

Rupaal Care & Training Ltd

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## 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

This inspection took place on 21 December 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

At our last inspection in January 2016 the service was not meeting the standards in relation to the safe management of medicines, the proper assessment of risks, consent to care and treatment, quality assurance, staff recruitment and staff training.

After that inspection the registered manager sent us an action plan detailing how they would meet these standards. At this inspection we found that the service was now meeting these standards.

Rupaal Care and Training Ltd provide support and personal care to people living at home. There were 12 people using the service at the time of our inspection. The registered manager told us that eleven people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. 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 told us they were well treated by the staff and felt safe and trusted them.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed. The registered manager carried out regular checks to make sure staff were administering medicines safely.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

People told us that staff came at the time they were supposed to or they would phone to say they were running late.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively which was confirmed by training records seen.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the assessment and planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff and the registered manager.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

## 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.

People told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, the registered manager had recorded ways to mitigate these risks.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

### Is the service effective?

Good ●

The service was effective.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

### Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

### Is the service responsive?

Good ●

The service was responsive.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

People told us they were happy to raise any concerns they had with any of the staff and management of the service.

### Is the service well-led?

Good ●

The service was well-led.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

# Rupaal Care and Training Ltd

## **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 checked 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 was undertaken on 21 December 2016. We gave the provider two days' notice that we would be visiting their head office. After our visit we spoke with three people who use the service and three relatives.

Before the inspection, we asked the provider 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 reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care and the registered manager. We spoke with a social care professional who had regular contact with the agency.

We looked at five people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at other records held by the agency including health and safety documents, quality audits and surveys.

# Is the service safe?

## Our findings

At the last inspection on 21 January 2016, we asked the provider to take action to make improvements to the management of medicines, to make improvements to the way that risks to people were being assessed and updated and to improve staff recruitment procedures. These actions have now been completed.

Before people were offered a service, a pre-assessment was undertaken by the registered manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls and hoarding.

Where risks had been identified, the registered manager had thought about and discussed with the person or their representative ways to mitigate these risks. For example, we saw that one person was identified as being at risk of hoarding and falling. In this person's care plan it was recorded that staff were to support the person to keep their flat tidy and to remove any unwanted items with the person's consent. Staff told us that this helped the person to move around in their flat more safely and reduced the risk of them falling.

People told us that the management of the service had talked with them about the risks they faced in connection with their care. One person told us, "We've talked about risks." Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's care plans.

The registered manager had also carried out risk assessments for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Staff had undertaken training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. Staff also undertook a written test before being able to support people with their medicines.

We saw risk assessments had been completed in relation to medicine administration and covered issues such as crushing medicines and the risks of people hoarding their medicines. Where medicines were to be crushed we saw a letter from the person's doctor stating this practice was safe and appropriate.

Staff told us that the registered manager carried out spot checks in people's homes which included observed competencies for staff administering medicines and medicine records audits. We saw records of these spot checks and audits in people's care files. Most people we spoke with told us they dealt with their own medicines and the people who required support from staff said they were satisfied with this.

We checked a random selection of five staff files to see if the service had improved recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The registered manager carried out checks to make sure the staff were allowed to work in the UK.

People told us they were well treated by the staff and felt safe with them. One person told us, "I feel really comfortable with her [staff]." Another person commented, "I trust her [staff] she is very good." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "I trust her with Dad."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the registered manager would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

People told us that staff came at the time they were supposed to or they would phone to say if they were running late. One person told us, "They always come on time." Another person commented, "They are bang on time."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. Staff told us that the registered manager only accepted personal care provision for a minimum of one hour so they did not feel rushed.



# Is the service effective?

## Our findings

At the last inspection on 21 January 2016, we asked the provider to take action to make improvements to supporting staff through regular supervision and to improve staff training. These actions have now been completed.

We saw records that confirmed staff training and supervisions had improved and increased. Staff were positive about the support they received in relation to their training and development. One staff member commented, "I've had enough training, I feel confident."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. This included emergency first aid, medicines management, food hygiene, infection control and safeguarding people. In addition to this mandatory training, staff told us that they had completed nationally recognised vocational training. We saw training certificates in staff files and staff told us they attended refresher training as required.

People who used the service and their relatives told us that they had confidence in the staff who supported them and that staff were effective. One person told us, "I feel confident. I feel quite safe with her [staff]." Another person commented, "[The staff member] is very nice and does the job effectively." A social care professional made the following comment in the most recent quality survey, "Staff are skilled to work with the service users."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with them. Staff told us they felt supported by the registered manager. One staff member told us, "[The registered manager] is very supportive and understands staff concerns."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. All the staff we spoke with told us they had undertaken a nationally recognised vocational qualification prior to starting at the service.

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.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment. The registered manager told us that very few people

who were currently being supported by the service lacked the capacity to make decisions relating to their care. All staff had received training in understanding how the MCA related to the people they were supporting and the registered manager told us this training was on going.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One person we spoke with told us, ""She [staff] talks to me all the time." People's capacity to consent to care and treatment was detailed in their care plans and these had been signed by the person to indicate they agreed with their support and care needs. Care plans also reminded staff that they must always seek the person's consent before providing any care and support.

Where appropriate and when this was part of a person's care package, details of people's dietary needs and eating and drinking requirements were recorded in their care plan and indicated food likes and dislikes and what support they needed.

People told us they were happy with how the staff supported them with eating and drinking. One person told us that staff provided them with breakfast every day. They confirmed that the staff knew what they liked and provided this.

Staff had undertaken training in food hygiene and were aware of any special diets people required either as a result of a medical need or a cultural requirement.

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. Staff gave us examples of where they had called out a doctor when someone was unwell or called an ambulance in an emergency.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were treated kindly. Comments from the last quality survey regarding the staff were very positive and included, "First class caring," "They are caring and supportive" and "They are patient with me."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions.

The service had an equality inclusion policy and staff were aware of this and understood that racism or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and religious observance.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes. People confirmed that they were treated with respect and their privacy was maintained.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

# Is the service responsive?

## Our findings

People using this service and their relatives told us that the management and staff responded to any changes in their needs. One person told us, "They are flexible and responsive." Relatives told us they were kept up to date with any issues. Social care professionals also commented that the registered manager and staff were quick to respond when people's needs changed. They told us that the registered manager was also able to respond quickly to any crisis referrals that required an immediate package of care. The social care professional we spoke with said the registered manager was always willing to make changes to any packages of care if anything was not working effectively.

We saw from people's care records and by talking with staff that any changes or deterioration to people's health conditions were noted by staff and reported to the registered manager. The registered manager told us that they would then contact the placing authority to reassess the person's needs and provide more time if required.

Each person had a care plan that was designed to meet their identified needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care records for five people. We saw that people had been involved in their care planning and each person had signed the plan to confirm they agreed with the support they were being given. One person told us, "They follow my instructions."

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan.

Care plans included a record of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

One person told us, "I do make complaints when I need to. I'm so happy with how these have been dealt with." A relative commented, "I'm not worried about making complaints."

We saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation and action taken to make sure the issue was not repeated. The social care professional we spoke with told us that any concerns were addressed quickly and that the registered manager was open to feedback on service improvements.

## Is the service well-led?

### Our findings

People using the service, their relatives and staff were very positive about the registered manager. One staff member told us that the registered manager "cares about their workers." Another staff commented that the registered manager was, "Very supportive and dedicated." Staff told us that the registered manager always asked for feedback from staff and understood the need for a work/life balance. Staff told us that the registered manager listened and acted on any suggestions staff made for service improvements. They said there was good communication between the registered manager and staff and they could go to her with any problems.

People who used the service and their relatives told us that they felt the service was well run. They spoke highly of the registered manager and felt they had a very "hands on" approach. They told us that if there were any problems with staff being ill the registered manager would come and support them herself.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff and regular reviews of service provision.

People confirmed they had been asked for their views about the agency and that they could contact the registered manager to discuss any issues and that they were listened to. A person we spoke with told us, "The manager rings me. She always rings me to see if I'm happy." A relative confirmed, "I've filled out a survey."

We saw completed surveys that indicated people were satisfied with the service. Comments recorded from last year's survey included, "I am very pleased with Rupaal care staff" and "Just keep up the good work." The registered manager told us that they would contact the respondent if there were any issues that needed addressing straight away.

The registered manager met with the placing authority on a regular basis to see how each person's package of care was working. The social care professional told us the registered manager was always looking at ways to improve the service.

Staff told us that they were aware of the organisation's visions and values. They told us that they must be caring and respectful in all their behaviours and practice. Staff said that the registered manager led by example and it was clear from discussion that these values were shared across the service.