RUMAX LIMITED

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
• RUMAX LIMITED is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to the whole population. Not everyone using RUMAX LIMITED receives a regulated activity; CQC only inspects the service being 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 provider had one domiciliary care agency within their registration.
• At the time of the inspection it was providing a service to nine people.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
• People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
• People's risks were assessed and strategies put in place to reduce the risks.
• People's likes, preferences and dislikes were assessed and care packages met people's desired expectations.
• People and their relatives provided positive feedback about the care, staff and management. They said the service was caring, timely, effective and well-led.
•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 supported this practice.
• People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
• People and their relatives were involved in the care planning and review of their care.
• The service had a stable management structure. The provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.

Rating at last inspection:
• Good (report published on 27 May 2016)

Why we inspected:
• This was a planned inspection to check that this service remained Good.

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

RUMAX LIMITED

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
• The inspection team consisted of one inspector.
Service and service type:
• RUMAX LIMITED is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.
• 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:
• Our inspection was announced.
• The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
• Our inspection process commenced on 26 February 2019 and concluded on 26 February 2019. It included visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 26 February 2019 to see the registered manager and office staff, and to review care records and policies and procedures. We telephoned one person who used the service and three relatives during the inspection on 26 February 2019.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.
• Due to technical problems, the provider was not able to complete a Provider Information Return form. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make.
• We spoke with one person who used the service and three relatives.
• We spoke with the registered manager, the deputy manager, and two care workers.
• We reviewed three people's care records, two staff personnel files, staff training documents, and other records about the management of the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

• People and their relatives told us they felt the service was safe. One relative said, "We feel quite safe. [Staff] are looking after [relative]." Another relative told us, "Yes [feel safe]. [Staff] tidy up and do little jobs so less risk of [relative] falling."

Systems and processes to safeguard people from the risk of abuse:
• People were protected from the risks of harm, abuse and discrimination.
• There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
• Staff and management we spoke with had a good understanding of their responsibilities. One member of staff said, "I would report to the management straight away." Another staff member said, "I would report to my manager. I would go further to a high authority like CQC [if nothing was done]."
• Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
• The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management:
• People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, moving and handling, smoking, medicines, falls, behaviours, cognition, communication, mobility, nutrition, toileting, skin, breathing, and medicines.
• Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom. One staff member said, "I would report [concerns] to the management and then follow up. They would refer to occupational therapy and they call the family to organise the doctor for a visit and a [risk] assessment." This showed staff met people's needs safely.

Staffing and recruitment:
• Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
• Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One relative said, "No problems [with staff punctuality]. Yes, fairly regular times." Another relative told us, "Carer always phone if stuck in traffic. They always let me know."
• Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "We have enough time between visits. We have driver that takes us around."
• The provider followed safe recruitment practices.
• Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring

Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely:
• People's medicines were administered safely.
• The service had a medicines policy in place which covered the recording and administration of medicines.
• Records showed staff were up to date with medicines training.
• Staff shadowed an experienced staff member and then were supervised with giving medicines.
• Medicine competency checks of staff were undertaken. This ensured they remained safe to continue to administer medicines.
• People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed. One relative told us, "[Staff member] makes sure [relative] has her medication."
• MAR records were returned to the office monthly and checked.

Preventing and controlling infection:
• Staff completed training in infection prevention and control on a regular basis. Records confirmed this.
• Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "The company supplies us gloves and aprons."
• One person told us, "[Staff] do wear gloves."
• Staff completed training in food hygiene, so that they could safely make and serve meals and clean up after preparation.

Learning lessons when things go wrong:
• There were systems in place to learn lessons when things went wrong and make improvements.
• There had not been any incidents since the service's last inspection.
• Systems were in place to share lessons learnt with incidents and complaints in team meetings and supervision sessions.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

• One person told us, "[Staff] are fine. They do their job." One relative said, "I have had no problems with [staff]. Very friendly and helpful. They know what they are doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the service a needs assessment was undertaken to assess whether the service could meet the person's needs. This included assessments from commissioning bodies, and feedback from people and their relatives.
• Staff knew people's preferences, likes and dislikes. Information available included meal choices, and personal hygiene routines.

Staff support: induction, training, skills and experience:
• When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "Yes I had an induction. It was for almost a week. I shadowed with the older staff."
• Training was provided in subjects including medicines, end of life, dementia care, fire safety, food hygiene, manual handling, moving and handling, health and safety, safeguarding adults, infection control, basic life support, equality and diversity, complaints handling, record keeping, Mental Capacity Act 2005 and RIDDOR. RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents.
• Staff told us the training provided helped them to perform their role. One staff member said, "The training is alright. We go to London for training. It does help. They do organise extra training if you want."
• Staff felt supported and received supervision and annual appraisals. One staff member said, "They check my performance and where I need to improve. The supervision will tell you what I have done good and what I need to improve."

Supporting people to eat and drink enough to maintain a balanced diet:
• People were supported to eat and drink enough. A relative said, "[Staff] do her lunch and breakfast."
• Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. For example, one care plan stated, "[Person] wants to be assisted in preparing her meals. Porridge [and] toast and a cup of tea in the morning. Lunch and tea time will prefer either a sandwich, soup with a slice of bread or a ready meal. [Person] is independent in eating and drinking."
• Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and

fluid intake.
• Records confirmed staff had received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care:
• The service worked with other agencies and professionals to ensure people received effective care.
• Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, and health and social services. Records of communication and correspondence confirmed this.

Supporting people to live healthier lives, access healthcare services and support:
• Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin. One staff member told us, "If I find [person] on the floor I would ring 999 and then call the office to tell the family."
• A relative told us, "[Relative] had a hypo and [staff] called an ambulance. They did let me know."
• Records showed the service worked with other agencies to promote people's health such as district nurses, GPs, occupational therapists and pharmacists.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff ensured that people were involved in decisions about their care, and understood the procedures to make sure decisions were taken in people's best interests. One staff member told us, "I will ask [people]. If they say no, I will tell the management. I need to ask consent first to wash and dress." A relative told us, "[Staff] always let [relative] know what is happening." Another relative said, "[Staff] don't try and force [relative]. Sometimes [relative] will turn them down."
• The registered manager and deputy manager completed mental capacity assessment forms during people's needs assessment process to ascertain whether or not they had capacity to make decisions related to their care and treatment.
• The deputy manager told us all the people who used the service had capacity to make decisions.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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 and their relatives told us that staff were caring. One person said, "[Staff] are lovely. No problem. They help if I need it." A relative told us, "[Staff] ask how [relative] is. They sing her songs sometimes. They are always telling her how much they love her." Another relative said, "Oh yes [staff] are caring."
• Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I think we have a good relationship. We are like family." Another staff member told us, "You have to be caring. I am a caring person. I talk to [people]. We sing."
• The service recorded compliments from people and their relatives. This showed they found staff to be caring and kind. Comments included, "[Myself] and the family would like to say a big thank you for the excellent care you gave [person] over the last year. Without your support it would have not been possible for him to stay at home during this time. It seems strange not to see your smiling faces every day and for that I will miss you." and "Your carers were so caring and kind and that meant the world to my [relative] and I at the end of her life. Please thank these people from the bottom of my heart for their kindness and care."
• Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The registered manager told us, "It doesn't change anything as far as I am concerned. Their sexuality is not an issue." A staff member said, "We need to respect their rights and their choices. We need to treat them how they want to be treated. It's their choice not ours."
• Training records showed staff had completed equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
• Records showed people who used the service and relatives were involved in care planning and reviews. One relative said, "[Provider] did [care plan review] about two weeks ago. I was involved. They asked questions." Another relative told us, "We had a review about a week ago to do the yearly review."

Respecting and promoting people's privacy, dignity and independence:
• People and their relatives told us their privacy and dignity were respected. One person told us, "Yes, respect my house. I wouldn't allow [staff] in [if] they didn't. They will knock on the door, they just don't walk in." One relative said, "[Staff] will shut the bedroom door so I can't see in there." Another relative told us, "[Staff] will close the door and ask me to leave the room."
• Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We always close the door and close the blind. We get [people's] consent before anything we do." Another staff member said, "When we are giving them personal care we make sure doors and curtains closed."

• Staff promoted and encouraged people's independence. A staff member told us, "There are some [people who] ask [us] to assist them by walking them around their home and exercise. We help them regain their confidence back." Another staff member said, "Some wash their faces and you help them with the lower body. [I] have one [person] who does her front bit and face and I will ask if I can wash her back."
• Promoting independence was reflected in people's care plans and this enabled staff to support people to maintain their independence. One care plan stated, "[Person] is able to give herself a wash, however would like assistance to have a shower. [Person] has a stepping stool to use to get into the shower cubicle and sits on the shower stool. [Person] can wash her upper front and would like assistance in washing her back and lower body."

Good

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People and their relatives told us the service was responsive and met people's personalised needs. A relative said, "[Staff] seem concerned and take time to talk to [relative]. They don't rush in."
• Staff knew people's likes and dislikes, and how to provide personalised care. A staff member said, "[The office staff] will ring us to give a handover. Read the care plan in [people's] house."
• People's care and support plans gave staff information on their background history, likes, dislikes, healthcare needs, routines, how they would like to be supported and preferred care visit times.
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
• The care documentation clearly showed that the service identified and recorded communication impairments.
• People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process.

Improving care quality in response to complaints or concerns:
• People's feedback, concerns, complaints and compliments were recorded.
• Staff knew how to provide feedback to the management team about their experiences which included supervision sessions and team meetings.
• People and their relatives were aware of how to make a complaint. A relative said, "I would speak to the manager at RUMAX." Another relative told us, "I would let the manager know. [Registered manager] has always said 'any complaints to let me know'."
• Records showed the service had received one complaint since the last inspection. We found the complaint was investigated appropriately, the service had provided a resolution to the complaint in a timely manner and recorded lessons learnt.

End of life care and support:
• The provider had an end of life care policy that detailed how to support people receiving palliative and end of life care.
• Currently no one was being supported with end of life and palliative care.
• Training records showed staff were up to date on end of life training.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:
• People and their relatives told us they felt the service was well run and responsive to their concerns and needs. A relative said, "[Registered manager] is lovely." Another relative told us, "[Registered manager] is fine."
• Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on regular basis. One staff member said, "Yes we have staff meetings. They are every month." Another staff member told us, "We do have staff meetings. We express what we need for the [people who used the service] and for the staff also. We discuss everything."
• The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
• The registered manager said, "It's about being an honest. Taking an ownership of our failures and mistakes. I am accountable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Staff spoke positively about the registered manager. One staff member said, "I think [registered manager] is a good communicator. He communicates everything to us." Another staff member told us, "[Registered manager] is a good person I must say. Very kind and thoughtful manager. [Deputy manager] is the same."
• The registered manager had a clear understanding of his role and the organisation. The registered manager told us of his plans for the service, "We face uncertainties this year because of the Brexit. Moving forward we plan to recruit a full-time care coordinator and then to try and focus on growing the business."
• The service had a number of effective quality monitoring systems in place. These were used to continually review and improve the service.
• Records showed the provider conducted an audit every month on the service. The audit looked at spot checks, client reviews, supervisions, appraisals, staff meetings, medicines, complaints, and staff files. The provider also conducted an annual review of the service. This looked at business objectives, complaints, review of annual survey, staff training, appraisals, supervision, and feedback from people.
• Spot checks were regularly conducted. The spot checks looked at punctuality, appearance, safe handling

of equipment in people's homes, food hygiene, communication, and daily records. Staff members and records confirmed this. One staff member told us, "Someone will come when we are doing personal care to do a spot check. The last one was two weeks ago."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed on any changes.
• The quality of the service was also monitored through the use of a survey to get the views of people who used the service and their relatives. The last survey was sent out November 2018. Overall the results were positive. One comment included, "Impressed with quality of care and accommodating to my sense of humour. [Staff] always have a smile and respect my dignity."
• The service also monitored the quality of the service with a staff survey. The last survey sent to staff was March 2018. Overall the feedback was positive.
• The service ensured that care staff were highly motivated and offered care and support. The registered manager told us, "We have a Christmas party every year. Some [staff] get bonuses. We look at length of service and performance."

Continuous learning and improving care:
• Throughout our inspection we saw evidence the registered manager and deputy manager were committed to drive continuous improvement.
• There was a quality assurance programme in place.
• The registered manager told us they attended local authority and clinical commissioning group meetings. They said, "I find the meetings very useful to find out what is happening."

Working in partnership with others:
• The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority, clinical commissioning group, and local health services.