RMHCare Ltd

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Inspection report

M S Business Centre
22 Chapel Lane
Pinner
Middlesex
HA5 1AZ

Tel: 07397886836
Website: www.rmhcareltd.co.uk

Date of inspection visit:
26 January 2018

Date of publication:
11 June 2018

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

RMHCare Ltd provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. At the time of our inspection 10 people were receiving personal care in their own homes.

Not everyone using RMHCare Ltd receives a regulated activity. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had 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.

People who used the service were confident in the ability of care workers to keep them safe. There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. There were effective systems and processes in place to minimise risks to people. Care workers underwent appropriate recruitment checks before they started to work at the service. There were sufficient staff to meet people's needs safely. The service had processes in place to reduce the risk of infection and cross contamination. There were systems in place to ensure proper and safe use of medicines. Care workers had received medicines training.

Care plans were detailed and person-centred. People receiving care had their needs assessed across a wide range of areas and care plans included guidance about meeting their needs. Care workers understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the service provided care to them. Care workers were aware of the need to assess people's capacity to make specific decisions. Care workers were supported to have the skills and knowledge to carry out their role. They had received an induction before they could provide care to people. This was followed by regular training and support. People were supported to have sufficient amounts to eat and drink. Their care plans contained detailed information about food and drink.

Care workers had regular supervisions. They also received spot checks to monitor their performance when caring for people. Those who had been at the service for longer than 12 months had also received an appraisal. People receiving care were respected by staff and treated with kindness. People consistently described care workers in complimentary terms such as kind, compassionate, caring, and respectful.

People were involved in their care. Care plans reflected people's needs, likes and dislikes and had been reviewed on a regular basis to ensure they remained up to date. Care workers knew people well and were able to describe to us how people liked to be supported. There was a complaints procedure which people and their relatives were aware of. People were provided with a service user guide that gave details of the

process for reporting a complaint. People felt they would be listened to if they needed to complain or raise concerns. The Accessible Information standard was understood by the management team.

There were effective governance arrangements. There were systems to assess, monitor and improve the quality of the service provided.

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

There were safeguarding systems and processes to support care workers to understand their responsibilities to protect people from avoidable harm.

There were effective systems and processes in place to minimise risks to people. There was a process in place to monitor accidents and incidents.

Care staff had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service.

The service had processes in place to reduce the risk of infection and cross contamination.

There were systems in place to ensure proper and safe use of medicines. Care workers had received medicines training.

Is the service effective?

Good

People's needs had been assessed and care plans included guidance about meeting these needs.

Care workers understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the service provided care to them.

Care workers were supported to have the skills and knowledge to carry out their role. They had received an induction before they could provide care to people. Regular training and support were provided continuously.

Care workers had regular supervisions. They received bi-monthly supervisions and two spot checks with an annual appraisal.

People were supported to have sufficient amounts to eat and drink. People's care plans contained detailed information about food and drink.

Is the service caring?

Good

People and their relatives consistently described care workers in

complimentary terms such as kind, compassionate, caring, and respectful.

Care workers had a good understanding of protecting and respecting people's human rights in relation to people's right to privacy, fairness, dignity and respect.

Care workers were knowledgeable about people's preferences. The care records contained people's profiles and recorded key information about their care.

People were supported to maintain their independence.

Is the service responsive?

Good

Care workers were knowledgeable about people's needs. They knew people well and were able to describe to us how people liked to be supported.

People received care and support that was responsive to their individual needs. Care plans were regularly reviewed to ensure they reflected people's changing needs and wishes.

The service had a complaints procedure which people and their relatives were aware of. The procedure explained gave details of the process for reporting a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager had a sense of responsibility. She had put in place an effective monitoring system which ensured high standards were maintained.

The service promoted a positive culture that was person centred, inclusive and open. People were positive about the service they received.

Care workers told us that the leadership of the service was good. All care workers spoken with confirmed that the registered manager was approachable and they worked well as a team.

RMHCare Ltd

Detailed findings

Background to this inspection

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

We gave 48 hours' notice to be sure the management would be in the office and available to assist with the inspection.

This inspection took place on 26 January 2018, and was undertaken by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke with three people using the service and two relatives to obtain feedback about their experiences of the service. We spoke with the registered manager, and six care workers. We examined six people's care records. We also looked at personnel records of seven care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Good

Is the service safe?

Our findings

People receiving care told us they felt safe in the care of staff. This was also confirmed by their relatives. Comments from people and their relatives included, "Care workers are great. I feel safe", "I have the same care worker over a long period of time. I feel safe with them", and "I have never had any concerns."

There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. There were safeguarding, whistleblowing and anti-bullying and harassment policies in place. Care workers had received safeguarding training. They were aware of how to raise concerns through the relevant policies and were confident any concerns raised would be dealt with effectively to make sure people were protected. Care workers were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management staff had taken no action. A care worker told us, "I have had good training. I would know what to do if I was concerned." This view was shared by other care workers we spoke with.

There were effective systems and processes in place to minimise risks to people. Support plans included risk assessments covering a range of areas, including moving and handling, nutrition and environmental safety. There was information to guide care workers when delivering support to people, including how to lessen identified risks. For example, one person was at risk of developing pressure ulcers and their support plan contained a set of instructions to reduce the risk. These were written in a clear and simple way for care workers to follow. They were reviewed on a regular basis, which meant people's safety and wellbeing were monitored and managed appropriately.

The CQC has no regulatory powers or duties to inspect people's own homes. However registered providers have responsibilities in relation to the environments people who use their service live in. We looked at how the service ensured people were supported in a safe environment. We identified that people's care records contained environmental risk assessments. These covered areas such as, location of fire alarms and fire extinguishers, escape route in the case of an emergency and he use of steps and stairs. Care workers were instructed to carry out regular checks on the environment to reduce the risk to people in their own homes. The registered manager was aware they could contact landlords or alert local authorities for any maintenance work.

Care staff had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service to ensure they were suitable to provide people's care. Pre-employment checks had been carried out to make sure new care workers were of good character to work with people. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.

There were sufficient care workers deployed to keep people safe. An electronic scheduling and monitoring system was in place to manage staff shifts and absences. The system ensured calls were monitored in real time and therefore ensured concerns such as late calls were responded to instantly. People told us care

workers were always on time. One person told us, "Staff arrive on time usually. They let me know if they are running late." Another person stated that, "My care worker is always on time." We saw a compliment that was received from a relative of a person receiving care. They highlighted how the care workers were '100% reliable and excellent time keepers.'

There was a process in place to monitor any accidents and incidents. Care workers confirmed they were aware of this. The registered manager explained all accidents were logged centrally to ensure management oversight over any emerging trends. There was evidence that accidents were discussed in staff and management meetings to identify any trends and to ensure appropriate action had been taken. The service had not had any incidents since it became into operation.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers told us they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported people.

There were systems in place to ensure proper and safe use of medicines. Care workers had received medicines training. There was evidence they had been trained and assessed as competent to support people to take their medicines. There was a medicines policy which provided guidance in line with national guidance from the National Institute for Clinical Excellence (NICE). People told us their medicines were safely managed. One person told us, "Care workers remind me to take my medicines." Another person told us, "Care workers assist me with my medicines. I have never missed my medicines."

Good

Is the service effective?

Our findings

People using the service commented on how well their individual needs were met. One person told us, "I am provided with all the care that I need." A relative said, "I am happy my relative receives excellent care." The registered manager was able to explain to us how they met the dietary and personal care requirements of people with diverse care needs.

People's needs had been assessed in areas such as, personal care, domestic and shopping support, food and meal preparation and medicines administration. Care plans included guidance about meeting these needs. As part of meeting people's needs, the service worked with a range health and social care professionals. People told us staff accompanied them or arranged visits to hospitals and appointments with GPs.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were met. The MCA 2005 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes are through Court of Protection orders.

People who were unable to make decisions about their care had been assessed in line with the MCA 2005. They were supported to participate in their care and to make decisions about their day to day lives. People told us care workers consulted with them during visits. We examined people's records, which confirmed that decisions had been made in their best interests and by whom. One person told us, "I am involved in decisions relating to my care." and another person told us, "I am involved in my care reviews." Care workers were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests.

However, we found that checks had not always been completed by the provider to ensure individuals who signed agreement forms on behalf of people had authorisation to do so. For example, in one instance the care records of one person who did not have capacity was signed by a relative and the 'type of attorney' was highlighted as 'not official'. In other care records we saw where people's relatives had signed as having a Lasting Power of Attorney, checks had not been completed by the service to ensure they had authorisation. We recommended that the provider contact the local authority or the Office of the Public Guardian Service to validate any Lasting Power of Attorney they had on record. Following our inspection the service confirmed to us that they had introduced a system of ensuring signatories for Lasting Power of Attorney were verified.

Care workers were supported to have the skills and knowledge to carry out their role. They had completed

an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered if you are 'new to care'. New care workers shadowed experienced members of staff until they felt confident to provide care on their own. In addition to this there was on-going essential training, including infection control, equality and diversity, end of life awareness, moving and handling, safeguarding and medicines handling. Records confirmed care workers were up to date with their training. Where refresher training was due this had been scheduled. A member of staff told us, "We receive training to help us to do our job well." This was consistent with the feedback from other care workers we spoke with.

Care workers had regular supervision. They received bi-monthly supervision and two spot checks with an annual appraisal. Care workers told us supervision provided an opportunity for a two way conversation with their manager about their role. One care worker told us, "I meet with my manager on a regular basis to discuss my work." Another care worker confirmed "We receive spot checks during our work." Care workers confirmed they received spot checks to monitor their performance when caring for people. Those who had been at the service for longer than 12 months also received an annual appraisal.

People were supported to have sufficient amounts to eat and drink. People's care plans contained detailed information about food and drink. For example, one person told us, "I am supported with my breakfast." Care workers had a good understanding of people's culture and religion and training in this area was provided.

Good

Is the service caring?

Our findings

We asked people whether they thought care workers were caring and we received positive responses from everyone we spoke with. Care workers were consistently described in complimentary terms such as kind, compassionate, caring, and respectful towards people. People's comments included, "I receive excellent care. I find my care worker to be kind", "Everyone from the agency is caring. The manager's attitude is outstanding" and "The care that is provided is first class."

We reviewed compliments from relatives. Comments demonstrated the positive and caring approach of care workers, including, 'I can recommend the care given to my [relative] over the past few weeks. The teams were most helpful and considerate during this difficult time. Their care and compassion was very much appreciated', 'I cannot thank you [registered manager] and your team enough for the very kind and considerate care services that you provided to my [relative] over the last weeks of her life' and 'All members of your team, no matter what time of the day or day of the week were cheery, and really cared about doing the best to make my relative comfortable, respected, dignified and well looked after-especially her regular carer, 'the little one' as my [relative] would call her. [My relative] really loved her'.

Care workers had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They were able to describe the importance of promoting individuality and that people must not be treated unfairly on the basis of their uniqueness. Care workers were aware of people's right to privacy, fairness, dignity and respect. One care worker told us, "It is our duty to meet the different needs of the people we support." This was supported by relevant policies, including Equalities Act 2010.

Care workers were knowledgeable about people's preferences. The care records contained people's profiles and recorded key information about their care. This included people's likes and dislikes, gender, interests, culture and language. This enabled care workers to involve people as they wished to be. Care workers were also able to build relationships with people that were meaningful. Compliments from people's relatives confirmed this was the case. For example, on the basis of understanding people's preferences, the service was able to match care workers to meet people's preferences. People were asked if they had any preferences for male or female care staff.

People told us that care workers respected their privacy. There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. People told us care workers rang doorbells or knocked on doors before entering their homes. Care workers told us that they ensured people were covered up during personal care and enabled them to be as independent as possible. Equally, the service was mindful of the information they received about people. Care records were stored securely in locked cabinets in the office and, electronically. The service recognised people's rights to privacy and confidentiality.

People were supported to maintain their independence. Their care records contained information about their choices and independence. Care workers knew each person's ability to undertake tasks related to their

daily living. Care workers were encouraged to take time to support people to participate as fully as they could. One person told us, "Care workers only prompt me but I take my own medicines." This shows people's independence was encouraged.

Good

Is the service responsive?

Our findings

We asked people if the care they received was personalised and met their needs. One person told us, "I receive care that is suitable for my needs. I can't stand on my own and care workers help me with this". Another person told us, "I am provided with all the support that I need."

We saw that care workers were knowledgeable about people's needs. They knew people well and were able to describe to us how people liked to be supported. Care workers confirmed they had been allocated to the same people, which helped them to be more familiarised with people's individual needs.

People received care and support that was responsive to their individual needs. Their care records included an initial assessment from the referring authority. This formed the basis of the initial contact with the individual by the service. At this stage the individual and is some instances relatives or friends were involved in providing information about the person. Topics covered included, assistance with personal care, mobility, nutrition, medicines and other routines specific to the individual. This formed a care plan that was tailored to meet people's individual needs. This was written in people's care plans in a concise and clear format so that it was easy for care workers to follow. People's care files also contained other documents, including risk assessments, nutrition and hydration care plan, environmental assessment, and monitoring charts. Care plans were regularly reviewed to ensure they reflected people's changing needs and wishes.

Individual communication needs were assessed and met. All people receiving care were English speaking but the registered manager told us access to translation services was available if they were needed. The registered manager provided examples about matching care workers with people based on a common language or use of family members to translate. She was also aware the service could facilitate communication via easy to read format, braille and pictorial if this was required. The service did not have Accessible Information Standard (AIS) policy. The AIS aims to ensure that those with a disability receive accessible health and social care information. The registered manager was aware of the policy but had not yet formalised the standard's assessment process. This was an area the service had to develop. Following our inspection the registered manager notified us that the service had put the AIS policy in place.

The service had a complaints procedure which people and their relatives were aware of. The procedure gave details of the process for reporting a complaint. The service had not received any complaint. People told us they were aware they could call the office or speak with care workers if they had any concerns. They felt they would be listened to if they needed to complain or raise concerns. Relatives commented that when they made suggestions, these had been received and responded to positively.

The service also received compliments from people and their relatives. These highlighted a number of areas of quality. One of these areas was end of life care. Relatives commended the service for sensitively supporting their loved ones during the final weeks and days. Compliments included, "I cannot thank you and your team enough for the very kind and considerate care services that you provided to my mum over the last weeks of her life", and "Your organisation cared for my relative until their death. I was pleased with the quality of care provided, and the competence and reliability of all your staff."

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. One person told us, "The manager is very good. She visits my relative at home and spends time to understand our needs." Another person said, "The manager is always available when you need her." A lot of what people said was endorsed by relatives who shared their views with the service.

The service promoted a positive culture that was person centred, inclusive and open. People's relatives were positive about the service people received. They spoke highly of the service and said they would recommend it to others. Examples of compliments received included, 'we appreciate the services provided by RMH Care', 'we were so glad we found RMH Care after a very bad experience with previous [agency]. The difference was like night and day' and 'we were so impressed from the very start with your personal professionalism, dedication and compassion to my relative. Your guidance, tips and generosity were gratefully received and always spot on."

There was a clear staff structure and care workers told us they understood their roles and responsibilities. The organisational structure was flat, which meant all care workers reported to the registered manager. The registered manager explained that, as a small organisation this type of structure ensured they were more responsive to people's needs and that decisions were made quicker. A care worker told us, "The manager is approachable and is always available for us."

Care workers told us that the leadership of the service was good. All care workers spoken with confirmed that the registered manager was approachable and they could contact her at any time for support. We spoke with the registered manager during the inspection and found her to be up-to-date with people's needs. She could tell us about the support people were receiving and was familiar with important operational aspects of the service.

The registered manager had a sense of responsibility. She had put in place an effective monitoring system which ensured high standards were maintained. Regular audits were carried out in such areas as medicines administration records, support plans and daily care records. Where any concerns were found, actions were carried out to reduce reoccurrences and to help drive improvements. For example, the service had implemented an electronic rostering system and a call monitoring system to improve staff deployment and monitoring staff punctuality.

The service also carried out spot checks. These assessed performance in such areas as punctuality, knowledge and skills, and the ability of respective care workers carrying out care. Where any concerns were identified the service took swift action to address this to help drive improvements. For example, one such assessment had rated a care worker's performance in one area as 'satisfactory' instead of 'good'. We saw that this was discussed in the supervision of that particular care worker and addressed.

The service used satisfaction surveys to gain views from people who used the service and their relatives. People's feedback was consistently positive. When we contacted people they told us that the service was

responsive and flexible in its approach. One person told us, "The service contacts us for feedback on a regular basis." Another person told us, "We feel listened to and we are encouraged to give feedback and to discuss any concerns." This was also consistent with the feedback the service had received from people's relatives.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs, psychologists and district nurses.