Care Quality Commission

Rhema Care Services Limited

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Inspection report

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Date of inspection visit: 23, 27 and 28 October 2015
Date of publication: 11/01/2016

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

Overall summary

Rhema Care Services Limited provides personal care to people in their own homes and supplies carers both as direct private arrangements and through a contract with the local authority. People who use the agency include older people and younger adults with disabilities. The agency does not provide a service to children. Services offered include assistance with all personal care needs as well as support services such as cleaning and shopping. There were 64 people using the service at the time of this inspection.

This inspection took place over two and half days on 23, 27 and 28 October 2015. We gave short notice of the inspection, to ensure someone was available to assist us with the inspection.

We last inspected the service on 23 October 2013 and found the provider was meeting the required standards.

The service had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received consistent support from staff who knew them well. People felt safe and secure when receiving care and had been able to build positive relationships with their regular care workers and were confident in the service. There were robust arrangements in place to protect people from the risk of harm or abuse. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.

People felt they were treated with kindness and said their privacy and dignity was always respected. People were fully involved in planning their care how they wanted. Care plans were agreed with the person or someone close to them and took account of people's rights and independence.

Changes in people's needs were identified and their care package amended to meet their changing needs or circumstances. The registered manager gave us examples of situations where they had identified a need and involved various relevant health professionals to ensure the person received appropriate care.

Appropriate recruitment checks had been made to make sure that staff were suitable to support people in their homes. There were enough staff to make sure people had the care and support they needed at the right time. All care staff received a thorough induction when they joined the agency. This was followed by ongoing training to update and develop their knowledge and skills.

Staff made sure people's dignity was upheld and their rights protected. Staff understood their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training on the principles of the Mental Capacity Act (MCA) 2005.

Staff experienced effective leadership and direction from the registered manager. They felt fully supported to undertake their roles and were given ongoing training, supervision and development opportunities.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems such as spot checks, appraisals and surveys. There were processes in place to monitor quality and understand the experiences of people who used the service. People said they could raise any concerns or complaints with the agency. Where issues were raised the agency made improvements.

Summary of findings

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 were protected from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support.

Individual risks to people's health and welfare were assessed. Staff had the knowledge, skills and time to care for people in a safe and consistent manner.

The provider completed the required pre-employment checks before staff started work and made sure there were enough staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People received support from staff who were appropriately trained and supported to carry out their roles. The service had an ongoing training and development programme to equip staff with the skills and knowledge they needed.

Staff received up to date information to enable them undertake their roles and responsibilities, and were supported through regular supervision and work appraisal.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to apply these in practice.

Is the service caring?

Good

The service was caring. People were positive about the care they received and felt staff always treated them with kindness and respect.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. People and their relatives were consulted about their assessments and involved in developing their care plans.

Is the service responsive?

Good

The service was responsive. Changes in people's needs were recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were actioned.

People were actively encouraged to express their views about their care and support. People and their relatives were aware of the complaints procedure and had confidence that the provider would respond to any concerns raised.

Is the service well-led?

Good

The service was well-led. The registered manager demonstrated effective leadership and values, which were person focused. Staff felt supported in their roles and in developing best practice.

The service regularly encouraged feedback from people receiving support as well as their families or representatives.

Summary of findings

The agency offered an organised service and provided flexible and responsive support. Systems were used to regularly assess and monitor the quality of service that people received.

Rhema Care Services Limited

Detailed findings

Background to this inspection

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

Before the inspection, the provider completed 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. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection was announced and took place on the 23, 27 and 28 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the first day's inspection we spoke by telephone with ten people who used the service or their relatives. This was followed by a visit to the agency office where we met with the registered manager and two care co-ordinators. We also spoke with two care staff who were visiting the office. We reviewed the care records for ten people, employment records for five staff members and training and supervision records for the staff team. We also checked other records relating to the management of the agency. These included quality assurance audits, minutes of meetings with staff, findings from questionnaires that the provider had sent to people and relatives and accident/incident reports.

After our inspection, we asked the registered manager to send us additional information in relation to training for staff. This information was received in a timely manner. The manager also sent us a completed action plan in response to the few issues identified at the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and the care provided. Individual comments included, “She makes me feel safe”, “I have no concerns about my safety”, “She is perfectly trustworthy” and “I feel safe with a female carer.”

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff said they would not hesitate to report any issue of concern or use the whistleblowing policy if necessary. They were confident the manager and care coordinators would respond to safeguarding concerns promptly. The agency had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. We noted that the majority of staff had not updated their safeguarding training for over a year. The registered manager explained that she had experienced difficulties with accessing the on line training through the local authority and were in the process of addressing this. After our inspection we received confirmation that the manager had provided staff with refresher training on safeguarding.

Our records showed that the agency worked in collaboration with the local authority on safeguarding concerns, attended meetings and cooperated with any investigations. This demonstrated that the agency responded appropriately to potential abuse.

Risk assessments were undertaken to help people to live safely. They considered risks in people's homes, and were matched to the person's assessed needs. These provided care staff with guidance and information on how to manage and minimise any identified risks. Examples included safety around the home, accessing the community, moving and handling, mobility and taking medicines. There were risk assessments and arrangements in place on home security and for dealing with personal finances. Staff were issued with an identity badge and a staff handbook that included telephone numbers for emergencies.

People were protected from the risk of unsuitable workers. Staff records showed that the required checks were undertaken before staff worked unsupervised in people’s homes. Documentation included a job application form, interview notes, qualifications and training certificates, health declaration, proof of identity, check with the Disclosure and Barring Service (DBS) and up to three character/employment references. In one file we noted that a reference had not been obtained from the staff member’s most recent employer. When we raised this with the registered manager they took action immediately and provided written evidence of a reference shortly after our inspection. The agency used a range of interview questions which included a knowledge check on the candidate's understanding of abuse. The provider had policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

At the time of this inspection the agency employed 30 members of staff and there were six vacancies. Staffing was maintained at a level that safely met people’s needs. The manager gave examples where they had not accepted referrals from the local authority due to staff capacity within the agency. People told us that they had regular carers and were told in advance of unexpected changes such as staff sickness or holiday. Staff told us there was flexibility within the team to ensure people’s support needs were consistently met. For example, if a person’s usual care worker was unavailable, or if the person required the call at a different time.

There were arrangements in place to deal with foreseeable emergencies. There was an on call service available, which meant staff and the people using the agency were able to contact a manager or care coordinator at any time. People were provided with appropriate details and telephone numbers for management should they need to contact someone out of hours. People told us they were aware of the on call service and said they could ring the office at any time. Staff we spoke with felt the on call arrangements were managed well. They told us they could always contact someone if there was an emergency or if they had a query about a person’s care needs.

People told us they were supported safely with their medicines. The care plans contained information about people's prescribed medicines, the dose and what time of day they needed be taken. People using the service had also a signed a medication consent form. Plans included a relevant section for recording the support given to people in respect of their medicines. Staff had recorded in the daily notes that people had received their medicines or had

Good

Is the service safe?

been prompted to take them. All prescribed medicines were recorded on medicines administration records. The records we sampled were fully completed and showed that people received their medicines as prescribed.

The agency had a policy and procedure for the administration of medicines and staff had received training on medicines awareness as part of their induction. Staff at this agency did not administer any medicines but reminded or prompted people to take their medicines. Where staff provided this support the agency requested that medicines were supplied in MDS (Monitored Dosage System) packs. Staff were clear about their roles and responsibilities in relation to medicines. They told us they always contacted the office if a person refused to take their medicines or to report any other concerns.

Good

Is the service effective?

Our findings

People and their relatives had no concerns about the skills and competence of staff. One person commented, "Yes I think they are trained to do the job."

We spoke with staff who had worked at the agency for a long time as well as staff who were new to it. A newer member of staff felt their induction was thorough and well organised and covered everything they needed to know about home care. The provider used the new Care Certificate, introduced in April 2015, which is a nationally recognised framework for good practice in the induction of staff. Exisiting staff had also completed a self assessment against the Care Certificate to review their competencies against the expected standards.

All staff received a staff handbook, this contained contractual information as well as information about key policies and procedures to support them in their role. Staff told us that training was available and they were supported by the manager regarding their learning and development needs.

Staff training recognised the specific needs of people who used the service and included courses such as dementia awareness, diabetes and the management of pressure ulcers. The agency office had a designated training room which included equipment such as a bed and a hoist to support practical training on how to transfer people safely. The manager had completed a course to deliver this training. The programme of training included key aspects of care such as moving and handling, safeguarding, medication, infection control, fire safety, first aid, lone working and the Mental Capacity Act. The registered manager had an electronic system in place that monitored staff training and attendance. We found that not all staff were up to date with their required training. Following our visit the manager took immediate action and completed an audit of all staff training. She sent us an updated training record with evidence of completed refresher training for the relevant members of staff. For example, staff were provided with training on moving and handling, safeguarding and health and safety during early November 2015.

Staff spoke positively about the agency and felt supported in their job. The registered manager carried out spot checks on staff to make sure support provided was correct and consistent with people's agreed care plans. A relative confirmed this and told us, "The manager came and checked on the carers to see they were doing things properly."

Staff received supervision and appraisal to discuss their performance with the registered manager or senior staff. Supervision meetings were held every three months and staff completed an end of year review that incorporated a personal training and development plan for the following year. For one member of staff however, we noted there had been a gap in the frequency of supervision. Following our visit the manager took action and checked that all staff had received the required levels of supervision. This showed that there were acceptable reasons where supervision had been missed such as staff taking extended leave. The manager also confirmed that she would review the supervision programme every three months to follow up any discrepancies.

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 were aware of the principles of this legislation and the importance of giving people as much choice and control over their own decisions as possible. Staff told us that some people they supported were living with dementia and that their capacity could fluctuate at times. One staff member told us, "Don't always assume a person lacks capacity" and another staff member told us, "If concerned we must report to the office when a person's needs [in relation to mental capacity] have changed." The manager confirmed that there was no one who required someone to act for them under the Court of Protection.

When people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about people's likes and dislikes and how they should be assisted. Where there were concerns about people's weight or appetite, care staff maintained records so this information could be shared with relevant professionals, such as the doctor or dietician. At the time of our inspection, the manager confirmed that none of the

Good

Is the service effective?

people using the service were assessed as being at risk of malnutrition or dehydration. They told us that charts were available for staff to record and monitor people's food and fluid intake if the need arose.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Where people had identified health care needs this was recorded in their assessment and care/support plan. We found that care plans provided staff with information about any health conditions people may have such as epilepsy or diabetes. The agency worked with other professionals where necessary to deliver the care people required. We saw examples of how this additional support helped people maintain good health. For example, people had visits from occupational therapists, district nurses and doctors.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff who supported them. Their comments included, “The carer really does make my day”, “She is so kind, I can’t fault her” and “The carer is very good, she does everything for me.” A relative told us “ She [carer] has the right disposition to work with the elderly” and described the staff member as an “absolutely lovely lady, [my relative] loves her.” One person valued the company of their carer and told us, “We have a laugh.”

At the start of the service people were provided with a copy of a Service User Guide and Statement of Purpose. We reviewed these documents which contained useful information about the type of services provided, what standards people should expect, how to make a complaint and details about the agency structure and staff. This enabled people to make informed choices about whether the service could meet their needs.

People and their representatives were fully involved in the assessment and care planning process to identify their needs. The care plans were signed by people or their relatives indicating their agreement. One person told us, “She [carer] completes everything in my care plan.” Information about people's preferences and choices were recorded and reflected in the care plans although we found that the agency’s own assessment records lacked personalisation around people’s background history. We also discussed the use of other formats such as large print or pictures to help people understand their care plans. The manager acknowledged that a more person centred approach would reflect people's likes and dislikes and how they preferred things to be done. Following our inspection, the manager sent us an action plan to address this.

The staff we spoke with were motivated and enthusiastic about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided more than just basic care to people. A member of staff described how they supported a person when they experienced low moods by spending time talking and chatting with them. Care plans recognised the need to support people emotionally as well as physically. One person’s file included, “Carer should motivate and communicate with [name of person] for her to do as much for herself as possible.” Another person’s records made reference for their need to maintain their independence and be able to go out shopping despite being at a high risk of falls outside of home. We saw that the agency had discussed this with the family and arranged for a wheelchair to be provided.

The registered manager had regular contact with people both in person and by telephone and people felt able to call them at any time. In the records for the regular spot checks we saw that people were always asked about their care. Their views were also sought, when possible, at any review of their care plan.

People we spoke with consistently told us that staff respected their privacy and dignity. People said that where they had specific choices about the gender of care staff this was always respected. Relatives confirmed that personal care was provided sensitively and discreetly. Staff knew the importance of treating each person using the service as an individual and asking people how they liked things to be done. Staff gave examples of how they promoted people's dignity and privacy. This included calling out as they arrived and knocking on doors before they entered people’s homes. Individual care plans made reference to maintaining people’s dignity. One example included, “[name of person] said her dignity is very important, she wants to be able to go to the toilet on her own and also have comfort and security.”

In the agency office there was a displayed poster to remind staff about the ten dignity principles when they cared for people. Staff had also received training on dignity, respect and person centred approaches as part of their induction. Records of observational spot checks included feedback from people about the approach and manner of staff.

Good

Is the service responsive?

Our findings

People we spoke with told us they received their visits at the right time and they were supported by regular staff who were familiar to them. One person told us, “She [carer] is very friendly, a good timekeeper and will phone if she is delayed.” A relative said, “It makes a difference having continuity of care.” People and their family members felt the care and support was tailored to their needs. The times of calls could be altered or extended if they requested or had other arrangements. People said they were informed in advance if their usual care worker was running late or unable to attend.

Assessments were completed prior to arranging a service. People confirmed to us they had been visited by the manager to discuss their needs. This assessment enabled the service to decide whether they could meet the care needs of the person concerned. For those people whose care was funded by the local authority, background information and an assessment of need was provided to the agency. This included details about their preferences, capabilities, ways of communication, personal support, interests and any specific physical or mental health needs or conditions. Information obtained from the needs assessment had then been used to inform the care plan.

People told us they were given a copy of their care plan at their home. The care plans we saw contained instructions for staff about how to meet people's needs. They stated where the person was independent and what support was needed. We were told that people had a review of their care needs shortly after starting the service and every six months or sooner depending on their needs. Seven people’s care records were up-to-date and contained evidence of a recent review. In three however, we found that support plans and risk assessments had not been updated for over a year and may not reflect the person's current needs and abilities. The manager took prompt action to address this and arranged for a full audit of people’s care files following our inspection. We also received confirmation that records had been updated accordingly and the agency had implemented additional audits.

Staff told us that care plans were available at people's houses and gave them the information they needed. They also confirmed that they mainly supported the same people on a regular basis.

Staff had a good understanding of people’s needs and how to support them. They confirmed they would inform the agency office if a person’s needs or circumstances changed or deteriorated. One member of staff shared an example where they were worried about a person’s mental health and contacted the relevant professionals. The agency worked with other professionals and commissioning authorities where necessary to deliver the care people required. We saw that occupational therapy (OT) assessments had been arranged for people where their physical needs had changed. Where a person required assistance with their mobility, specific guidance and details were in place to identify the equipment needed and how it was to be used. In one instance, staff had received training from the OT on how to use a particular hoist.

Records confirmed that staff wrote care notes after each visit. These recorded the routine duties and tasks undertaken during each visit such as what the person did that day, the support they had received and any changes in their health or wellbeing. Daily reports written by the care staff in people's homes were returned to the office every month. In some cases we noted that these had not been returned in a timely manner. The manager told us that this would be discussed with staff at the next staff meeting and that office staff would monitor the return of records by completing monthly audit checks.

People told us their care and support could be adjusted to suit their needs. We saw correspondence where carers or the times of calls had to be changed. Staff told us they would report to the office if they had difficulties in providing care within the allotted time. Records showed how the agency had supported a person to increase their care package in response to their declining mobility. This was reflected in the person’s risk assessment and the agency had arranged for appropriate equipment to be sourced so care could be delivered safely and comfortably to the person. Similarly, we saw examples where people’s support needs had changed and they had worked with the funding authority to adjust the care accordingly. In some cases this meant that people’s support needed to be increased, whilst on other occasions support hours had been reduced because the person had become more independent.

The agency considered people's diversity, values and human rights. Cultural and religious needs were discussed with people prior to starting the service and described in

Good

Is the service responsive?

the care plan. The agency served a diverse local population and worked closely with people and their families to understand and meet their preferences. The manager gave examples of how they had worked with people with specific needs and allocated suitable care staff. For example, they arranged a carer for one person who requested someone from the same cultural background to cook their traditional meals. One person told us their carer supported them to attend church every week.

People we spoke with were aware of the complaints procedure or said that they knew they

could ring the office if they were unhappy with anything. Relatives were equally confident the staff and registered manager would listen and act on any concerns or complaints. People said they had not had to raise any formal complaints. Their comments included, “I have no concerns”; “I can’t complain at all” and “I have never needed to formally complain.” The complaints policy was included in the service user handbook and people received a copy when they started to use the service. Care plans contained the contact details and guidance on how to raise a complaint.

There was a detailed record of complaints and how these had been investigated. We reviewed the written complaints the agency had received in the last year. We found that the two complaints had been addressed and action had been taken to resolve the issues and keep the complainant informed. Any lessons for practice were picked up and included as appropriate in individual and group staff supervisions and training. Complaints were analysed by the manager on a quarterly basis and learning was discussed at team meetings where needed. One example included timekeeping.

Good

Is the service well-led?

Our findings

The registered manager and office staff were available on a daily basis and people who used the service and their relatives were welcome to contact them at any time. This was supported by the feedback we received. One person's relative said, "I've phoned the office at different times when I've needed to."

People were regularly consulted about the quality and reliability of services they received. For example, surveys were sent out to people using the agency and their families every year. The agency also made regular telephone calls to check people were satisfied with the service and the registered manager visited people periodically. This was confirmed by individuals we spoke with. Their comments included, "I get independent questionnaires and visits", "I have one [questionnaire] annually" and "I had a visit from a manager, she asked a lot of questions." A relative told us, "We had a visit from management about two months ago." We looked at the survey results which reflected people's positive experience of the service. People we spoke with told us they would recommend the agency to family and friends.

The PIR gave us full information about how the service performed and what improvements were planned. This told us that the agency was implementing a new automated activity monitoring system to help ensure the agency had accurate and timely information about the quality of service, including late or missed calls. This information was collected already but the new system would allow faster analysis and reporting. Staff told us they had been informed about the changed system which was due to commence later in the year. The manager told us about other planned improvements which included using more person centred records.

Observational spot checks were made on staff to make sure the quality of care was to the correct standard. Outcomes were recorded in staff files and feedback had been given to members of staff. All staff we spoke with confirmed that spot checks were completed regularly. It was clear that where care staff had not followed the agency's procedures or values, this was challenged and appropriate action taken.

The registered manager was experienced and demonstrated effective leadership. Staff felt supported by her and said there was good communication within the team. This was achieved through monthly meetings and individual supervision. Comments form staff about the manager included, "She is quite approachable and always available on the phone", "One of the best" and "She is aware of balancing the level of carers to numbers of people using the service." One member of staff said there was "excellent teamwork" and they "always felt supported."

One member of staff confirmed that team meetings were held every month to "discuss any issues and look for solutions." Meeting discussions reflected staff training and supervision and were also used as a forum to improve staff practices in areas such as recording people's care needs and using the on call system appropriately. In a recent meeting, staff were asked to find out about the CQC's fundamental standards and what an inspection entails. They were also reminded about team co-operation and helping out colleagues when emergency cover was needed.

The registered manager acknowledged the need to have further systems in place to ensure people's care files were accurate and reviewed in a timely manner. Shortly after our inspection she sent us written evidence that the agency had improved the systems for checking the quality of the service. This involved undertaking monthly audits of risk assessments and reviews and a full audit of all people's files. The manager also told us that person centred approach in care delivery would be discussed as a regular agenda item in staff meetings. After our inspection visit, we received written confirmation that the above actions had been addressed. This showed that the agency had taken prompt action to address the few issues we identified during the inspection.

The service kept appropriate records of all accidents and incidents and these were regularly checked by the manager. The registered manager shared information appropriately with outside agencies like the CQC and the local authority. Accident/ incident records gave an overview of what had happened and the action taken to prevent a reoccurrence. Changes were made to people's risk and support plans as necessary. For example, we saw that referrals had been made to other professionals including the local authority falls team, district nurses and occupational therapists. As required by law, our records show that the service has kept us promptly informed of any reportable events.