

Relief Professionals Group Ltd

# Relief Professionals Group Ltd

## Inspection report

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TS18 1EF

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28 August 2019  
10 September 2019  
12 September 2019

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was providing care to two people.

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

People told us that they felt safe, but this inspection found that the legal requirements were not met. Medicines were not always managed safely and record keeping was not robust. Care records and risk assessments did not include enough detail to keep people safe.

Systems were in place to ensure staff were recruited safely and people. However, gaps in employment had not been explored and verbal references had only been requested. The registered manager took action to address this after our inspection.

Quality monitoring required improvement as this had not identified the concerns we found at the inspection.

Staff had the skills and knowledge to deliver care and support in a person-centred way. Staff were caring and understood people's likes, dislikes and preferences. They worked with people to ensure they received support how they wanted it. People told us their privacy and dignity were respected and their independence encouraged.

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.

People told us they felt able to share their views and raise concerns with staff or the registered manager.

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 5 September 2018 and this was the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. After the inspection the registered manager provided us with confirmation of action they had taken to mitigate the risks. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Medicines were not always safely managed, and risks assessments did not contain enough detail to keep people safe. Quality monitoring had not identified the areas of concern that we found during the inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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** ●

# Relief Professionals Group 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats or specialist housing.

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 28 August and ended on 12 September 2019. We visited the office location on 28 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, two care staff, the receptionist and the administrator.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to corroborate evidence found. We looked at training data and updated care records. We spoke with two people who used the service on the telephone to seek their views.

# 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 for 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.

### Using medicines safely

- The management of medicines was not always safe.
- A staff member who was responsible for giving a person their medicines did not know what the medicine had been prescribed for.
- Record keeping for medicines needed improvement. For example, the codes used as reasons for either giving or not giving medicines were different on documents used, making this confusing for staff.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management Staffing and recruitment

- Care records did not provide staff with enough information to keep people safe.
- Before receiving care, the registered manager visited people at their home to carry out an assessment of their needs, review any risks and undertake a risk assessment of the environment. However, one person had a diagnosis of epilepsy, but there was no information available within the care records to inform staff of action to take if the person was to have a seizure. We spoke with staff who were not aware this person had epilepsy. The registered manager took immediate action to address this.
- Risk assessments of the environment to ensure safety and security of the person did not contain enough information. For example, if the person had a key safe or if doors should be locked after the visit.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe management of medicines or management of risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- People told us they felt safe. One person said, "Yes I do feel safe. They [staff] use a key safe to get in on a morning. They are very reliable and always respectful."
- Systems were in place to ensure staff were recruited safely and people were safe, but some improvements were needed. For example, gaps in employment were not always explored and verbal references were only requested. The registered manager took action to address this after our inspection.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager told us they had a system to check incidents and understood how to use them as a learning opportunity to prevent future occurrences.



# 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 for 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.

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

- People's needs were assessed before receiving care. This information was used to develop people's care plans.
- People were involved in all aspects of the assessment process and staff ensured people were given choices about how they wished to be supported. The registered manager regularly reviewed the service to make sure the service was meeting the needs of the person appropriately.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training relevant to their roles. The registered manager worked alongside staff observing their practice. However, these observations were not fully recorded so we could not assess how effective they were. Staff told us they had regular training updates.
- New staff attended an induction to help them understand their responsibilities and job role. They also had an opportunity to read policies and procedures. One person told us, "They [staff] are well-trained I have lots of needs and they look after me well."

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

- People received support with food and nutrition. People's dietary needs and preferences were recorded in their care plan. One person told us, " They [staff] cook my meals, I choose microwave meals. I tell them what I want, and they do it."

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

- The registered manager worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- People were supported with their healthcare needs.

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.

- Records were in place to confirm people were supported to make decisions. People confirmed staff asked for their permission before carrying out care duties.

# 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 for 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 told us they were supported by kind and caring staff, which promoted their wellbeing. One person told us, "The care staff are very good and very caring."
- Staff received training on equality and diversity training to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.

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

- People were involved in discussions about the care and support they required. Care plans were developed with input from people.
- Staff supported and encouraged people to make decisions and choices about their care, and how it was provided. For example, days and times of support were provided to suit the person being supported. One person told us, "I was involved in my care planning. I asked for a certain time for staff to call and for the length of time they were to stay and support me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff were respectful whilst attending to personal care needs. Staff encouraged people to do as much as they could for themselves to help them to retain their independence.

# 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 for 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

- People received care and support that was person-centred. One person who had been unhappy with their previous care provider told us, "This is much better. I've never been happier. The carers are great, they are reliable. Anything I ask, they do."
- People were provided with a flexible service that met their needs. People confirmed they were always offered choice.
- Some care plans contained limited information. For example, one person needed to use a hoist to help them move from one place to another. However, the care plan did not detail how to do this and how to maintain their safety. We pointed this out to the registered manager at the time of the inspection who told us they would take immediate action to address this.

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 registered manager told us information was available in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

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 encouraged and supported to remain active in their homes and to continue to have meaningful and regular contact with family and friends.

Improving care quality in response to complaints or concerns

- People told us they could share any concerns with staff who supported them. People confirmed they knew how to make a complaint and told us they would be listened to by staff and the registered manager.
- The registered manager told us they encouraged an open culture where people felt able to raise issues. One person told us, "I would complain if needed [registered manager] is very approachable. I can't find anything to complain about."

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 if people did require end of life care they would ensure staff had the skills and abilities to provide this. The support of health care professionals was available to care and support people at the end of their life. The registered manager told us people would be supported to make decisions about their preferences for end of life care.

# 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 for 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.

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

- Although quality monitoring took place, this was ineffective as it did not identify the areas of concern that we identified during the inspection. In addition, some of audits asked questions which were not bespoke to the service provided.
- The management of medicines was not always safe. Staff did not know what the medicines they were administering were prescribed for and record keeping needed improvement.
- Care records and risk assessments were insufficiently detailed to keep people safe.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate effective governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 principles of the duty of candour were embedded within the registered managers practice. The registered manager was open and honest in response to any concerns and worked in partnership with others to make improvements.

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

- Staff morale was good. Staff told us the registered manager was approachable and lead by example. A staff member told us, "I love working here. [Registered manager] and the office staff have made me feel so welcome. I feel like I belong."
- The registered manager demonstrated a commitment to provide person-centred, high-quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager regularly spent time with people at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service.
- The service worked in partnership with other agencies.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous improvement to deliver a safe and

high-quality service. The registered manager was positive and responsive to feedback from this inspection. After the inspection they provided us with documentation showing where they had made improvement in different areas.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely.  Care records and risk assessments were not detailed enough to keep people safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring was ineffective as it did not highlight the areas of concern that we found during the inspection.