

Rehoboth Health and Home Care Limited

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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

At the last comprehensive inspection on 26 February 2016 the service was rated Good.

At this announced inspection on 22 and 25 June 2018 the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Rehoboth Health and Homecare provides personal care and support to people so they can continue to live in their own homes. At the time of our inspection there were 18 people using the service.

The service had a registered manager. 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 continued to feel safe when staff provided them with care and support. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum

choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff provided care and support in a caring and meaningful way. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information.

## 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 remains safe

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Rehoboth Health and Home Care 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 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 comprehensive inspection took place on 22 and 25 June 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office to assist us with our inspection.

One inspector carried out the inspection.

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 considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During this inspection, we spoke with three people using the service and four relatives. We also had discussions with the registered manager and the deputy manager and four care and support staff.

We reviewed the care records of four people that used the service, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

People continued to feel safe with staff when they were in their homes providing care. One person told us, "I'm very safe. My carers know me well and know what to do to keep me safe." A relative said, "The staff know what to do which gives me peace of mind when I'm not around."

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would go to the manager straight away, they have an open-door policy and I can talk with them easily." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Systems were in place to identify and reduce the risks to people using the service and risk management plans that we looked at were detailed and informative. They covered all the potential risks present for people and the environment they were receiving support in. These included assessments about personal care, skin care, medication, falls and the environment and more. We saw that risks were documented with the likelihood of occurrence, potential impact on the person, and the best counter measures and strategies for staff to take. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

Staffing numbers were sufficient to meet people's needs. One person said, "They always turn up when they are supposed to. I've never had a missed visit." A relative commented, "Very reliable, always on time and always stay for as long as they should, or sometimes longer if that's what it takes." Staff told us they felt the service was staffed well and they had a manageable workload. One commented, "I never feel rushed or under pressure. We have time to sit and have a chat with people." The care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care. The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Records demonstrated that the service carried out safe and robust recruitment procedures. We saw criminal records checks had been completed with the Disclosure and Barring Service (DBS). This demonstrated that steps had been taken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, health declarations and proof of identification. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

The service supported people safely with medicine administration. One person told us, "My carers help me with my tablets sometimes. I'm happy they get it right." We saw that medication administration records (MAR) were used by staff to accurately record the medicines given. Staff had received training in the safe administration of medicines and one told us, "We did medicines training which I thought was very good. It made me more aware of what we have to do to make sure medicines are given safely." Medicines, were

being obtained, stored, administered and disposed of appropriately. Records confirmed that people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management.

Staff had received training in relation to Infection Control and there were policies and procedures in place that were easily accessible to staff. A staff member said, "We are given gloves and aprons and hand gels that we always use when we carry out personal care." Observations and spot checks took place, to ensure staff followed infection control practices. This showed that infection control procedures were followed and assured people that they were protected from avoidable harm.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required. We saw that actions were taken to make any necessary improvements.

# Is the service effective?

## Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with up to date guidance. We saw that detailed pre-assessments of people's needs were undertaken before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. One relative told us, "The staff are very well trained. My [relative] has some complex needs and the staff know just what to do. They never make a fuss, they do a brilliant job." All new staff completed an induction training programme and were able to shadow more experienced staff until they felt confident and competent in their role. One staff member said, "The induction was thorough, it covered everything we need to know." Training continued to be available for all staff to refresh their knowledge and keep them up to date with standards. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles.

Staff told us and records confirmed they received regular supervision so they could discuss any issues of concern or share good practice with each other. One staff member commented, "We get a lot of good support and there is always someone around if you need to talk."

There remained a strong emphasis on the importance of people eating and drinking enough to meet their dietary needs. One person commented, "My carers always ask me what I would like to eat. They always give me what I want." Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. One staff member told us, "I am always checking that people have eaten their meals and are drinking enough. If I was worried I would report it to the family and my manager." Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals such as occupational therapists, district nurses and doctors. Detailed information regarding people's health requirements was recorded in people's care plans and staff we spoke with were knowledgeable and confident supporting people with their health requirements. One relative told us, "I have no concerns that if [relative] needs a doctor the carers will sort that out and they will let me know. Straight away."

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

## Is the service caring?

### Our findings

Positive and caring relationships had been developed between staff and people using the service. One person told us, "The staff are brilliant. I'm very lucky to have them." A relative said, "The care that [relative] gets is second to none. They go over and above what I would expect and they never fail to amaze me. They care far more than I thought possible." All the people we spoke with felt they had good relationships with staff.

Staff were knowledgeable about the people they were caring for. One staff member told us, "We are a small team and get to work with the same people and their families. We involve families all the time. You can't help but build up friendships with people. We all become like one big family."

We looked at compliments received from relatives of people using the service. One read, 'Please carry on with what you are doing as you all give an excellent service. [Relative] has grown to love their carers. You are all so patient and engage with [relative] which has helped their recovery and allowed us to have a wonderful two years with them. Thank you for making their home life possible.' Another read, 'Lovely staff, very friendly and caring and fully trustworthy.'

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. There was a document that detailed people's life history and people that were important to them and their particular likes and dislikes. The care plans showed that people's wishes were considered. One person told us, "I am particular about things and how I want things to be done. The carers know what I like and how I like it. They are very very good. They know me so well."

The deputy manager told us they could provide people with information about how to access advocacy services if required and we saw this information displayed around the service. This is an independent service which is about enabling people to speak up and make their own

People and their relatives told us that staff treated them with respect and dignity at all times. One person commented, "The staff are patient, respectful and always treat me with dignity. They are very polite and have lovely manners." A relative told us, "Staff go out of their way to make sure [relatives] dignity is upheld at all times. They are very considerate of [relatives] needs." Staff we spoke with consistently showed they understood the importance of ensuring people's dignity was preserved. They were able to give us examples of how they did this, which included closing doors, approaching people quietly, and covering people when they received personal care.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and they were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act.

## Is the service responsive?

### Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff knew them well and understood their needs. One person said, "The staff are very good, I get to see the same ones which is what I prefer." Another person said, "I have the same carers and they have got to know me. My care is very good." A relative commented, "I am really pleased with the care that [relative] receives. It is so good and we are extremely grateful."

Records confirmed that a thorough assessment of people's needs was completed before a care package was agreed. These had been completed with people or their relatives if necessary. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care.

Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "The care plans are kept up to date so if you have been off you know you have up to date information in the care plan." Care plans included each person's routines, preferences, likes and dislikes.

Care plans had been updated if people's needs had changed so that staff could respond to these changes. People and their relatives told us that reviews of their care had been held so that staff could respond to any changing needs. One relative said, "We've had reviews in the last year and we were all involved." A person told us that their care had been adapted when their needs had changed and one review stated that the person was very happy with the care they received from staff members.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The deputy manager said they could make information available in different formats if it was required.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The deputy manager confirmed that any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed since the previous inspection there had been no complaints made about the service by relatives of people using the service. People had received the service user guide which provided them with information on how to make a complaint. One relative told us, "I do have the opportunity to raise concerns if I need to but so far I have no reason to complain."

No end of life care was being delivered, but systems were in place to record people's wishes and choices as

they required.

## Is the service well-led?

### Our findings

The service was managed by a registered manager and a deputy manager. People were positive about the management team and were very satisfied with the service they received. One person said, "We have a good service and we are very satisfied. I can't fault the care I get or the carers. They are as good as gold." A relative told us, "We as a family are very relieved to have found such good carers. It means we don't spend all our time worrying."

The management team promoted a positive and open culture within the service and clear leadership. They also provided care to people and worked alongside staff which enabled them to closely monitor the quality of care being provided and gather feedback from people. A staff member told us that the management team also carried out unannounced spot checks on staff and shared people's views about staff performance. One staff member said, "Yes we get regular spot checks and they watch us carrying out care with people. It's good to know if you are doing well or if you need to improve."

Staff told us the management team were approachable and supportive. Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place. Staff knew about the providers' 'whistle blowing policy', this policy supported staff to raise concerns about poor practice or suspected abuse should they need to.

People's views about the quality of care were sought formally through surveys and individually through reviews. The latest survey results were positive about the quality of care people received. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The management team liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.