

Rehoboth Health and Home Care Limited

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Inspection report

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14 July 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rehoboth Health and Home Care Ltd is a domiciliary care service providing personal care to people in their own home. At the time of the inspection, 19 people were receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

People and their relatives told us they felt safe when being supported, and staff treated them with dignity and respect. Staff understood their role to report any safeguarding concerns and accidents and incidents to the managers.

Improvement had been made to the assessment and management of people's risks, medicines and associated records.

People's prescribed medicines were being safely managed. The deputy manager was planning to review people's non-prescribed medicines, such as barrier creams to ensure they were safe to use.

Staff had access to people's care plans and guidance on how they should support people to mitigate risks.

Some relatives raised concerns about the variable times of people's care calls which was discussed with the deputy manager. They explained recruitment of staff had been a challenge for the service and were actively recruiting new staff.

Improvement had been made to the provider's quality assurance systems. However, the deputy manager recognised that further development was needed in the monitoring of people's care records to ensure all records were consistently detailed.

People received care and support which was personalised and met people's needs. The deputy manager had a good insight into people's care delivery and staff practice as they frequently delivered care to people and worked alongside staff.

The provider and deputy manager valued people's feedback and told us they would respond promptly to any complaints in line with the provider's policies. Relatives confirmed the managers were responsive to people's concerns.

People were supported by staff who had been trained as part of their induction to carry out their role. The provider was considering their induction and additional training for staff which would support and confirm

any skills acquired in their role, such as catheter care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 22 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve, and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rehoboth Health and Home Care Limited on our 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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. However, this inspection was supported by the deputy manager.

Notice of inspection

This inspection was announced.

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a representative from the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2022. We visited the office location on 14 July 2022.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the intelligence that we held about the service and feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided.

We spoke with the deputy manager and received feedback from three staff members by email.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had improved their systems to manage people's risks associated with their health and well-being. People's records showed that their personal risks had been identified and assessed at the start of their care package and they had monitored people's on-going risks.
- The risk management plans for most people were detailed to guide staff on how people should be supported to help mitigate their personal risks.
- However, we identified some inconsistencies in the quality of information in one person's manual handling assessments to guide staff on how they should be supported when using a hoist. This was discussed with the deputy manager who agreed to review each person's assessment to ensure they provided staff with clear information on how to manage people's risks. We found no impact on people, and relatives confirmed staff knew people well and were confident in the moving and handling skills of staff.
- There was a system in place to ensure any accidents and incidents were recorded and had been reviewed by the managers to identify any actions to be taken or any emerging trends.
- Learning from any accidents, incidents or concerns raised were routinely shared with staff.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. This included ensuring staff were trained in safeguarding as part of their induction and ensuring relevant safeguarding agencies were informed of any concerns.
- Staff shared with us that they felt confident to raise concerns about poor standards of care and to report any allegations of abuse or concerns. They had access to the providers policies and procedures in place to protect people from abuse.
- People and their relatives told us they felt safe being supported by staff. One relative said, "I'm very confident in the safety of the service."

Staffing and recruitment

- The deputy manager explained recruiting staff had been challenging and a barrier to expanding the service safely.

- There were enough staff to meet people's needs. Agency staff and the deputy manager were deployed in the event of staff shortages to meet people's needs.
- People and their relatives confirmed that they received care from a regular team of staff. However, some people and relatives raised concerns about the punctuality of staff. This was raised with the deputy manager who said they were monitoring staff call times and was taking action to recruit staff which would address the workforce pressures in the service.
- People were protected from staff that may not be fit and safe to support them. We found safe recruitment practices were being used. Background employment and criminal checks were completed, and employment histories were explored as part of the recruitment process.

Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used. People and relatives told us they were happy with the way staff provided support with medicines. People were encouraged to manage their own medicines or supported by their relatives to manage their medicines.
- Staff were trained, and checks were in place to ensure they administered people's medicines safely.
- Some people were supported by staff to apply 'over the counter' creams to their skin to help reduce the risk of their skin breaking down. The deputy manager stated that the district nurses and GP were aware of the creams being applied. However, the professional's authorisation or dosage and frequency of creams to be applied was not recorded to guide staff and to help minimise any contra-indications with other medicines. The deputy manager stated she would gain approval from relevant health care professionals and update people's medicines care plans as a priority.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment (PPE) such as face masks, disposable gloves and aprons.
- The deputy manager monitored staff's compliance with infection control procedures as part of their spot checks.
- Feedback from people and relatives indicated staff wore appropriate PPE and no issues were raised in respect of this.
- A system was in place to ensure that staff were regularly being COVID 19 tested to help reduce the spread of infection.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective governance systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. The provider had implemented governance systems to help them to monitor the service, however some further development was needed to ensure their systems assisted them to identify inconsistencies in some people's records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found sufficient improvements had been made to the providers governance systems to enable them to monitor the quality of people's care and to drive improvement across the service.
- The provider had implemented a range of quality monitoring systems including the auditing of people's medicines and daily care reports. This enabled the provider to identify and address any concerns.
- We found that people's care plans were mainly detailed and personalised and described how they wished to be supported.
- However, we identified there were some inconsistencies in the records of some people's moving and handling and medicines plans. We raised this with the deputy manager who stated they would immediately review people's records. They explained that the upkeep of records had been challenging at times as they had on occasion needed to prioritise delivering care to people.

Continuous learning and improving care

- The management team reviewed all concerns and incidents and people's feedback about the service. Through their own auditing systems, the provider was aware that due to staff pressures that the staff did not always carry out their care calls on time. They were taking action to address this by only supporting a small number of people while they recruited new staff.
- We were told that this information and the current health and social sector challenges had assisted the provider in making decisions about the future of the service such as their expansion plan and the training of staff who were being recruited from overseas.
- The provider had ensured all staff had received induction training before delivering care to people and was considering additional training to further enhance staff skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The service had a positive culture that focused on person-centred. The deputy manager shared that they had wanted to expand the service but would only do this in a phased and slow manner to ensure they could meet the needs of people while overcoming the challenges of employing new staff.
- The staff shared that they felt the managers were approachable and there was an open and honest culture within the service.

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 deputy manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff confirmed that communication from the provider and managers was good and they always felt supported even when the managers were busy.
- The service engaged with people and their relatives through reviews and the completion of satisfaction surveys.
- Feedback from recent surveys from staff and people was mainly positive. The provider had analysed the feedback to help drive improvement across the service.

Working in partnership with others

- The service worked in partnership with others, such as the local authority, healthcare professionals and people's families.