

Rabiannah Care Limited

Rabiannah Care

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

Rabiannah Care is a domiciliary care agency. It provides care and support for people living in their own homes. There were two people were using the service at the time of the inspection.

People's experience of using this service

People told us they felt safe. There were safeguarding vulnerable adults' procedures in place. The registered manager and staff had a clear understanding of these procedures. Robust recruitment checks took place before staff started work and there were enough staff available to meet people's care needs. People received safe support from staff to take their medicines. The provider and staff were following government guidance in relation to infection prevention and control. The provider had business continuity and COVID 19 contingency plans in place that made provisions for safe care in the event of an emergency, or outbreak of COVID 19.

Assessments of people's care needs were carried out before they started using the service to ensure staff could support them safely. Staff received regular training and support relevant to people's needs. People received support to eat and drink and to maintain a balanced diet. 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.

People were treated in a caring and respectful manner and they had been consulted about their care and support needs. They knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to assess and monitor the quality of service that people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account through spot checks and telephone monitoring calls and feedback was used to improve the service. The registered manager and care staff worked with health and social care providers to plan and deliver effective support to the people they cared for.

Rating at last inspection: At our last inspection of the service on 20 August 2016 we did not rate the service. This was because there was insufficient evidence to make a judgement and award a rating.

Why we inspected: This was a planned inspection in line with CQC regulations. We found the service met the characteristics of Good in all areas.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rabiannah Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relation to staff training, quality monitoring, policies relating to medicines and infection control. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with two people's relatives about their experience of the care provided. We spoke with two staff members and the registered manager. We reviewed a range of records, which included people's care and medicines records. We looked at staff files in relation to recruitment and a variety of records relating to the

management of the service, including the quality monitoring systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us they or their loved ones were safe, and they did not have any concerns of abuse.
- The provider had safeguarding adults and whistle blowing procedures in place.
- Staff had received training on safeguarding adults from abuse. Staff said they would report any concerns they had to the registered manager and they in turn would make a referral to the local authority safeguarding team. They also said they would report safeguarding concerns to the CQC and social services if they needed to.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were met safely. Assessments included the levels of risk for people in areas such as medicines and mobility.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had restricted mobility, we saw guidance had been provided to staff on how to support the person to move around their home.
- A relative told us, "The care staff were trained by the occupational therapist on how to support my loved one with hoisting equipment. I feel very assured that they know exactly what they are doing." Training records confirmed that staff had completed training on moving and handling and their competency to move people safely had been assessed by the registered manager.
- A staff member told us a person they supported had access to a community alarm. The person could use this in an emergency, for example if they had a fall, and they would receive emergency support.
- Risk assessments had also been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Staffing and recruitment

- At the time of the inspection the provider was providing personal care support to two people in their own homes. The registered manager showed us a rota that confirmed the staffing hours provided to each person.
- A relative told us, "The care staff are always on time and we have never had a missed call." Another relative commented, "The care staff turn up on time and do everything they need to do for my loved one. We have never any issues with timings."
- A staff member told us, "There are enough staff to meet people's needs. I am very rarely ever late. If I was having a problem, I would call the manager and the scheduled visit would always get covered."
- Robust recruitment procedures were in place. Staff recruitment records included completed application

forms, the applicant's employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

- People received support to take their medicines safely. When people required support to take their medicines this was recorded in their care plans.
- A relative told us, "The care staff support my loved one with their medicines. They make sure my loved one gets their medicines at the same time every day."
- Training records confirmed that staff had completed training on the administration of medicines and their competency to administer medicines had been assessed by the registered manager.
- Audits were completed to ensure peoples medicines were stored and administered safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. Their infection prevention and control policy was up to date.
- The provider carried out regular infection control audits that covered staff compliance with current COVID 19 guidelines.
- Staff had received training on infection control, they had access to personal protective equipment (PPE) and provider was accessing regular COVID 19 testing for staff.
- A relative commented, "The care staff always wear PPE when they come to our home." A staff member told us, "I always wear my PPE on visits. I had training on infection control and on COVID 19 which I found was very helpful."

Learning lessons when things go wrong

- The provider had systems for monitoring, investigating and learning from incidents and accidents. There were none recorded in the incidents and accidents log since the last inspection?.
- The registered manager told us that any incidents or accidents would be monitored to identify any trends and actions would be taken to reduce the possibility of the same issues occurring again. For example, if a person using the service fell, they would review the person's care plan and risk assessment and seek advice from a health care professional.

Is the service effective?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated 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

- The provider carried out assessments of people's care needs to consider if the service could support them safely. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- People, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. Care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training relevant to people's needs. This training included for example safeguarding adults, medicines administration, health and safety, moving and handling, diet and nutrition, basic life support, fire safety, infection control, and the Mental Capacity Act 2005 (MCA).
- Records confirmed that staff were receiving regular supervision and support relating to their work performance.

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

- People received support to maintain a balanced diet. Where people required support with eating and drinking, we saw this was recorded in their care records.
- A relative told us, "The staff have a very good understanding of my loved one's dietary needs. They know exactly how to prepare my loved one's meals and drinks the way need them and they way they like them." A staff member told us, "I support a person with a pureed diet. The dietitian has provided us with detailed advice to follow on how to prepare the person's meals and drinks."
- A relative also told us, "The care staff keep very detailed records of my loved one's dietary intake and this is really helpful for me when the nutritionist wants this information from me."

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

- People received support to maintain good health. Staff told us they worked in partnership with health care professionals, for example the GP, district nurses, dietitians, physiotherapists, and occupational therapists to plan and deliver an effective service for the people they cared for.

- A relative commented, "We work together with the care staff and health care professionals to make sure my loved one's needs are met."
- A member of staff told us, "As a team we are always liaising with the GP, dietitian, occupational and physiotherapists. We have received very good support and advice from them about how we must support the person with their 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "I would never do anything unless the person using the service gives consent. I always explain what I am doing for them to them."
- People's capacity to make decisions was assessed where required and these were retained in care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. A relative commented, "The care staff are fantastic. They are kind and caring, they respect our wishes and they support my loved one in a very positive way. It's such a big relief to have them supporting my loved one."
- People's care records included sections that referred to their cultural backgrounds. The registered manager explained how staff respected a person's religious customs when they supported them at their home.
- Training records confirmed that all staff had received training on equality and diversity as part of their induction.

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

- People and their relatives had been consulted about the care and support they received.
- A relative said, "I am continuously involved for planning for my loved one's care needs. The care plan is constantly reviewed. I attend regular meetings with the nursing team, the registered manager and care staff." Another relative commented, "I was involved along with my loved one in drawing up their care plan. We agreed what support was needed and the care staff do everything that's expected of them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative commented, "The care staff are always respectful of my loved one's care and support needs and wishes."
- A staff member told us, "I always close the door when I am supporting a person with personal care, I make sure everything is done in private. I take my time, explain what I am doing and get the person's consent before continuing. I also let relatives know what I am doing so they don't disturb us."

Is the service responsive?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that documented their health care and support needs. They contained information for staff for supporting people with medicines, eating and drinking, personal care and moving around their homes safely.
- Care records showed that people's care and support needs had been discussed with them and their relatives to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people using hoisting equipment, with their medicines and with eating and drinking safely.
- A health care professional told us the registered manager was very knowledgeable about the person they supported, and the persons care plans were well written, and person centred.

Meeting people's communication needs

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

- People's communication needs were assessed when they started to use the service. Their communication methods were recorded in their care records.
- The registered manager told us that information could be provided to people in formats they understood for example large print. If people required information in different language or in Braille this would be made available to them.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A relative told us they knew how to complain but they had never needed to.
- The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered manager told us no one was receiving end of life care and support at the time of our

inspection. They said they would work with health and social care professionals to provide people with appropriate care and support when required. We saw that people's preferences for end of life care was recorded in their care files.

Is the service well-led?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- A staff member told us, "The registered manager is fully supportive and approachable, I can contact them at any time if there are any issues with the person using the service or their relatives." Another staff member commented, "I can go to the registered manager with any problems I have. They have an open-door policy and they are very helpful."
- The registered manager had a clear understanding of their responsibility under the duty of candour. They told us they were always open transparent, and they took responsibility when things went wrong.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as care planning, health and safety, people's medicines, hygiene, infection control and manual handling.
- We saw external audits were carried out by the providers senior managers to make sure systems and records were being kept up to date. This included for example, care planning, staff training, complaints and safeguarding. No issues had been identified at the last audit.
- The provider had business continuity and a COVID 19 contingency plans in place for managing the service in an emergency or in case of a COVID 19 outbreak. The registered manager told us they kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.

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

- People and their relatives views about how the service were considered and acted on. A relative commented, "The registered manager is excellent. He is always there for advice on supporting my loved one."
- The registered manager carried out unannounced 'spot checks' on staff to ensure that appropriate care was provided for people using the service. A relative commented, "The registered manager carry's out spot

checks on the care staff to make sure they are doing what they are supposed to do, and he asks us if everything is alright." Another relative said, "The registered manager always calls us to check if we have any concerns about the care."

- A staff member also told us about the spot checks, they said, "These are done to make sure I am at work on time, the person is receiving good care and I am doing everything that's in the persons care plan. The registered manager also speaks with the person and their relatives to see if they are happy with everything."

Working in partnership with others

- The registered manager and staff told us they worked closely with health professionals such as the GP and dietitian and occupational therapist.

- A health care professional told us the registered manager was very knowledgeable about people's needs and any information they requested was provided in a timely manner.