

Raza Home Care Ltd

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Inspection report

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Tel: 02087154268

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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: Raza Homecare Limited is a domiciliary care agency and registered for 'personal care'. The service provides personal care to older people who may be living with dementia and have physical disabilities. At the time of inspection, 11 out of 13 adults were receiving support with personal care from this service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People's risk management plans lacked information regarding the potential risks to people to help staff determine and mitigate the impact of these risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance processes in place were not sufficient enough to monitor the service delivery. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always supported to update their knowledge and skills in all areas required for their role. We have made a recommendation about this.

Although interview notes were not available to view, records showed that staff were required to undertake pre-employment checks before they started working with people. People's care plans were not always person-centred to guide staff on how people wanted to be supported. The management team told us that these areas of concern will be addressed immediately. We will check their progress at our next comprehensive inspection.

Staff had knowledge and skills to support people from potential harm and abuse. People received their medicines in line with their prescriptions. Systems were in place to ensure hygienic care for people. Any incidents and accidents taking place were recorded and monitored to ensure safe care delivery.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had support to attend their health appointments when needed. Staff assisted people with their meal preparations as necessary.

People felt that staff attended to their needs with care and compassion and were respectful towards their privacy. Staff supported people in the decision-making process. Personal information about people was kept safely.

People had the necessary assistance to meet their health and communication needs. Any concerns people had were discussed and addressed by the staff team in good time. Policies and procedures were in place to guide staff on how to support people at the end of life stages should the service received a referral.

The management team was involved in the service delivery and shared responsibilities to ensure good care for people. People and their relatives provided feedback on how they valued the service. Staff had support on the job to ensure they performed their duties well.

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

Rating at last inspection- The overall rating for the service has changed from good to requires improvement. The last rating for this service was good (published 31 March 2017).

Why we inspected- This was a planned inspection based on the previous rating.

Follow up- You can see what action we have asked the provider to take at the end of this full report.

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 ●

Raza Homecare Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the management team would be available on the day of 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 two managers in post who were 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.

What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the agency office on 13 August 2019 and spoke with one of the registered managers.

We reviewed a range of records. This included five people's care records, staff files, recruitment, medicine records and other documents relating to the service delivery.

After the inspection

We spoke to three people and two relatives asking for their feedback about the service delivery. We also talked to four staff members working for the service.

We contacted one healthcare professional asking for their feedback about the care provision at the service.

We continued to seek clarification from the provider to validate evidence found. We looked at data relating to training and staff support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Risks to people were not always identified making sure that staff had the necessary information on how the risks could affect people should they occurred. Some risk assessments lacked information on what were the specific risks to people and how these risks could affect people should they occur in relation to their mobility and personal hygiene. Risk management plans were not detailed enough to ensure that people were provided with the required support. Information was missing on the actual support people required to stay safe and the actions staff had to take to mitigate the potential risks to people. For example, a risk assessment noted that a person was on a soft diet, but no follow-up guidance was provided for staff on how to prepare the meals for this person. This meant that people's risk assessments had not always identified and assessed the potential risks to people to ensure their safety.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they worked closely with the staff team to ensure good care for people. They provided staff with a sufficient level of information about a person before they started supporting them which helped staff to understand the person's individual needs.
- People told us they received good support from the staff team and that staff understood the risks involved in their care.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place for reporting and recording any potential abuse and harm to people. Where a safeguarding concern was raised, the provider had appropriately investigated it to ensure a person's safety.
- Staff knew the actions they had to take should they noticed people to be at risk of harm. A staff member told us, "Safeguarding is about people's safety. I would tell my manager and social services if something went wrong."

Staffing and recruitment

- Staff were required to follow provider's recruitment processes which ensured their fitness for the job. They had to fill in a job application form, attended an interview, provide two references and undertake criminal records checks prior to starting working with people. However, interview notes were not available to view. The registered manager told us that from now on this information would be stored as necessary to ensure they always had access to relevant information about the staff members should they require to address their

performance on the job. We will check their progress at our next comprehensive inspection.

- People told us that staff arrived for their visits on time and that they stayed for the required duration of their visits.

Using medicines safely

- People had support to take their medicines when they required it. The registered manager told us that currently they only prompted people to take their medicines and that they worked together with the families who shared a responsibility to support people with their medicines.
- Staff were required to sign a 'record of medication' sheet when people had taken their medicines which helped the registered manager to monitor who gave and what medicines to people.

Preventing and controlling infection

- Staff told us they used appropriate clothing to protect people from risk of infection, including gloves and aprons when supporting people with personal care. One staff member told us they ensured that people's living environment was clean, so they could be protected from infectious diseases.
- Staff had access to policies and procedures for infection control which helped them to support people safely.

Learning lessons when things go wrong

- Staff were required to complete an incident form if they witnessed an incident or accident taking place. This information was reviewed by the registered manager who ensured that appropriate action was taken to safeguard people, including reporting the incident to other agencies such as the local authority and Care Quality Commission where appropriate.
- Staff were aware of the incident reporting procedure and told us that where appropriate they would call emergency services, GP and the registered manager if they witnessed an incident taking place such as a person having a fall.
- No incidents or accidents took place since the last CQC inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with regular training courses to ensure they were meeting their role expectations. The registered manager provided classroom-based training for staff. Some of the training courses took four hours to be completed, including Mental Capacity Act (MCA) and safeguarding. Other courses, such as fire safety and equality and diversity took staff two hours to pass on the subject. We found that two out of four staff that we talked to had a very limited knowledge about the MCA. They couldn't tell us what the MCA was in relation to but when asked they gave us examples of how they encouraged people to make choices. Two staff members found it difficult to tell us how they promoted people's dignity and independence. We thought that the training courses covered were not always given enough time to appropriately train staff to ensure they had the necessary knowledge and skills in these areas.
- At the time of inspection, there were no concerns raised regarding people's ability to make their own decisions. People also told us that staff were aware of how to respect their dignity and independence.
- Staff were not provided with General Data Protection Regulation (GDPR) training, but the registered manager told us, and the records confirmed that one to one sessions were held with staff to inform them about their duties in how to protect personal information about people.
- After the inspection, the registered manager told us they will look to review the systems in place to ensure effective training delivery for staff. They also booked training for GDPR to reinforce staff's knowledge in this area.

We recommend that the service seeks guidance in how to effectively train staff in all areas required for their role.

We checked whether the service was working within the principles of the MCA.

- Procedures were followed to support people under the MCA. The registered manager told us they approached a local authority for support to carry out a mental capacity assessment if they noticed a person not being able to make a specific decision, for example in relation to the management of their medicines. Families were involved if it was concluded that the person lacked capacity and required a best interest decision to be made on their behalf.
- Records showed that staff had been appraised yearly and recently attended supervision meetings with their line manager to discuss their developmental needs and role expectations. The registered manager told us they aimed to discuss two topics at each supervision to ensure staff's compliance with the provider's procedures.
- Spot checks were undertaken to observe staff's performance on the job, including use of appropriate

equipment and medicines management.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed that initial assessments were undertaken to get to know people when they were first referred to the service. This also included assessing people's environment and the fire safety of the premises.
- Ethos of the service was to provide people with person centred care. The registered manager told us, "My company's strong point is communication. We communicate well with clients and we do what clients ask us to do."

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

- People had support to meet their nutritional needs when they required it. The registered manager told us that majority of the people they supported only needed basic assistance with nutrition, such as prompting to have their breakfast. Where a person required support with meal preparations, this was reflected in their plan to guide staff on their food preferences.

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

- The registered manager told us they supported people to attend to their health needs when they required such assistance. This included assistance going to hospitals and making referrals to healthcare professionals when people's care needs changed.
- Staff were aware of the actions they had to take in emergency, which included calling the ambulance and police as appropriate for support if they witnessed a person to be at risk to harm.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were happy with the staff that supported them. Comments included, "I am pleased with my carer. She is good at caring and had been coming for a long time. She is a diamond", and "I am getting on with my carers very well, they are excellent. No complaints."
- People told us that staff had time to have conversations with them. One person said, "I call my carer a daughter and she calls me mum. We are like a family. We joke." Another person told us they were interested to find out more about the religion of their care worker, so they had conversations about it.
- Where people had any religious beliefs, staff were aware of it and supported people to practice their beliefs as necessary. A staff member told us they reminded a person of the time and helped them to dress appropriately for their prayer.

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

- People told us they had a say at how they wanted to be supported, with one person telling us, "Oh yes, I tell how I want to be helped and my carer is very good at making sure it happens."
- The registered manager said they ensured that there was good communication between all parties involved in people's care. This included being in regular contact with people and their families, so they could tailor care plans according to people's changing needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People felt their dignity and privacy was respected. One person said, "Carers give me a full body wash and I never feel uncomfortable with them."
- Confidentiality principles were followed to ensure that personal information about people was kept safely. Written records were stored securely when not being used by staff and in a lockable cabinet with restricted access.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although we found that staff were aware of what was important to people, some care records lacked personal information about people, including their likes and dislikes, end of life wishes, life history and personal preferences.
- The registered manager told us that staff were required to shadow more experienced staff members before they started supporting people on their own, so they could get to know the person, their individual needs and how they wanted to be cared for. The registered manager told us they would immediately address this concern by reviewing and updating people's care plans. We will check their progress at our next comprehensive inspection.
- People felt that staff knew their care and support needs well. Comments included, "My carer knows what I need, my health needs and what food I like" and "[The staff member] makes sure I have my tablets and she knows about my [health condition]. She knows how to help me."
- The registered manager told us they regularly met with people to review their care needs and took action to address any changes required, including how they wanted to be supported with food preparations. This ensured that people's care needs were monitored and adhered to as necessary.
- The service responded to people's changing care needs promptly where required. A healthcare professional told us that the staff team was "very transparent" and that they contacted them when people required reassessment of their care needs, followed by increase of support hours.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met requirements of the AIS. The staff team were aware of people's communication needs and told us how they supported people to understand and express themselves. This included talking slowly and choosing the best moment to talk to a person which helped them to manage their anxiety.
- A person was provided with a staff member who spoke their native language to support their communication needs.

Improving care quality in response to complaints or concerns

- People told us they reported their concerns to the management team or the staff members that supported them who took appropriate and timely action to address it. One person told us, "I tell carers [about my concerns] if needed, but at the moment I cannot complain at all!" A relative said, "Of course I would

complain, I would phone the manager and let them know if I am not happy."

- Records showed that there were no formal complaints raised by people and their relatives since the last inspection.

End of life care and support

- The registered manager told us that since the service's registration with the CQC, they had not provided end of life care. The registered manager told us they would provide such services should they receive a referral.
- Staff had access to the provider's policy for the end of life care which guided them regarding the assistance people required at the end stages of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was no evidence to suggest that regular audits were carried out by the management team to monitor the quality of the services being provided for people. The registered manager told us they regularly reviewed people's care records and staff's training needs, but no records were seen to support this and we found people's risk management plans and staff's training needs required improvement. The registered manager also told us they undertook regular medicine record checks to ensure that people had taken their medicines as prescribed. However, there was no recording available to show when these checks took place and if any action was identified to improve where necessary. The importance of maintaining oversight of the service was discussed with the registered manager who reassured us that from now on the quality assurance processes would be carried out as necessary.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had two registered managers in post who shared responsibilities to ensure good care delivery for people. At the time of inspection, we talked to one of the registered managers who was overseeing staff's performance on the job. We found them caring and dedicated to their job. The registered manager told us, "I am open to suggestions, I want to improve. I want my service to do well and I emphasise on quality."
- The registered manager was aware of their registration requirements and knew the different forms of statutory notifications they had submit to CQC as required by law.
- Staff were aware of their role expectations and understood they were responsible for rising concerns should they have any.

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 told us the management team was available for support when necessary. One person told us, "[The registered managers] had been absolutely fine. They are there when I need them." A relative said, "I cannot see what [the registered managers] could do better or improve on." A healthcare professional told us, "We have found the agency to be professional in all aspects."

- Staff told us they worked together with people and their relatives to ensure good care delivery. Staff ensured that people's views were always adhered to and when any issues were raised it was addressed quickly.

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

- People were encouraged to provide feedback about the staff team that supported them. The registered manager told us they asked people to complete the feedback surveys during their review meetings which prompted people to express their views regularly. Results viewed were satisfactory and included people's comments such as, "I am very happy and satisfied with carers" and "What more to say- excellent."
- Staff told us they were well supported in their job and that the management team responded to the concerns raised as necessary. Comments included, "It is a very good company. The [registered] manager is kind and if any problems it is helped with" and "The [registered] manager takes time to speak to us if any problems."
- The registered managers provided on-call service for the staff team should they require guidance and support during the agency office out of hours.
- Records showed there were regular meetings facilitated for the staff team to discuss areas of concern and the necessary actions to make improvements where necessary.

Working in partnership with others

- The service used external agencies to gather information about the changes taking place in the health social care sector. The registered manager told us they used resources available from the CQC website and the local authority for making the required changes in the service's practice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and plans were not always appropriately completed for managing risks relating to the safety and welfare of people using the service. Regulation 12 (2) (a).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to assess and monitor the quality of the services provided for people. Regulation 17(1) and(2)(a) and (c)