

Relatives Relief Limited

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Inspection report

Essex Enterprise Centre
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15 March 2016

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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

The inspection was carried out on 03 and 15 March 2016. Relatives Relief is a domiciliary care agency that provides personal care and domestic support to older people who live in their own homes. The service offers support to people living in Clacton-on-Sea and local surrounding areas. There were 43 people using the service at the time of our inspection.

The service has a registered manager, who was also the provider. 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.

The agency had suitable processes in place to safeguard people from different forms of abuse. There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. People were safe because staff understood their responsibilities in managing risk. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service. Staff were well supported to meet the needs of the people who used the service and had good relationships with people who used the service.

Staff received regular training relevant to their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. People were supported with meal planning, preparation and eating and drinking.

People or their representatives, where appropriate, were involved in making decisions about their care and support. Care plans provided guidance for staff, had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The agency had processes in place to monitor the delivery of the service. The service had a quality assurance system and shortfalls were addressed. People's views were also obtained through annual surveys. The service analysed these and checked how well people felt the agency was meeting their needs.

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.

Staff were aware of safeguarding adult procedures and took appropriate action to keep people safe.

Staff carried out environmental risk assessments in each person's home and staff knew how to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staffing levels were flexible and there were enough staff to provide the support people needed.

People were appropriately supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and supervision and were supported with individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable food and drink.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and

the support they received. Staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to maintain their independence where possible. Staff treated people with dignity and respect.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Is the service responsive?

Good ●

The service was responsive.

People's care was individually assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

Visit times were discussed and agreed with people. Care plans contained details of the exact requirements for each visit.

Appropriate systems were in place to manage complaints. People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture which focused on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

The manager led the way in encouraging staff to take part in decision making and continual improvements of the agency.

The manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improvements.

Relatives Relief Limited

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.

The inspection took place on 03 and 15 March 2016 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the manager was available as they could be out of the office supporting staff or people who used the service.

The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we met the manager at their office. We also spoke with three members of staff and the personnel manager. We reviewed five care records, training records, four staff recruitment and support files, audits and minutes of staff meetings. After the inspection visit we undertook visits to two people that used the service, and we spoke with one relative, one friend and a further three staff. We also made phone calls to five further people following our inspection.

Is the service safe?

Our findings

People told us they felt safe using the service, one person said, "All the carers are very polite and caring. They all look after me and yes I do feel safe." Another person said, "I have no worries with the carers I have they are all very trustworthy."

Staff received training on how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. Staff told us, "I have no problems reporting concerns to my manager or an external authority if I have too." There had not been any safeguarding concerns raised by the manager with the local authority. Discussions with the staff and records showed that, where there had been concerns raised about the care provided, action was taken to reduce the risks of issues happening again.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people's records, checked regularly by the manager and all receipts were kept.

People's care records included risk assessments and guidance for care staff on how these risks were minimised. These included risk assessments associated with moving and handling, medication administration and the safety in people's homes. People were involved in the planning of the risk assessments. The assessments also checked that people had smoke alarms fitted or care alarms if needed. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs. One person told us, "I am meant to use a walking stick, the staff always remind me to use it as I can be forgetful."

Staff knew what to do if there was an accident or if people became unwell in their home. Staff told us, "If I was concerned I would call for an ambulance and I have done before." Staff also said they would make family members aware if they had concerns for a person's health or contact their GP. Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe and meet people's needs. One person told us that they had used the service for quite a few years and had received care from the same members of staff consistently. People said that the staff never let them down or cancelled calls and that staff arrived on time.

The manager focussed each member of staff's calls in one area, which made all the calls local to each other. Staff said they signed in and out of people's homes and that if they thought that they were going to be late for a call they would let the manager know, who in turn let the person know. Records and people confirmed this.

People were protected by the service's recruitment procedures which checked that staff had the appropriate skills, knowledge and experience to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the

service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking the appropriate checks with the Disclosure and Barring Service (DBS).

People who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication and even though no one required support directly, staff were clear about the differences between prompting and administering medication. One person told us, "I can often forget to take my medication so having the care staff to remind me is really important. If I am out they will leave it out for me with a note so I don't forget to take it."

Is the service effective?

Our findings

The people and relatives we spoke with told us that they felt that the staff had the skills and knowledge that they needed to meet people's needs. One person said, "I think the carers are well trained and very good at what they do." Another person told us, "My carers have to know what they are doing with me and I don't have to prompt them in any way they are very good and just get on with what they need to do to help me." Additional comments from a relative included, "The carers we have here are all very good and there are always two of them. We receive much better service from this agency than the one we had before." Another friend of a person told us, "It is really good that [person] has the care they have. It reassures us that [person] is well looked after."

Staff told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and shadowing more experienced staff members. There were systems in place to make sure that the training was regularly updated. This meant that the staff were provided with up to date information on how people's needs should be met.

In addition to the formal training staff had one to one supervision meetings. This provided a forum for them to discuss their roles and responsibilities, dementia, safeguarding, what they should do in an emergency and the provider's policies and procedures. Staff told us that they felt supported in their role and their one to one supervision meetings. This was confirmed in records which showed that they were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. This told us that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us that the staff asked for their consent before they provided any care. People's records included an assessment of their capacity to make decisions. People had signed their records to show that they had consented to their planned care. The manager told us that all the people who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and was aware of how to protect people's rights. Where people's needs changed there was guidance on how decisions were made in people's best interests.

People and their relatives told us that people were cared for by a regular group of staff who provided a consistent service. The manager told us that they tried to make sure that people were provided with a regular group of staff, who were known to them and that people were compatible with the staff. They provided us with the rota which was also held on a computerised system which confirmed what we had been told. People and their relatives told us that their care visits were always on time, but they were usually informed if their staff were running late. One person said, "I have never not had a carer not turn up. We allow for some delays at times but they always ring if there are any and then the time is only about 10 minutes either way. So nothing to worry about."

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. Staff would cook fresh food for them if they wanted. One person said, "I prepare my own meals but they get things ready for me and they have cooked for me before." Between visits to people staff ensured they were supplied with enough fluids and were left with whatever snacks they preferred. Staff said this varied between healthy snacks such as fruit or could be biscuits and sweets dependent on what the person preferred. Staff told us they knew what to do if someone had problems with swallowing their food and what they would do to try to assist the person. People's records identified people's requirements regarding their nutrition and hydration and the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. Where people were at risk of malnutrition we saw that staff were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. Staff were provided with training in food hygiene.

People were supported to maintain good health and have access to healthcare services. One person told us they had been accompanied them to a doctor's appointment. Staff understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professionals' guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People told us, "They really help me, I would not be able to manage without them." And, "All the staff are extremely caring. Nothing is too much for them."

The manager made sure that people were happy with the staff that delivered their care. All staff were introduced to the person, they then worked alongside the manager whilst they developed their relationship with the person. People confirmed with us that they always had the same regular care staff at the same regular call times during the day. People were receiving consistent care from the same staff.

Staff knew people well, including their life histories and their preferences for care. One person told us, "I don't have to tell them much as once they know how I like things done they just get on with it." People told us that staff always did that little bit extra to help them. Such as household tasks, helping with the washing, or if they ran out of shopping they would pick things up for them in between visits. One person told us, "They are like an extended family really." The manager described a situation whereby she attended a funeral on behalf of a service user as they were too ill to attend. They then spent time afterwards with the person relaying messages and describing the events so that they felt they were involved.

People were actively involved in decisions about their care and treatment and their views were taken into account. The manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. This care plan would then be reviewed at least monthly or sooner if required. The manager held a more in depth review with the person every three to six months, to ensure their needs were still being met. When appropriate, staff supported people to have other healthcare professionals involved in their care.

People were always treated with dignity and respect. When we visited people we observed people being provided with care sensitively and in ways each person preferred. One staff member we spoke with said, "[Person] likes to do everything themselves generally and is quite independent so we help them when we are asked. We don't want to take away their independence. People we spoke with all told us they were involved in their care and were aware of the content of their care plans. The manager ensured staff were trained properly and knew how to show dignity and respect to people. One person told us, "I am independent with my care but staff always respect my privacy." As part of staff training the manager ensured staff were respectful of people's dignity and privacy, by ensuring curtains and doors were shut when carrying out personal care, and making sure people remained covered throughout the process.

Is the service responsive?

Our findings

People received care that was individual to them and this was personalised to their needs. The manager met with people to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. People told us, "You can call them at any time day or night." And, "The manager will deal with any problem I have. I don't have to complain. Additional comments from a friend said, "I actually find the care staff very helpful indeed. They help with the smallest task very well. [Person] has no problems." The manager carried out people's needs and risk assessments before the care began. They discussed the length and time of visits that people required, and this was recorded in their care plans. Each visit had clear details in place for exactly what care staff should carry out at that visit. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, hoisting people or assisting with medicines. The visit may also include domestic tasks such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the manager and any changes were recorded as appropriate. This was to make sure that the care staff were fully informed to enable them to meet the needs of the person. Records showed that people and, where appropriate and their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records.

Staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. They included information on people's diverse needs, such as how they communicated and mobilised. The manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well.

The provider or the manager carried out care reviews with people monthly and more formally at three to six month intervals. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were given a copy of the agency's complaints procedure. People told us they would have no hesitation in contacting the manager if they had any concerns, or would speak to their care worker. The manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. They also visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. Records showed that people's concerns and complaints were investigated, addressed and responses were sent to the complainants. People told us that they felt that the staff listened to what they said and acted upon their comments. One person said, "I have no problems with this care agency and would know how to raise a concern. I have never had to though." The outcomes to the complaints investigations were then used to improve the service and reduce the risks of the same or similar incidences happening again. There was also an out of hours service so the service was contactable at all times.

There was no history of any missed calls over the preceding months, but the manager said that if any calls were missed this would be taken very seriously and treated as a complaint, and there would be a full investigation.

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, "The service is very efficient, I have no problems at all." And another person said, "This agency is far better than the one I had before. The care staff are great."

The service had a registered manager. People were very complimentary of the manager and the service. One person told us, "The manager is very good, they will go out themselves and if you have a problem it always gets sorted out." A relative told us, "I am very pleased with the service, they all know what they are doing."

The service promoted an inclusive and person-centred culture. People benefitted from a good staff team that worked well together. Staff told us, "We shadow each other to start with and keep the same clients so we get used to them and they get used to us." Staff shared the same vision of the service, to support people in their own home, to make their lives as good as possible, to promote their independence and enable them to live a fulfilled life.

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that a quality survey was undertaken in 2015. The manager told us that they were in the process of assessing these and sending out further questionnaires. They would be sent out to people who used the service and any feedback used to make improvements.

Staff told us that they felt valued and were supported in their role. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to.

Records showed that staff meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. Records also showed that spot checks were undertaken on staff. These included observing them when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the staff member and to plan how improvements were to be made such as further training. This was confirmed by staff we spoke with. We saw that a training session was underway on the day of inspection and this was well attended.

Discussions with the manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. The manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medication and its administration, people's daily records, complaints and incidents. Where shortfalls were

identified action was undertaken to introduce changes to minimise the risks of similar issues recurring. This showed the service had an effective system in place to regularly assess and monitor the quality of service that people received.