how care needs were met but noted improvements were needed with medication records. The registered manager said they would be introducing a more formal system and audit tool to do this in the future. Following the inspection the registered manager informed us they would audit all MAR charts monthly and any findings or actions would be logged to show the action taken to improve any shortfalls identified.

We saw the registered manager regularly asked for feedback from people who used the service and family members by carrying out service reviews. All those conducted in the last year had positive responses and no actions for improvement had been identified. Questionnaires were also sent out on an annual basis to people who used the service. Only one had been returned at the time of our inspection. Comments on this were positive, however, the person had stated their care worker was sometimes ten minutes late. Records showed that this was addressed with the individual care worker and the person who used the service was informed of the action taken to improve matters.

The registered manager told us of the systems in place to ensure important information was shared with all staff. This included daily communication, e mails and text messages. Records of communication with staff were also maintained in staff's files. We saw that the service had a range of policies and procedures to help guide staff on good practice.