

Reni Care Personnel Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Reni Care Personnel Ltd is a domiciliary care service providing personal care to people in their own homes. 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. At the time of the inspection two people were receiving personal care who were funded privately or by direct payments.

### People's experience of using this service and what we found

People were at risk of receiving care from unsuitable staff because safe recruitment processes had not been established. The two directors, one of whom was the registered manager, lacked understanding of the importance of safe recruitment with one director bringing staff they worked with previously into the business, without satisfactory checks. The second director had accepted the staff to work in their business without insisting checks were carried out beforehand. This showed good governance processes of the provider were lacking in overseeing safe recruitment.

The registered manager understood their responsibility to notify CQC of significant events, such as allegations of abuse, as required by law, although they told us none had been required. The registered manager understood their roles and responsibilities, although knowledge of safe recruitment could be improved. Staff understood their role and responsibilities. The registered manager engaged and consulted with people using the service and staff. Staff felt well supported by the registered manager. Both directors cared for people directly and so understood people's needs and preferences.

People received the right support in relation to their individual risks. There were enough staff to support people safely and staff timekeeping was not a concern. People were satisfied with the infection control processes staff followed. People received the right support in relation to their medicines.

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

All staff had recently transferred to the organisation through the new director to work with clients they supported previously. They had not been provided with an induction through this care agency. The registered manager told us they were putting together an induction and training package for staff. Staff had received training prior to joining this agency. A system of support and supervision for staff was being put in place by the registered manager. People were supported to maintain their health and to see health and social care professionals when this was an agreed part of their care. People received food and drink of their choice.

People liked the staff who supported them and developed good relationships with them. People received

consistency of care from regular number of staff who knew them well. People were supported to maintain their independent living skills as far as possible and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 4 October 2018, although for most of that time they were not providing personal care. This is the first inspection since they recently began providing personal care.

#### Why we inspected

We undertook this inspection due to the length of time since registering with us in October 2018. The service had not been providing a regulated activity for most of this time and only recently began providing personal care to people.

#### Enforcement

We have identified breaches in relation to fit and proper persons employed at this inspection. You can see the action we told the provider to take at the back of the full length report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve in relation to the breach. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive 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** ●

# Reni Care Personnel 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

Our inspection was completed 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 and specialist housing.

#### Registered Manager

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

This inspection was announced. We gave the service 48 hours' notice of the inspection and then rearranged the date due to the provider's availability, giving four days' notice. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 2 December 2022 by meeting the registered manager at the head office.

We then made phone calls to people using the service and staff, and inspection activity ended on 13 December 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. 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 used all of this information to plan our inspection

#### During the inspection

We spoke with the registered manager who was also the director and the second newly appointed director. We spoke with a person using the service, a relative and two care workers about their experiences of the care provided. We reviewed a range of records including care and staff records and 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.

This is the first inspection of this newly registered service. This key question has been rated 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

### Staffing and recruitment

- Robust processes to ensure staff were checked before being employed by the service were lacking. The registered manager told us they began care for two people brought to the business by the new director. The new director also brought staff to the company who were already providing care. However, the provider did not refuse employment until recruitment checks had deemed them safe. This meant people may have been cared for by unsuitable staff.
- Recruitment records and checks which were lacking for these staff included application forms with a full employment history exploring any gaps, an assessment of any health conditions which staff may require support for and references.
- The new staff were employed with recent criminal records checks in line with guidance. The provider had discussed the issues shown in one care worker's check and concluded they were safe but had not formally recorded this as a risk assessment in line with guidance.

The provider's failure to ensure that staff recruitment was robust was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people safely. The registered manager cared for one person themselves and the other person was cared for by a team of regular care workers.
- People told us staff timekeeping was good and they had not experienced any missed visits. A person told us, "Reni Care never leave you without a carer, someone always turn up."

### Using medicines safely

- Staff did not administer medicines to anyone using the service. However, records from a person whose care ended recently showed medicine administration was recorded correctly.
- The provider considered risks and people's needs in relation to medicine administration as part of care planning.
- Staff received training in managing medicines safely.

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

- The provider identified and assessed risks to people, such as those relating to mobility and the home environment.
- Guidance was in place for staff to follow to reduce the risks to people's health and welfare.
- The registered manager told us there had been no accidents or incidents but they would ask staff to

ensure prompt medical attention, liaise with a director and record the incident for them to review.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and neglect. People felt safe with the staff who supported them and the registered manager informed people how to raise concerns internally and externally if necessary.
- Systems were being established to protect people from the risk of abuse, including a plan to train staff in safeguarding and whistleblowing regularly.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

Preventing and controlling infection

- Infection control practices were as expected. People were satisfied with staff usage of personal protective equipment (PPE) and infection control practices.
- Staff had received training in infection control and the safe use of PPE in previous organisations. The provider told us they would arrange a programme of regular training through their agency.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection no one lacked capacity in relation to their care. However, the registered manager had a good understanding of the Act and their responsibilities.
- Care workers understood their responsibilities in relation to the MCA and they received training in this in previous organisations. The provider told us they would arrange regular training for staff in relation to this.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

- People's mental and physical healthcare and emotional support needs were assessed and recorded in their care plans. Staff understood people's needs as they had been working with them for some time. A person said, "I think they do understand my needs."
- Staff could support people to see the healthcare professionals they needed to maintain their health when this was an agreed part of their care.
- The provider recorded people's food preferences and dietary needs in their care plans.

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

- People's needs were assessed by the registered manager before their care began, including for the two people brought to the agency by the new director. The registered manager met with people and their relatives to find out more about them. A relative told us, "It was a good assessment and it needed to be so they can care for [my family member]!"
- The provider had a programme to review people's care regularly, checking it continued to meet their needs.

- The registered manager kept up to date with standards, guidance and the law through continual training and as part of keeping their social work registration up to date.

#### Staff support: induction, training, skills and experience

- The registered manager had employed three staff who were brought to the agency by the new director without carrying out an induction. However, the registered manager obtained their training records which showed they had received key training in the past year and observed them working with the people newly brought to the agency who they were already working with.
- The registered manager planned to introduce an induction and a programme of regular training for all staff to include supporting autistic people in line with the mandate to all health and social care providers to provide this training.
- The registered manager planned to begin a programme of formal supervision. They told us they held regular phone calls with the staff and would introduce a structure and record sessions.

# Is the service caring?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 a relative were positive about the staff who provided care. A person told us, "My care worker is caring and helpful and asks if there is anything else before they go." A relative said, "[The care worker] is very good at the care."
- People received consistency of care from the staff who knew them. The registered manager told us they would aim to find staff with certain skills such as a shared language and ability to cook food from their home countries.
- Staff were not rushed and had time to deliver meaningful care, engaging with people. Travel time was not a concern due to the small numbers of people using the service.
- The registered manager understood how to meet people's equality and diversity needs and explored these with people to include in their care plans to guide staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff cared for people according to their personal preferences, such as how they liked to receive personal care, their daily routines and food and drink.
- The registered manager cared for a person directly and called and visited other people to gather their feedback on their care.

Respecting and promoting people's privacy, dignity and independence

- Care plans showed people were encouraged to be involved in their care as much as they wanted, to maintain their independence.
- Staff we spoke with understood how to protect people's privacy and dignity and to maintain their confidentiality. A person told us, "They absolutely treat me with respect, privacy and dignity. No probs!"

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in their care plans through discussions with the registered manager. People's backgrounds, needs and preferences were included in their care plans. Care plans were kept up to date so they remained reliable for staff to follow. A person told us, "My carer comes, I am very pleased with it all."
- People's care plans were personalised, based on their individual needs and preferences, setting out what they wanted to achieve through their care. Staff we spoke with understood people's needs and preferences through reading their care plans and working closely with them.
- People could be supported to attend activities and do day to day tasks such as shopping if this was an agreed part of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS and the registered manager told us key information could be provided to people in alternative formats if necessary.
- The registered manager recorded people's communication needs in their care plans and how best to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of. People knew how to raise a concern and they had confidence the registered manager would investigate and respond appropriately. A person said, "I think the manager would take any complaint seriously." A relative told us, "[The registered manager] gave me the complaints policy and takes me seriously if I need to raise concerns. She came to visit me when I did so."
- People were encouraged to raise any concerns or complaints although the registered manager told us they had not received any complaints.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the local hospice and district nurses to care for people and would train staff.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

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

- The provider lacked suitable governance procedures to ensure recruitment procedures were safe and met regulatory requirements. The original director told us they appointed a second director recently because they brought two new clients and staff into the business. However, the second director was carrying out personal care alongside the new staff and the original director had not checked their suitability to do so thoroughly which was a breach of regulation.
- The new director appeared to lack understanding of the importance of satisfactory recruitment checks before staff delivered care, as did the original director. Two days before our inspection the new director informed the original director a new staff member they worked with previously would be providing personal care imminently. This also indicated the two directors had not yet established satisfactory communication systems between themselves.
- The registered manager was a director and was an experienced, registered social worker. They told us they had run a care agency in a foreign country but this was their first time doing so in the UK. Our discussions and inspection findings showed they had a good understanding of all key areas of care and their regulatory requirements, except for safe recruitment which needed to improve. A person told us, "They are helpful and I am impressed really."
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.

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; working in partnership with others

- People and relatives told us the registered manager communicated well with them and visited or called often to check they were satisfied. Staff told us the registered manager kept them up to date with any changes in people's care and to the service.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff told us the registered manager was open and transparent.
- The registered manager understood the need to liaise with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not always ensure staff were of good character, had the qualifications, competence, skills and experience necessary for the role, nor that they were, by reason of their health, after reasonable adjustments are made, capable of properly performing their role. Recruitment procedures had not been established and were not operating effectively to ensure staff were suitable to work with vulnerable people and that the information specified in Schedule 3 was available for each staff member.</p>