

Reliance Independent Living Limited

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Inspection report

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06 March 2019
07 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Reliance Independent Living Limited is a domiciliary care service providing personal care for people living in their own homes. At the time of the inspection, the service was providing care for 10 people.

People's experience of using this service: People we spoke with spoke very highly of the registered manager and the staff who provided the care. One person told us "They do exactly what they claim in their name. They are reliable and help my independent living. I couldn't ask for more."

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for.

Staff employed by the service were trained and supported to meet people's needs safely.

Medicines were administered safely and in accordance with the service's policy. The registered manager did spot checks so the staff were closely monitored.

The service was flexible in the support that they provided and worked in conjunction with health professionals to provide the best possible care for people.

The registered manager understood the Mental Capacity Act (2005) and how to ensure its safe application when supporting people to make decisions about their lives.

The service was a small, family run business which prided itself on providing quality care. The provider told us that they never accepted a care package unless they were 100% confident that they could meet the person's needs to a high standard.

Rating at last inspection: This was the first inspection for this service since it registered with CQC.

Why we inspected: This was a planned inspection and the first for this service.

Follow up: We will continue to monitor the service and will inspect again in accordance with our inspection principles.

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

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 safe.

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Reliance Independent Living Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspection manager.

Service and service type: Reliance Independent Living Limited is a domiciliary care service that provides personal care to people living in their own homes. The service supports older people.

The service had a manager registered with the Care Quality Commission. This means 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: This inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 06 March 2019 and ended on 07 March 2019. We visited the office location on 07 March 2019 to see the manager and the provider; and to review care records and policies and procedures.

What we did: We reviewed information we had received about the service since the service was registered. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service and one relative to ask about their

experience of the care provided. We spoke with two members of care staff, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to understand how to protect people from harm and abuse. Policies and procedures were in place and were discussed with staff to clarify their understanding.

Assessing risk, safety monitoring and management

- Risk assessments clearly identified people's needs and actions to take to support them and maintain their safety.
- We saw that detailed risk assessments were completed in relation to physical conditions that people had. These explained to staff what action they should take in an emergency. Additional information about specific medical conditions was also available for staff to access so they could understand the person's condition in more detail.

Staffing and recruitment

- We looked at staff recruitment and saw two files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to the new staff commencing work for the service.
- We spoke with the provider and asked them to improve the records relating to telephone references. They commenced working on these straight away.
- People who used the service told us that staff were consistent with their visits; "always on time with a smile and a cheery Hello". People also told us that they always received a weekly timetable so they knew which staff member to expect each day and what support they would be receiving.

Using medicines safely

- Staff were trained to administer medicines and the registered manager observed staff practice on a regular basis to ensure that this was done safely and in accordance with the service's policy.
- The registered manager completed medicine record audits regularly to ensure that staff were maintaining the records as required.

Preventing and controlling infection

- Staff were provided with aprons and gloves to use when required to support people with personal care and additional supplies of these were kept in the office.

Learning lessons when things go wrong

- There were no accidents and only one incident recorded. We could see that the registered manager had robustly responded to the incident which related to medicines administration. Policies and been reviewed

and revisited and training had been given to minimise the risk of any future similar occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- One person told us "They look after me very well all of the time and I am always treated politely when they have to help me with things."
- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice. Lots of current information was available for staff to access.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due. Training was organised around meeting the needs of the people using the service.
- Staff induction, supervision and appraisals were recorded and we could see that these were always completed. All staff had regular access to the registered manager to discuss any issues or concerns.

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

- The service supported people to eat and drink in accordance with their care plans. We saw that the service paid attention to detail to make sure that food and drink was provided in accordance with people's choices. For example, one person liked their fruit cut up and presented on a plate.

Staff working with other agencies to provide consistent, effective, timely care

- The service demonstrated that they worked closely with medical staff and district nurse's teams to meet people's needs safely.

Adapting service design to meet people's needs

- The service completed very detailed pre-assessments prior to agreeing to support people. They did not take on any support package unless they were satisfied that they could meet all of the person's needs safely.

Supporting people to live healthier lives, access healthcare services and support

- The service had positive relationships with the local GP surgery's and they worked together to meet people's needs.
- The service was a point of contact for an emergency call system for some people they provided care to particularly if the person did not have family who lived close by.

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.

- The registered manager had a clear understanding of the MCA and how to apply it safely. The service always assumed capacity when supporting people. The registered manager agreed to improve the capacity assessment recording systems that they were using to demonstrate the processes that they followed.

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

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 we spoke with told us that the staff were kind, caring and very supportive. One person said "I'm very happy. They always ask me what I want and then they do just that. The girls are lovely and I look forward to their visits." Another person told us "They go over and above with the care that they provide. I couldn't recommend them highly enough."
- We saw that the service supported one person to attend their local church. The person needed to take a cushion with them for their comfort. This was identified in the care plan and all the staff knew to do this.

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

- One relative told us "The registered manager is very accessible and open to conversation. We all worked together to do the best for my relative. I couldn't recommend them highly enough."
- We saw that people were constantly asked to provide feedback on their care to improve it. The communication between the service and the people they were supporting and their relatives was very good.

Respecting and promoting people's privacy, dignity and independence

- We spoke with a health professional and they told us "The service have taken a long-term approach, minimising risks in a piece-meal way, in line with a safeguarding plan. They have been flexible in their approach and have gained trust. This has allowed more information to be gained and other essential tasks in the home to be completed, further reducing risks. They have knowledge of the client's habits which allows them to monitor well-being even if the client leaves the house. They feedback regularly to family members who live away from our area. They have been friendly and professional in approach." This demonstrated that the service recognised and supported a person's wishes to remain as independent as possible.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plan files we looked at were very person centred, detailed and informative, regularly reviewed and reflected the needs of the people using the service. The files contained relevant information about the individual, such as their communication methods, health, emotional, and physical health needs.
- The service enabled people to access leisure activities of their choice. They had recently purchased a wheelchair accessible vehicle to support people who required this.
- The service regularly reviewed the care that they were providing. The registered manager told us that they focussed on supporting people to remain in their own homes for as long as possible in accordance with their wishes.
- At Christmas, the service supported people to the pantomime and they provided free transport and the ice cream during the interval.

Improving care quality in response to complaints or concerns

- People we spoke with told us that they knew how to complain but they had never needed to. A complaints procedure was available for people to use if they wished to.

End of life care and support

- The service was not currently supporting anyone with end of life care. They service did offer people the opportunity to complete an end of life care plan if they wished to.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff told us and we saw records to show they had regular team meetings.
- The registered manager and the provider worked closely with all the people who used their service to access the service delivery and that people clearly understood the care that they could and could not provide.

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

- The registered manager and the provider demonstrated that they understood the information that they were required by law to share with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example asking people using the service regularly if they could be doing anything else to support them.
- One person told us "They do exactly what they claim in their name. They are reliable and help my independent living. I couldn't ask for more."

Continuous learning and improving care

- We could see that the registered manager analysed feedback and made changes to the care provided to ensure that people's views were responded to.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership to improve people's wellbeing. For example, the service accessed the local dementia friendly memory café and supported people to attend.