

Reliant Care Limited

Reliant Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Reliant Care Ltd provides support to people living in their own homes and in supported living settings. The supported living houses are designed to support between three and 11 people with shared communal facilities such as kitchens, lounges and bathrooms. Most people receiving support have mental health needs. The provider also supports people with learning disabilities and autistic spectrum conditions. At the time of our inspection the service was supporting seven people with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

The provider had made improvements to their quality assurance systems since our last inspection. Regular monitoring of a wide range of safety and care issues were taking place and actions taken when concerns were identified. However, we found failures in the management, recording and monitoring of people's monies where these were looked after by staff. Although there was no evidence people were put at risk, the provider did not have systems in place to reduce the likelihood of financial abuse in the future.

People's prescribed medicines were safely managed. Staff had received training in the safe administration of medicines.

People had up to date assessments including assessments of risk. These included guidance for staff on managing risk and had been updated when there were changes in people's care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to make choices. They were enabled to participate in activities as independently as possible. Staff had received training to support people to reduce their anxieties and behaviours.

Right Care: Staff engaged with people using methods they understood. Actions had been taken to ensure people's privacy and dignity was respected.

Right Culture: The provider had appointed senior staff who understood the needs of people with learning disabilities and autism. Staff received the support and information they required to support people's needs. We observed positive interactions between people and staff.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We received concerns in relation to people's safety, staff training and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reliant Care Ltd on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the safe management of people's monies.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always 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 well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Reliant Care Ltd

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

This inspection was carried out by two inspectors

Service and service type

This service provides care and support to people living in 13 'supported living' settings', so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection of the supported living houses was unannounced. However, we gave 24 hours' notice of our visit to the provider's office as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at the care, financial and medicines records for six people. We observed staff providing support to people. We spoke with one person who used the service and one relative. We also spoke with 11 staff members, including the registered manager, director, service manager, business manager, training manager, a senior psychologist, two assistant psychologists, a support worker and a care worker. We looked at a range of records relating to the management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found failures in the provider's systems for managing people's monies where they required such support. A person's personal money was not kept securely and there was no daily expenditure record showing the balance of their monies. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there was some evidence of improvement. However, there was a need for further improvement.

- There remained failures in the provider's system for ensuring people's monies were managed safely and securely.
- Staff were now recording people's expenditure. However, these records were not always consistent or clear. At one supported living house, people had individual record sheets that recorded a running total and balance of people's monies. However, some receipts had not been recorded for the week prior to our visit. At a second supported living house, although people's expenditure was recorded, this was in a book used for all people. There were no individual record sheets for people which meant it was difficult to assess a person's overall expenditure over time. Staff supporting people to use their monies had not always signed the record sheets in relation to the recorded expenditure. We found a person's recorded balance did not match the monies looked after for them. We asked a staff member about this and they subsequently found some additional monies in the person's room. However, there remained a small discrepancy.
- Although staff told us people's monies were audited, we were not shown recorded evidence of this. Although we considered people were not currently at risk, the failure to maintain an effective record of a person's monies meant people were put at risk of potential financial abuse in the future.

We recommend the provider takes action to develop a system for recording and monitoring of people's personal monies that considers their rights and choices.

- The provider had policies and procedures on safeguarding adults. Staff had received safeguarding training and demonstrated they understood their roles and responsibilities in relation to ensuring people were safe from avoidable harm or abuse.
- Staff had reported and recorded safeguarding issues and concerns relating to people's safety. They understood the importance of ensuring people were safe from abuse or harm. Safeguarding concerns had been reported to local authority safeguarding teams and the CQC. The provider had a system for monitoring safeguarding concerns to identify patterns and trends.

Using medicines safely

At our last inspection we found people's medicines were not always safely stored. A person's prescribed insulin was kept in a communal fridge. Fridge temperature readings were not taken to ensure medicines were stored at an appropriate temperature. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- People's medicines were safely stored. Lockable medicines fridges had been provided to supported living houses. Daily temperature checks had taken place.
- People's medicines administration records were completed correctly by staff who had received training in safe management of medicines.
- People had individual medicines risk assessments. These provided guidance for staff on when and how people received their prescribed medicines. Protocols for the safe administration of PRN (as required) medicines were in place.

Assessing risk, safety monitoring and management

At our last inspection we found failures in relation to the provider's management of fire risk. Information about fire safety was not available at one of the supported living houses we visited. A staff member told us they had not been informed of the fire evacuation procedure. People had personal emergency evacuation plans (PEEPs), but these were kept in their care files and were not easily accessed in an emergency. This meant people were at risk should there be a need for immediate evacuation of the house in the event of fire. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- We saw evidence staff had received training in fire safety, Regular fire drills had taken place and staff we spoke with knew what they should do in the case of an emergency evacuation. The houses had been provided with emergency 'grab and go bags' that included people's PEEPs.

At our last inspection we found the provider had failed to ensure curtains or blinds were provided the windows at one supported living house. This demonstrated a risk to people's privacy and dignity. We recommended the provider undertook an assessment of risk to people's privacy and dignity at take appropriate action to address any shortfalls.

- At this inspection we found blinds had been provided to people's rooms. The provider was in the process of ensuring a privacy film was placed on the window of the room of a newer person who pulled down blinds and curtains.
- The provider's health and safety officer had carried out monthly audits of environmental safety risks at each supported living house.
- People had person-centred risk assessments that were regularly updated. These provided information about people's personal and cultural preferences along with guidance for staff on managing people's assessed risks.

Staffing and recruitment

- The service carried out recruitment checks before support workers could commence work at the service. This was to ensure support workers were suitable to provide people's care.
- The provider's pre-employment checks included two references and proof of identity. We saw evidence of Disclosure and Barring checks (DBS) on each file that we looked at. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. A system was in place for ensuring DBS checks were updated periodically.
- During our inspection there were sufficient numbers of staff to meet the needs of people using the service.

Additional staffing was provided to people who required this.

Preventing and controlling infection

At our last inspection we found the provider was not always following current government guidance. Visitors COVID-19 status was not checked at one supported living house. There were no records of regular COVID-19 testing as required by government guidance. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider was following current government guidance in relation to COVID-19 in social care services. Monthly monitoring of compliance had taken place for each supported living house.
- Staff ensured social distancing was maintained wherever possible. However, we recognised social distancing was difficult in the supported living houses we visited due to the size of the communal areas and the number of people who used them to eat and interact with each other. Staff had arranged furniture as much as possible to ensure social distancing.
- The provider maintained sufficient supplies of personal protective equipment (PPE) such as aprons, gloves and masks at each supported living house and this was confirmed by staff. Staff were observed to use these where appropriate.
- The provider had policies and procedures in place in respect of COVID-19 and infection control and prevention. We asked the registered manager about procedures if there should be an outbreak of COVID-19 at one of the houses. They advised us that they would encourage and support people to isolate in their rooms and regularly test them for the required period. However, since most people had capacity and their own tenancies, staff would not be able to prevent them from going out if this was as they wished. People had risk assessments in relation to this. However, at the time of our inspection there had been no incidents of COVID-19.

Learning lessons when things go wrong

- People's care records showed that support was sought and obtained from relevant professionals following incidents. People's care plans and risk assessments were updated to reflect their guidance.
- Records of incidents, accidents and near misses were maintained. These included information about actions taken to reduce the likelihood of similar incident occurring in the future, Staff told us they discussed concerns at regular meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and support preferences had been assessed before they started receiving a service from the provider. People's assessments were reviewed regularly and were updated when their needs changed.
- The process of people moving into the service was personalised reflecting their needs and wishes. Records showed that people had visited the service before moving in so that they and staff could determine if the service was suitable for their needs. Staff had visited a person in a previous placement and had spent time getting to know their needs before they moved to the service.
- Regular care reviews were conducted involving people and their families where appropriate, so their needs and choices were known, and personalised care and support was provided.
- Guidance was in place for staff to effectively deliver care and support, including providing people with the support that they needed to achieve their chosen goals and be as independent as possible.

Staff support: induction, training, skills and experience

At our last inspection we found staff had not received regular supervision or training in learning disabilities, autism or specific health conditions. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Staff were now receiving regular supervision from a line manager. The provider had ensured training on specific issues such as autism, learning disabilities, positive behaviour support and health conditions, such as diabetes had been provided. This was confirmed by staff we spoke with.
- Staff received the induction, training and support they needed to deliver safe, effective care and meet people's individual needs. Induction training was mapped to the Care Certificate framework. The Care Certificate is a nationally recognised set of training outcomes for staff new to working in care services. New staff shadowed experienced staff to learn about their role in supporting people effectively and safely. A staff member said, "My induction was good, and I've had regular training since then,"
- Staff received the provider's mandatory training. Additional training that met people's specific needs such as positive behaviour support and diabetes awareness was also provided. The provider monitored staff training and reminders were sent to staff when refresher training was due.
- Staff told us that they received the training they needed. Most staff had relevant qualifications in health and social care. The training manager told us how they were supporting staff to undertake qualification training, including more advanced training for staff who already had a qualification in health and social care.
- Staff told us that they felt they were well supported by managers, who they could contact at any time for advice and support. Staff received regular ongoing supervision. This was confirmed by staff we spoke with.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about their food and drink and menus were discussed with them. People were provided with the support that they needed to shop for groceries and be involved in food planning and preparation. Staff encouraged people to make healthy food choices.
- People had the opportunity to participate in cooking activities that helped them develop their cooking skills and knowledge of nutrition.
- People with specific nutritional and cultural needs were supported to purchase and eat the foods they required. For example, people were supported to buy halal meat where this was culturally important to them.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access the healthcare services they required. People's care and support records included essential information including information about people's health needs including mental health needs and the assistance and support required from the service to meet those needs.
- Staff worked with healthcare and social care agencies to ensure people's needs were met. Records showed that people saw healthcare professionals and attended hospital appointments when needed. Additional staffing was provided where people required support to attend an appointment.
- People were supported to go for walks and participate in activities in the local community to maintain their physical and mental health and well-being.

Adapting service, design, decoration to meet people's needs

- The provider worked with landlords of the supported living premises to ensure the services were fit for purpose and safe. They also employed staff to attend to maintenance issues. The two supported living houses we visited were well maintained. The communal lounges in the services had televisions and comfortable seating, with ample space for people to move around. One house had a second lounge which was used primarily by a person who preferred to be alone.
- The houses were well decorated and adaptations had been made, where appropriate, to ensure people's individual needs were met.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider was meeting the requirements of the MCA. Where people had been assessed as lacking capacity to make important decisions, the provider had liaised with their social worker to ensure Deprivation of Liberty Safeguards (DoLS) applications were made to the Court of Protection.
- People were supported to have as much choice and control over their lives as possible. They were encouraged to make choices, such as what they wanted to do, wear and eat. People could go out and about freely, with staff support, where required. For example, one person went to regular college courses and this was supported by staff.
- Staff knew that it should be assumed people had the capacity to make decisions about their care and

other aspects of their lives unless their assessment showed otherwise. Healthcare and social care professionals and, when applicable, people's relatives, were involved in making decisions in a person's best interest when necessary.

- Staff told us they asked for people's agreement before providing them with support or assistance.

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 changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found failures in the provider's quality assurance systems. Monitoring of the quality of people's care had not been carried out regularly or consistently. The provider had not always identified and acted on risks to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements.

- The provider had introduced a new quality monitoring system across the supported living service. However, we found systems and actions had not been put in place to ensure consistent monitoring of monies looked after for people. Further information is contained in the Safe section of this report.
- The provider had systems and processes in place to monitor and evaluate a range of other service outcomes. These included regular audits of people's care records, medicines, staff training and supervision, safeguarding and complaints.
- The provider had carried out monthly health and safety risk audits at each supported living location. Where actions had been identified, these were addressed.
- Staff demonstrated they understood the importance of ensuring they maintained a good quality of care to people using the service. A staff member said, "We learn all the time. If there is something we can do better, we want to know so we can make improvements."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found the provider had not always effectively engaged people, staff and the public. People with communication needs were not always provided with accessible communication methods; staff had not received training in supporting people with autism and learning disabilities; the provider had failed to evaluate people's behavioural records and engagement with people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Staff had received training in supporting people with learning disabilities and autism. Positive behaviour support had also been provided by a trainer accredited with the British Institute for Learning Disabilities

(BILD). Evaluation of people's behavioural records had taken place to identify triggers and patterns of people's behaviours. Staff described how they used this to adapt their approaches and people's environments and routines.

- Staff were supporting people to use pictorial information to enable them to provide feedback about their care. Some people were supported by the use of picture timetables and social stories. These which are tools designed to enable people with autism to manage their anxieties and have control over their routines and support.
- Where people were unable to speak for themselves, there was evidence family members were engaged in reviews of their care and support. We saw records of meetings with family members. A family member said, "[My relative] hasn't been there long, and I'm not always happy, but I met with a manager who was very reassuring."

Continuous learning and improving care

At our last inspection staff at one supported living service had not had computer access for three weeks and had to use their personal phones to make records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Staff showed us how they used computers to record care information. They told us any failures in IT were now resolved quickly by the provider.

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 provider understood their responsibilities in relation to duty of candour.
- The provider had reported incidents to bodies such as local authority safeguarding teams, the police and the CQC in a timely and appropriate way.

Working in partnership with others

- Staff engaged with other professionals in supporting people's needs. People's care records included information and guidance provided by specialist professionals.