

Raageh 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 well-led?

Good ●

Summary of findings

Overall summary

Raageh Care Limited is a domiciliary care agency supporting people with their personal care needs in Leicestershire. At the time of inspection, 44 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found.

Timely calls were mainly in place to provide people with the personal care they needed. The registered manager followed up and acted on a small number of late calls. Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were very satisfied with the personal care staff provided. They said staff treated people with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

People and relatives were aware of how to approach the registered manager to raise concerns or complaints and these were swiftly responded to by management. The registered manager understood their responsibilities and worked in an open and transparent way. Quality assurance systems were in place to measure whether people were provided with a quality service.

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

Why we inspected

The inspection was to follow up the requirement notice we issued to the provider following the last inspection. We have found evidence that the provider had made improvements.

The overall rating for the service has improved to good based on the findings of this inspection.

Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2021).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p>Good ●</p>

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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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 2 Experts by Experience (who carried out telephone interviews with people and relatives). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 4 November 2023 and ended 5 November 2023. We visited the office location on 5 November 2023.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority.

During the inspection we spoke with 7 people who used the service about their experience of the care provided and 6 relatives about these issues. We spoke with 3 care staff and the registered manager. We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments covered the potential risks for people and identified any potential risks in people's homes.. Some risk assessments did not fully detail what action staff should take to reduce risks to people. The registered manager followed up these issues and added this detail following our inspection.
- Risk assessments helped to ensure that any risks to people's personal care and environment were identified, prevented and reduced.
- One person said, 'I feel safe, and they [staff members] are very, very good'.

Staffing and recruitment

- The majority of care calls to people had been timely. Where issues had been raised, these were followed up by the registered manager and resolved where possible.
- Sufficient staffing was always in place according to relatives. There were no missed calls reported.
- Assessments and support plans identified the number of staff required to delivery care safely.
- Recruitment systems protected people from receiving personal care from unsuitable staff members. Staff records showed evidence of good character and criminal records checks had been completed for staff before they began working at the service.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Relatives told us their family members felt very safe with staff from the service. One relative said, "I have no concerns. Staff are very kind and careful."
- Staff members demonstrated they understood how to safeguard people. They were confident the management would take action if they reported any concerns about people's safety.
- The registered manager was aware of how to report safeguarding concerns to the local authority safeguarding team.

Using medicines safely

- Medicine was safely administered or prompted to people.
- People and relatives confirmed that there had been no problems when staff supplied or prompted medicines. One person said: "The carers [staff] sort out my medication and make sure I take it correctly and at the right time."
- A medicine audit system was in place to check that medicine had been administered properly. Staff were

trained to administer medicines.

Preventing and controlling infection

- People were protected from infections.
- People and relatives told us staff had always worn personal protective equipment (PPE) such as aprons and gloves.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager said there had only been 1 occasion when a lesson had been learnt and this information had been supplied to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support needed.
- People and relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- Staff were provided with detailed training and had received training and support appropriate to their role.
- People and relatives said staff were aware of what care was needed and provided their family members with the care they needed. One relative said: "All the carers [staff] have been well trained and have the experience they need to care."
- Records showed staff had received induction and relevant training such as infection control, medication and health and safety. Staff members told us this training made them feel confident to meet people's needs.
- Staff confirmed that refresher training was provided to ensure they were up to date with the skills they needed to provide effective care to people.

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

- Some people received appropriate assistance from staff with food and fluids.
- Relatives said their family members could help themselves to a drink. This meant they were protected from potential dehydration.

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

- Records showed staff had either referred people to health care professionals such as GPs and nurses when necessary or recommended this involvement to relatives.
- Staff were aware of what to do should someone need medical assistance. They described how they had contacted the ambulance service when a person had been unwell.
- People's assessments and care plans covered their health care needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA)

provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- Staff confirmed they always asked for consent before providing care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

The provider had addressed issues identified at the last inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were protected by quality assurance and governance systems.
- Systems measured the quality of the care provided by the service. One relative stated: "Even out of hours they have contacted me if needed. The agency helped me find an alternative solution. As a team there is a lot of positive communication." Another relative said: "I would say the service is well led and we have no complaints. 'Management seem to know what they are doing'. Carers [staff] are always respectful. Sometimes the manager will phone and ask how things are going."
- Systems included checking that people's care was still relevant to their needs and that quality care was being provided.
- The registered manager had submitted a statutory notification to keep CQC informed of relevant information and was aware of the requirement to report serious incidents.
- Staff said that training was good and covered all issues of care. Refresher training was provided to ensure they could always meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager engaged with people and relatives.
- There were records showing engagement with people using the service or relatives. For example, when carrying out spot checks on staff and supplying surveys to people and relatives. One relative said: "Management are very responsive and always get back to me." Another relative said: "The agency has a very positive culture and as far as I am aware, they are very honest with us."
- The culture of the service valued people's individuality. People and relatives said that staff asked their family members how they wanted their care to be provided. One relative said, "Because religion is very important to us, they do recognise my aunt's needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- There had not been any incidents which had met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would report to a relevant agency if they felt their concerns were not acted on.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to GPs and district nurses to seek health support for people's conditions.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the management and people's families if people were ill or had an accident.