

Rehoboth Health and Home Care Limited

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Inspection report

7 Lyndale Road
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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

We inspected the service on 26 February 2016 and the visit was announced.

Rehoboth Health and Home Care Limited provides a care and support service to people living in their own homes. The service is small and at the time of our inspection seven people were receiving care and support.

It is a requirement that the service has 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 2008 and associated Regulations about how the service is run. The service had a registered manager in place at the time of our inspection.

People told us that they felt safe when receiving support from staff. Risks to people had been considered to prevent avoidable harm and abuse. This included the regular checking of equipment used to support people to move where they had needed assistance with this.

Staff knew how to safeguard people and could explain how to deal with actual or suspected abuse. They had also received training to keep people safe.

People received support from staffing levels that were appropriate to carry out the care and support required. Staff respected people's property and made sure it was secure when they left.

People received care and support from staff that had been checked by the provider before they had started working for the service. This helped to make sure that they were suitable to work with people who needed care and support.

People on the whole managed their own medicines and staff gave support only when this was required. Staff were trained and regularly checked to make sure this support continued to be appropriate.

People received care and support from staff that had the rights skills and knowledge. Staff received regular training. For example, staff attended training in the safe moving and handling of people.

Staff had received guidance from the registered manager to provide effective support. They had received an induction when they had started working for the service. Staff also met regularly with the registered manager to discuss areas for improvement and to receive feedback on their work.

Staff understood the Mental Capacity Act (2005) and were able to describe their responsibilities. People were encouraged and supported to make their own decisions about their care and support. People's capacity to make decisions was detailed in their support plans.

People received effective support to maintain their health. For example, food and fluid charts were completed by staff where required to monitor a person's nutrition. Staff shared information about people's health and well-being to enable effective support to be carried out.

People received support from staff that were caring. The dignity and privacy of people was being respected and their personal information kept secure.

Staff knew about people's preferences. For example, staff told us about a person sometimes enjoying a bath on some occasions whilst at other times they just liked a wash. This helped staff to provide care and support based on people's wishes.

People had been involved and contributed to the planning of their care. People's support plans had been reviewed regularly to make sure staff had up to date information about them. Staff supported people to be as independent as possible. However, where people might have needed support to consider their care and support needs, advocacy information was not available. The director told us that they would look at ways to address this.

People knew how to make a complaint. Feedback about the service had been sought through meetings people had been involved in.

People and staff felt that the service was well-managed and the provider looked at ways to improve how it offered care and support to people.

Staff received support from the registered manager and were clear about their roles and responsibilities. The registered manager gave feedback to the staff team about their work to consider how to improve the service they were offering to people.

The registered manager understood their responsibilities and had made arrangements to monitor the quality of the service.

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 being protected from avoidable harm and abuse by staff that understood their responsibilities.

The provider had a robust recruitment process and there were enough staff to attend to the care and support people required.

People received safe support with their medicines when this was needed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had received relevant training.

People were asked for their consent before care and support was carried out. Staff knew about their responsibilities to support people to make their own decisions.

People's health needs were being monitored and support was offered where this was needed.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and caring way and their dignity and privacy was being respected.

Staff knew about people's preferences.

People were involved in planning their own care and their independence was promoted. However, advocacy information was not available.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the assessment of their care needs and received support based on this by staff members.

People knew how to make a complaint and they could offer feedback to the provider.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported by the registered manager and were clear about their responsibilities. They were able to give suggestions for improvements to the provider.

The registered manager was aware of their responsibilities. Quality checks were in place to make sure that people received a high standard of care and support.

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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 was 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.

The inspection took place on 26 February 2016 and was announced. 48 hours' notice of the inspection was given because the registered manager was often out of the office carrying out care and support. We needed to be sure somebody would be in. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required in law. We also sought feedback from the local authority who commission services to give us their view of the care and support that had been provided.

After we visited the office, we made telephone calls to one person who used the service and to three relatives of other people being supported. We also spoke with a director, a care co-ordinator and four care staff. The registered manager was undertaking care work on the day of our visit. We had made arrangements to meet with one of the directors of the organisation in the registered manager's absence.

We looked at the care records of three people who used the service and two staff files. We also looked at other records about the running of the service. This included checks that the registered manager had made about the quality of the service.

We asked the director to submit documentation to us after the inspection. This was information related to the training staff had received and policies about recruitment and complaints. The director submitted these in the timescales agreed.

Is the service safe?

Our findings

A person told us that they felt safe. Relatives were satisfied that their family members were being supported to keep safe. One relative said, "Yes, I feel really confident about that". Staff described how they took care to keep people safe. One staff member told us, "If someone had a fall I would fill in the accident form and report it to the manager". One person told us that if they didn't feel safe or happy with how their care was being carried out then they would speak up. They said, "Yes, I would say, I wouldn't hold back and I feel the company is very approachable to".

People were being protected from harm and abuse by staff who understood their responsibilities to keep people safe. Staff had a good understanding of abuse and told us of their duties to report any concerns. One staff member said, "There is a protocol to follow and I would inform the manager immediately. It will be dealt with. We would decide on how to take it forwards, for example, going to social services". There was a policy on the safeguarding of adults that offered clear guidance to staff on how to deal with suspicions of or actual abuse. However, the policy required updating to cover wilful neglect as this was missing. The director told us that they would make the addition and share the revised procedure with staff. We saw that staff had received training in protecting people from abuse. Their knowledge had been tested through meetings with the registered manager. In this way the provider had enabled staff to respond appropriately to abuse.

People were being protected against risks to their health and safety. The registered manager had written plans that were available for staff to follow. For example, one person was at risk of developing pressure ulcers. We saw that there was a clear support plan in place. This instructed staff to make sure that the correct equipment was available and to support the person to move regularly. Other risk assessments had been written in ways that aimed to keep people safe whilst supporting people to maintain their independence. In this way people were receiving care that helped to protect their rights.

There had been no accidents or incidents at the service in the last 12 months. We saw that there was a process in place for dealing with these should they have occurred. This included detailing the incident, documenting any action taken and if the incident was referred on to other authorities to investigate. In this way any incidents could have been analysed to help people to stay safe.

People's homes were being kept secure by staff who knew the access arrangements. For example, one person's support plan stated that there was a key safe for staff to let themselves in and out of the property. It was documented that staff needed to verbally announce that they had arrived and to let the person know they had locked their property upon leaving. In this way people could be sure that their property had been kept secure. If staff could not gain access to the property and where they were concerned about the health and welfare of a person, there was a detailed plan of what they should do. A staff member commented on this and told us, "If I have any concerns I phone the manager or the office and they support me". This meant that people received the correct help and support in an emergency.

People's equipment had been checked regularly to keep them and staff members safe. We saw that people's support plans guided staff to check people's equipment on a daily basis. For example, staff were instructed

to check moving and handling equipment and any electrical items before using them. In this was people were being protected from unsafe equipment by staff who knew about their responsibilities.

People received support to stay safe by staff that could cover the care and support needs of people.. One person told us, "Once they are used to what they have to do, it is ok. If they are new it can be a bit tight but that is to be expected I think". Staff confirmed that they had enough time to carry out their duties. One staff member told us, "It's fine. Sometimes we need a little more time because people are not awake when we arrive but it's generally fine". All of the relatives confirmed that when there were staff changes these were notified and that staff had always turned up on time. In these ways people were being supported to stay safe by staff that were reliable and had time to complete their duties.

People were receiving care and support by staff that had been checked for their suitability to work for the organisation. References and a criminal records check had been undertaken prior to staff commencing work for the provider. We saw that the outcomes of these had been stored in staff files. These had helped the provider to make safe recruitment decisions. We found that robust recruitment processes had been followed in line with the provider's policy.

People's medicines were being managed safely. We saw in people's support plans that they administered their medicines for themselves. One staff member told us, "People take their own medicines, we do watch to make sure they don't have any problems". People could be sure that they would be supported with their medicines if they encountered any difficulties. Staff told us that they had been trained in how to handle medicines safely and records confirmed this. We saw that there were regular spot checks being undertaken by the director on staff's practice. This meant that staff were being checked to make sure they knew about their duties in relation to medicines. We saw a medicines policy that was available to staff that directed them on what to do if they were concerned about people's medicines. In this way the provider had taken steps to support people to receive safe support where this was required.

Is the service effective?

Our findings

People received care and support from staff members with the necessary skills and knowledge. One person told us, "Generally speaking yes I think so I haven't identified any particular areas of concern and feel I could say if they were". Relatives felt that staff members were suitable. One relative said, "Yes! They are more than supportive of [person's name]. They have given me ideas of how we can improve [person's name] care". People's diversity had been considered by the provider. They had been able to match the skills of a staff member with a person receiving care and support. A relative told us, "It's great because they have found carers who are Gujarati speaking, which is wonderful. It makes a tremendous difference as [person's name] has very little English".

People were being supported by staff members who had received regular training. One staff member told us, "There is lots of training. I have recently completed moving and handling, food hygiene and infection control". We saw records that confirmed staff had received regular and relevant training. This included emergency first aid and the assessment of their competence in the moving and handling of people. There was also a plan in place showing how the director had made plans for the future training of staff in areas such as death, dignity and bereavement. In these ways people could be sure that staff were trained to offer support that was effective.

The provider had made arrangements for supporting staff members. These included an induction when they had started working for the organisation as well as on-going meetings with individual staff members. One staff member told us, "The induction went over the paperwork I needed to complete, working for the company and my roles and responsibilities". We saw that the director had undertaken training to support staff to complete the Care Certificate. The Care Certificate is a course that supports staff to gain the relevant knowledge about how to provide effective support to people. We saw that the registered manager had discussed with staff members about starting this award. Staff members told us how they felt that regular meetings with the registered manager had helped them to improve their working practices. One staff member said, "I have regular meetings. We talk about the timings of the calls, our work and it helps to refresh your knowledge on what I need to do and how to do it". Records confirmed that staff members had been part of regular meetings with the registered manager. In these ways staff members received support to enable them to carry out their work effectively.

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.

When we checked whether staff were working within the principles of the MCA we found that they were. One person told us that staff members encouraged them to make their own decisions. Relatives confirmed this and one said, "They are definitely sensitive to that, and don't make decisions for [person's name] or just assume things". Staff told us that the people they supported could make decisions for themselves. One staff

member said, "People can tell me what they want. I just follow what they tell me which is what I should do". Records showed that people's mental capacity had been considered. For example, it had been recorded in people's support plans that they could make decisions for themselves. This meant that staff had information about people's mental capacity available to them and their human rights were being protected.

People could be sure that they received care and support in ways that they preferred because they were asked for their consent. A staff member told us, "It's about their wishes and how they want the care done". People had signed their own support plans to say that they had understood and consented to the care and support being provided.

Staff members were knowledgeable about the MCA and had received some basic training. The director told us that more thorough training in this area was planned for this year. One staff member told us about their understanding of the MCA and said, "You should always assume that everyone has the mental capacity to make decisions unless it's proven otherwise. Everyone I work with has". Another staff member said, "If there are any changes to the person I give them more time and more information. If I am still concerned I would speak with the manager". In this way people were being supported by staff that knew their responsibilities under the MCA.

People were being supported to have enough to eat and drink where this support was needed. We saw that one person required their fluid to be monitored. A staff member told us, "Most people eat and drink what they choose but for one person there is a food and fluid chart that I complete to make sure they have enough". We saw that people's individual requirements were recorded in their support plans. For example, one person was a vegetarian and the support plan stated that the family support with all meals. In this way, where people required support they received it from staff that knew their responsibilities.

People had been supported to maintain their health by staff who had monitored this. We saw that people's daily notes were detailed about people's health and well-being. This information was left in people's homes so that all staff providing care and support could read updates about them. Information on people's specific health conditions were also available within people's support plans. For example, for one person there was detailed and recently reviewed information written by the person themselves about how staff should offer care and support to apply a specific cream. In these ways people could be sure to receive effective support as staff had up to date information available to them.

Is the service caring?

Our findings

People were being supported by staff who cared. One person told us, "They treat me with respect and appropriately". Relatives confirmed that the staff were kind. One relative said, "When they come in they address [person's name]. They say who they are and that. They don't talk to me instead of [person's name]. They are respectful and friendly". Staff were able to describe what good care meant to them and told us how they had made sure people's homes were left as requested by people. One staff member said, "I like to do more than the care plan says as I want them to be happy with their home. I like to make sure things are just as they like them to be".

People's dignity and privacy was being respected. One person told us, "They work in a way which gets done what they need to do without embarrassing me". We saw that staff were checked by the registered manager during spot checks of their work to make sure people's dignity was being protected. One person's support plan detailed how it was important for staff to leave the room whilst they attended to their own intimate care. Staff were able to describe this support need. In these ways people's dignity was being respected by staff who knew their responsibilities.

People could be sure that staff members knew about their preferences and what was important to them. Their likes and dislikes were known by staff and these were reflected in people's support plans. For example, one staff member was able to describe how they would ask a person daily about whether they wanted a bath or a body wash as the person often chose different options. This had been carefully described in the person's support plan. Staff told us that they enjoyed supporting people and working out with them their preferences for care and support. One staff member said, "I enjoy working with them, it is a pleasure as we work well together".

People had been involved in planning their own care. One person told us, "I wrote it pretty much and have a copy here (at their home)". A relative explained the process where they had been involved in making changes to their family members' support plan. They said, "It was set up in a rush by the social worker when [person's name] came out of hospital but since it started we have been able to say what was working or not and they have taken our comments on board". In this way people had been treated with respect when their care was planned.

People had not received information on advocacy services that were available to them. An advocate is a trained professional who can support people to speak up for themselves. We spoke to the director about this who was confident that people would speak up for themselves. However, they told us that they would consider how people are informed about advocacy services.

People were supported to maintain their independence in a caring way. One person told us, "They put me in my wheelchair and make sure I have access to the aids that help me be as independent as possible". Staff were able to describe how they respected people's skills and abilities. One staff member told us, "I encourage independence. I speak with them and ask them what support they need". A relative explained how the staff's approach was good at providing just the right level of support. One relative said, "They

encourage [person's name] so they just keep watch and step in if needed". We saw that people's support plans detailed what people could do for themselves and what support staff should offer. For example, one support plan contained information stating 'He is a very independent man who will guide you to what he wants'. In these ways people's independence had been considered and respected by the provider.

People's confidential and sensitive information was being kept secure. We saw that the service's office had locked cupboards where this information was being stored and the computer was password protected. Staff had been reminded about keeping people's confidential information safe through discussions with the registered manager. This was also detailed in the staff handbook. This meant that the provider had addressed and made arrangements for the safe keeping of people's private information.

Is the service responsive?

Our findings

People and their relatives had contributed to their assessment and planning of their care. A relative told us, "Yes, we were involved in planning and we have a copy of the plan which the girls (staff) use". We saw that when people were new to the service an assessment had been carried out. People had contributed to and signed to say they had been part of these discussions. In this way people were receiving care and support that was responsive to their individual needs.

People's support plans contained detailed information about their needs and preferences. They were written in such a way that staff would know exactly how to provide the care and support that people wanted. For example, we saw a statement in one person's file saying, 'I would like the carers to perform the following tasks for me every day'. This went on to detail the preferences of the person who had a physical disability including where to plug phone chargers in so that the person could reach them. For another person there was clear information for staff on how the person's health condition meant that they preferred to spend time in their bedroom. Staff were able to describe the details of different people's support plans. In this way people received personalised care and support from staff who knew their preferences.

People's support plans were reviewed approximately every three months or when changes had occurred. These reviews had included the person receiving the care and support. Sometimes a formal review had not occurred because people were new to the service. One person told us, "It is a bit early for me to have had a review but I have numbers I can call if there are any issues". Staff told us that although they did not review the support plans they knew that they should report any changes to the registered manager who would then look to amend the plan. This meant that staff members had up to date information on the care and support needs of the people they were supporting.

For some people, routines were important to them. We saw that their support plans had identified when certain tasks needed to be undertaken by staff. Staff members were able to describe these and confirmed that they were able to carry them out at the times people preferred. This meant that the provider had taken account of people's requests for support at particular times.

One person and all of relatives we spoke with felt able to make a complaint if they had needed to. A relative told us, "Definitely and I find them (the provider) very responsive". No one we spoke to had needed to make a complaint. They had been made aware of the complaints policy through the contract people had with the provider when they or their family member had started to receive support. This included informing people of other avenues that were available to raise concerns with such as the CQC. Staff told us how they would pass on any concerns or complaints to the registered manager but this had not occurred as nothing had been raised with them. The provider's complaints policy detailed how they would handle any complaints received. In the last year the provider had received no complaints.

We spoke to the director about gaining feedback from people who used the service. We were told that questionnaires would be sent out but as the service had not yet supported anyone for a year this had not yet occurred. The director told us that through the review process people were asked for feedback. We saw that

this had occurred. For example, one person's review detailed feedback that they had given saying that they had been very happy with the support received from a worker. The director told us that the quality assurance policy detailed how feedback would be gained. This meant that the provider was mindful that feedback would be needed to make sure people's views were considered.

Is the service well-led?

Our findings

There was a shared understanding between the registered manager and staff members about the service's aims and objectives. We saw that the statement of purpose outlined what people could expect from the service as well as the values the service strove to incorporate into its work. We saw that through team meetings the statement of purpose had been discussed and staff had been asked to consider how they could enhance the dignity of people when providing personal care support. In this way the whole team was working towards shared objectives to achieve quality outcomes for the people it supported.

One person using the service who we spoke with felt that the service was managed well and the relatives we spoke with confirmed this. One described how the service was open and that communications were good. They told us, "We are in touch regularly and they are very responsive". The provider had not sent out questionnaires as detailed in their quality assurance process. This stated that these would be sent to people's relatives or staff asking about the quality of care and ideas for improvement. The director told us that this would happen in the near future as the service had only been in operation for just over a year.

Staff told us that they felt supported by the registered manager. One staff member said, "We have good support. We have regular meetings and supervisions with the manager". Another staff member described how they had been asked for ideas on how the service could have been improved. They told us, "I see the manager through my supervisions. He will ask for ideas for improvements and is very supportive". All of the staff acknowledged that the service was new and that they hadn't offered suggestions for improvement as yet. One staff member said, "It's a growing organisation. I feel supported. Anything I've asked for is done. They are open to suggestions, everyone is valued. I enjoy working for them".

Staff knew how to raise concerns about their colleagues should they have needed to. One staff member told us, "I would blow my whistle if I had any concerns. The manager would know straight away". We saw that there was a whistleblowing policy and procedure in place which offered protection for staff if they raised a concern. In this way the provider had made sure that staff knew how to report incidents of concern.

People could be sure that staff were regularly monitored to check that the care and support they offered was to a high quality. The registered manager had arranged for spot checks to be undertaken on all staff. These checked staffs competence and approach in, for example, protecting people's dignity and the quality of care provided. Staff were also required to sign to say that they had read and understood people's support plans. In these ways staff were aware of their responsibilities and received support to make sure the care and support they offered was appropriate. We heard that this approach had resulted in satisfaction with the service. One relative told us, "They have been amazing, there is nothing negative I can say. And [person's name] is really happy with them, they didn't want care and support to start with but now [person's name] is happy to have them come in and appreciates the support".

Staff received feedback on their work. Team meetings had taken place regularly and included feedback to staff on attending training courses. The registered manager had thanked the staff team for their attendance on these and also for keeping on time with the care calls made. Staff were also reminded to wear protective

clothing when necessary. In this way staff received support from the registered manager that recognised their hard work and good practice.

The provider had looked at ways to improve the service offered to people. When we spoke with the director, they told us about how they were trying to grow their service to support more people. They were aware of what the service did well and what needed to improve. For example, the director told us that they were looking at ways of devising a better training record so that they could see where there were gaps in staff's training. In this way the service had reflected on areas for improvement so that they could provide effective staff to support people.

Staff received feedback on their work. Team meetings had taken place regularly and included feedback to staff on attending training courses. The registered manager had thanked the staff team for their attendance on these and also for keeping on time with the care calls made. Staff were also reminded to wear protective clothing when necessary. In this way staff received support from the registered manager that recognised their hard work and good practice.

The registered manager was aware of the requirements of their role. For example, we saw that they had arranged regular meetings with staff members, they had made sure that they were contactable through having an on-call procedure in place and had recruited staff in a safe way. The registered manager had made arrangements for two care co-ordinators to manage the day to day running of the service whilst it only supported a small number of people. We found that this arrangement was working well and staff told us that they had no difficulties in making contact with the office. One staff member said, "They are easy to contact and get back to me quickly".

The registered manager had undertaken audits to monitor the quality of the service being provided. For example, we saw completed audits on people's daily notes to make sure that these were written professionally and in a person-centred way. Actions had been identified to support staff members to improve. In this way people could be sure that their care and support was being analysed with the aim to provide a high quality service to them.