

Rabiannah Care Limited

# Rabiannah Care

## Inspection report

8 Woodrow Building  
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London  
SE18 5DH

Date of inspection visit:  
19 July 2016  
20 July 2016

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This announced inspection took place on 19 & 20 July 2016. This was the provider's first inspection since their registration in October 2014. Rabiannah Care provides personal care for people in their own homes. At the time of this inspection only two people were using the service for few hours a week. Therefore we were not able to rate the service against the characteristics' of inadequate, requires improvement, good and outstanding. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and therefore could not provide an overall rating for the service.

The service had a registered manager in post. 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.

People who used the service told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The registered manager completed risk assessments for every person who used the service. However, some improvement was required in the recording of plans to minimise risk and provide sufficient guidance to staff. Staff supported people so they took their medicine safely, some improvements was required in the assessment of staff competency. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service provided induction and training for its staff and supported staff through supervision and appraisal to help them undertake their role.

People's consent was sought before care was provided. Staff understood the importance of asking for consent before they supported people. Staff supported people to eat and drink sufficient amounts to meet their needs. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy, dignity, and human rights.

Staff prepared care plans for every person tailored to meet their individual needs. However, their personal likes and dislikes, choice and preferences were not reflected in their care plan and this required improvement.

The service had a clear policy and procedure about managing complaints.

The service sought the views of people who used the services and their relatives to improve the service. Staff

felt supported by the manager. The service had system to assess and monitor the quality of the care people received. The service used these checks to learn how to improve the service. However, improvement was required because the provider's quality assurance process did not identify that there were no risk management plans and the care plans did not reflect people's preferences.

## 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 not always safe.

The registered manager completed risk assessments for every person who used the service but some improvements were required to ensure staff had enough guidance.

Staff authorised to administer medicines were trained but their competency was not assessed and this requires improvement to confirm their competency to administer medicines safely.

The service had a system to manage accidents and incidents to reduce reoccurrence.

People who used the service told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the procedures to follow when needed.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working.

**Inspected but not rated**

### Is the service effective?

The service was effective.

People who used the service commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff and supported them through quarterly supervision and half yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

**Inspected but not rated**

### Is the service caring?

The service was caring.

People who used the service were consulted about their care and support needs.

Staff understood how to meet people's needs in a caring manner.

Staff respected people's privacy and dignity.

**Inspected but not rated**

### Is the service responsive?

An aspect of the service was not responsive.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included the level of support people needed. However, care plans required improvement to ensure that they were personalised and reflected people's preferences.

The service had a clear policy and procedure about managing complaints.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

The service had system and process to assess and monitor the quality of the care people received. The service used these checks to learn how to improve and what action to take. However, the provider did not identify that there were no risk management plans and the care plans did not reflect people's preferences.

The service had a positive culture, where people and staff felt the service care about their opinions and included them in decisions.

**Inspected but not rated**

# Rabiannah Care

## **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, and to look at the overall quality of the service.

Before the inspection we looked at all the information we held about the service and the Provider Information Return (PIR) the manager sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

The announced inspection was carried out by one inspector and an expert by experience carried out phone calls to people and their 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. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in.

During the inspection we looked at two people's care records, two staff records, quality assurance records, accidents and incidents and policies and procedures. We spoke with a person who used the service, the registered manager and two members of staff. We made several attempts to speak with a relative but were not able to.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and that staff treated them well. One person told us, "I feel safe with the carer."

People felt safe using the service. The registered manager completed risk assessments for every person who used the service. We reviewed two and found they did not have risk management plan to reduce the identified risks which included, for example, about hoisting. However the registered manager told us all staff were trained to manage risks and the staff were monitored during spot checks to ensure safe care. Staff we spoke with and records we saw confirmed this. One member of staff told us about a risk one person faced in relation to hoisting. They told us how they followed the procedures of hoisting a person, so that they were safe.

The registered manager further told us they would complete all the risk management plans by end of July 2016. We could not assess the risk management plans, as they were not completed at the time of inspection.

Staff authorised to administer medicines were trained but their competency had not been assessed, to ensure they were administering medicines safely. The registered manager told us that Medicine Administration Records (MAR) were kept at people's homes, and were up to date, and the medicine administered was clearly recorded. They told us that during spot checks to people's homes the MAR charts and stocks showed that people received their medicine as prescribed. However, we were unable to verify if these checks were being carried out as these MAR charts were not available at the office for us to assess.

People's care plans did not provide information on the medicines they were prescribed and when they should be taken. The registered manager told us they would address these issues by the end of July 2016. We could not assess the action taken, as they were not completed at the time of inspection.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff completed safeguarding training. All the staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse; this included reporting their concerns to the registered manager and the local authority safeguarding team. The registered manager told us there had been no safeguarding concern since the registration of the service in September 2014. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimize future risks, and who they notified, such as a relative or healthcare professional. For example, when a member of staff found a person, who was on self-administration of medicine had not taken their prescribed medicine; they contacted a relative and healthcare professional, and recorded what action they had taken to prevent this happening again. The registered manager also discussed with staff to share any learning.

The service had enough staff to support people. The registered manager told us they organized staffing levels according to the needs of the people who used the service. The registered manager further said that regular staff were reliable and there were no problems providing another staff member if someone was not able to come. The staff rota confirmed this. The service had an on call system managed by the registered manager and coordinator to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider ensured that they monitored people's calls to check they were attended on time through the use of a sign in sheet, and records showed that there were regular contacts with people to check this. Staff we spoke with told us they would sometimes spend more time than the allocated time to complete all the tasks to meet people's needs.

The service carried out satisfactory background checks of all staff before they started working. These checks included qualifications and relevant experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification. This meant staff were checked to reduce the risk of unsuitable staff working with people who used the service.



## Is the service effective?

### Our findings

People who used the service told us they were satisfied with the way staff looked after them and staff was knowledgeable about their roles. One person told us, "The carer seems to have skills."

The service trained staff to support people appropriately. Staff told us they completed a two week induction training when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing with an experienced staff member. The registered manager told us all new staff completed nine modules of mandatory training. The training covered areas from basic health and safety in people's homes to moving and handling, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver the care and support that people needed.

The registered manager told us that every two months staff were supported with supervision and they also had a half yearly appraisal. Staff confirmed this and said they discussed about their wellbeing, sickness absence, roles and responsibilities, and their training and development plans. They also said they were able to approach the coordinator or the manager at any time for support.. The registered manager told us staff supervision records were stored a long distance from the location. There was a risk that the records could not be easily checked or audited for quality. The provider told us they address this issue although we were not able to verify these records, as this action was not completed at the time of the inspection.

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

The service had systems to look for and record whether people had capacity to consent to care. Staff recorded people's care and support needs. Staff understood the importance of asking for consent before they supported people. A member of staff told us, "I explain the task that I'm going to do and take verbal consent from every person prior to care delivery." The registered manager considered every person currently using the service to have the capacity to make decisions for themselves.

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. The provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments was undertaken so that people who used the service were not unlawfully restricted and that any applications for authorisations would be made to the Court of Protection if required.

Staff supported people to eat and drink enough to meet their needs. Each person's care plan included a section on their diet and nutritional needs. One staff member told us, "People make choices of food."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GP in every person's care record. Staff told us how they would notify the office if people's needs changed and they required the input of a health professional.

## Is the service caring?

### Our findings

People told us staff were caring. One person who used the service told us, "Carers know me and know what to do."

The registered manager told us reviews of people's care needs took place at people's homes and that these were completed with the person using the service. Where appropriate they involved relatives in this assessment. People's care records showed that they were involved in needs assessment and planning their care.

Staff understood how to meet people's needs in a caring manner. Staff could explain people's needs and how they liked to be supported. For example, staff told us they enjoyed working with people they care for, their comments included, "I always ask them before giving any care, when washing I ask them to close their eyes, and treat them with respect." Staff could tell us a person's preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by staff.

Staff respected people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff did this by ensuring people are properly covered and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained us how they kept all the information they knew about people confidential to respect their privacy. The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights. Records showed staff received training in maintaining privacy and dignity.

## Is the service responsive?

### Our findings

The registered manager carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Staff used this information as a basis for developing tailored care plans to guide staff on how to meet each person's needs. These contained information about people's personal life, social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. However, their personal likes and dislikes, choices and preferences were not reflected in their care plan and this required improvement to ensure that they were personalised. The registered manager told us that they would review all the care plans and update by the end of July 2016. We were unable to assess the impact of these actions as they were not completed at the time of inspection. We will check on this at our next inspection.

However, staff respected people's choices. They provided us with example of how they respected people's choices for clothes, and how their preference for a shower or bath was met. For example, one member of staff told us, "I always ask them before giving care, if they want a shower or bath, and give them a choice of clothes."

Staff discussed any changes to people's needs with their manager, to ensure any changing needs were identified and met. The registered manager updated care plans when people's needs changed. For example, when a person's health needs had changed, we saw this was reflected in the care plan.

Staff completed daily care records to show what support and care they provided to each person. Care records showed staff provided support to people in line with their care plan. For example, about toileting, washing, showering, dressing and feeding.

The provider had a clear policy and procedure for managing complaints. The registered provider told us they received no complaints from people and their relatives since the registration of the service in October 2014. The complaints records we saw confirmed this.

## Is the service well-led?

### Our findings

There was a registered manager in post. They had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw they interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The manager supported me to do NVQ level 3 in health and social care, they also support me in adjusting call times to suit my family needs." Another staff member said, "The manager is available anytime for support."

The provider told us they used the staff induction and training to explain their values to staff. For example, the service promoted an open culture where staff felt the service valued about their opinions and included them in decisions. The service responded to people's views in areas such as changes to staff visit times and additional tasks for staff to deliver. Records we saw confirmed this.

The service carried out a recent survey of people who used the service to gain their views. We saw two completed survey forms and the responses were positive. One person made a suggestion for improvement to the service. We saw that the provider actioned the area of improvement. For example, in response to a recommendation from a person, the service introduced a company logo on the staff uniform.

The service had system and process to assess and monitor the quality of the care people received. This included monthly spot checks at people's homes and call monitoring of home visit times to check staff were on time and stayed the full length of the call. We saw the service used the audits to learn how to improve and what action to take. For example, when one member of staff did not wear company uniform they were replaced by another staff member. In another instance, when a member of staff was not punctual, the registered manager addressed this with the staff. Some, improvement was required to aspects of the quality checking because the provider's quality assurance process did not identify that there were no risk management plans and that care plans did not reflect people's preferences as identified earlier in this report.