

Mrs Lynn Mears

Rendezvous

Inspection report

6 Coxes Road
Selsey
Chichester
West Sussex
PO20 9AN

Tel: 01243605782

Date of inspection visit:
18 August 2016

Date of publication:
13 September 2016

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

Rendezvous provides personal care and support to people in their own home. The service is provided to one person with mental health needs. They also provide domestic services to another five people.

The provider was also the manager and was registered with the Care Quality Commission and had a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The person said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the correct procedures to follow if they considered someone was being neglected or poorly treated.

There was a reliable service from regular staff. There were sufficient numbers of suitably experienced staff employed to meet individual needs. Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people who may be at risk.

There was a policy and procedure in place with regard to medicine administration and this was understood by staff. No one was currently receiving support with their medicines.

The person being supported had a care plan which gave guidance to staff on how support should be given. Risks were assessed and recorded and these included environmental assessments so staff knew any risks and what they should do to keep the person and themselves safe.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received regular training and that they had a good induction before they started to provide support to people.

Staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation. Staff knew what action to take if they thought a person lacked capacity to consent.

Staff monitored the person's health and they supported people to access healthcare professionals when needed.

Staff were kind and caring. People were able to express their views and said they were encouraged to be independent as possible. They confirmed they were treated with dignity and respect and said their needs were regularly reviewed and they were contacted on a regular basis to ensure that their current up to date needs were being met. A complaints procedure was in place that enabled concerns to be raised.

The provider had a policy and procedure for quality assurance. The provider carried out checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out every six months to

people to seek their views on the service provided by the agency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Potential risks to people were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

There were sufficient numbers of staff to meet the needs of people safely.

Suitable recruitment checks were carried out so the provider could be assured that staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Support and training to staff was provided so they had the skills required to support people effectively.

Staff provided a good standard of care which people had agreed to. Staff were trained in the Mental Capacity Act 2005 so they would know what to do if people did not have capacity to consent to care.

People were supported to access health care services when needed and staff worked with health care professionals to provide coordinated care to people.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say about their care.

People said they were treated well by staff and that they were kind and caring. Staff said they always treated people with dignity and had respect for the people they cared for.

Is the service responsive?

Good ●

The service was responsive.

Care and support was personalised and responsive to individual needs and interests.

Care plans gave staff information to provide support in the way they preferred. Plans were regularly reviewed and updated to reflect any changing preferences and needs.

There was an effective complaints procedure in place

Is the service well-led?

Good ●

The service was well led.

The provider was also the manager, they were approachable and communicated well with people, staff and outside professionals.

People were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The manager carried out regular monitoring of the quality of the service provided.

Rendezvous

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 August 2016 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the manager could be out supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the PIR and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the provider manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we looked at the care plan, risk assessments and records for the person supported by the agency. We looked at training and recruitment records for one member of staff. We also looked at a range of records relating to the management of the service such as complaints, quality audits and policies and procedures.

We spoke with the person who received a service from Rendezvous, to ask them their views of the service they received. We also spoke to the provider manager and one member of staff.

The last inspection of the service was carried out in August 2014 and no concerns were identified.

Is the service safe?

Our findings

The person supported by the agency told us they felt safe with the staff. They said the staff who provided support to them were very good and said they felt comfortable with them. They said "I am very happy, everything is working well for me."

The provider/manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. The service also had its own safeguarding policy and procedure which was provided to all staff and was included in the person care plan folder. Staff were aware of and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. One member of staff told us that they would ensure people were safe and secure and report any concerns to the office.

Risks to people were assessed and included in their records. There was an environmental risk assessment of people's homes so staff could identify any risks to their safety. There were also risk assessments and management plans for supporting people with managing their mental health.

There was a lone working policy for staff when working alone in the community. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. This meant that appropriate action could be taken so people were safe.

There were sufficient numbers of staff to meet people's needs. Staff said they had sufficient time to carry out the tasks as set out in the care plan. The provider manager told us that the person was informed who would be calling to provide support prior to each visit. The person concerned said they always know who would be coming to provide support.

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The provider manager told us they did not administer medicines to anyone. However there was a policy and procedure should this become a specific need for anyone in the future. The provider manager said the specific needs of individuals would be clearly detailed in their care plan to ensure that people received appropriate, safe support with their medicines.

Is the service effective?

Our findings

The person supported by the agency told us the staff who supported them knew what support they needed. They said staff always completed the tasks as set out in the care plan and that staff stayed for the agreed length of time and sometimes longer. They had never experienced any missed calls. They described their care workers as "Really good, they do everything I ask and more"

Training records showed staff completed training in a number of relevant subjects. These included: fire safety, first aid, infection control, and mental health awareness. Guidance was also provided for staff on how they could identify any changes to people's mental health and how and when to report any concerns. This meant that people were supported by staff who knew them well and understood their needs.

Staff told us they had a good induction. The provider manager said new staff carried out shadowing shifts with her and that staff were not allowed to work unsupervised until both the provider manager and staff member were confident they could carry out their duties. The provider manager told us shadowing was an important part of the induction and this could go on until both the agency and the staff member were confident to go out and support people alone. The provider manager told us induction training had been amended to reflect the Care Certificate requirements. The Care Certificate is a national qualification covering 15 standards of health and social care topics.

The agency employed three members of staff and all had achieved additional qualifications such as National Vocational Qualifications NVQ or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The provider manager said support was provided to staff to enable them to maintain their skill knowledge and meet individual needs and staff confirmed this.

The provider manager said that all staff received regular supervision every three months. Supervision included observations of care practice. Records and staff confirmed this and said they could discuss care issues, staff training or any other issues openly with the manager.

The person receiving care was aware they had a care plan and told us they were consulted and had agreed to the arrangements made for their care. One person told us "They came to see me at home and went through all the things I needed.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires 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 manager and staff understood their responsibilities in this area. The provider had policies and procedures to guide staff. The registered manager and staff confirmed they had received training in the MCA and this helped them to ensure they

acted in accordance with the legal requirements.

When required, staff provided support to people with their food and drink. This was mainly with shopping and budgeting and included support to help maintain a healthy diet.

The provider manager and staff told us they regularly monitored people's care and health needs. Staff said if they had any concerns about a person's health needs they would contact the provider manager who would arrange for an appropriate health care professional to visit. This helped people to remain healthy. Staff said they would notice any changes in people related to their health needs and report it immediately. The provider manager told us that any contacts with health care professionals would always be recorded.

Is the service caring?

Our findings

The person supported by the agency described the staff as caring, kind and respectful. People made positive comments about how they were treated by staff and included: "The staff who support me are so good, I cannot fault them, they give me all the help I need".

Positive, caring relationships had been developed with people. Staff told us they knew people well, including their likes and dislikes and supported them to be involved in making decisions about their care. They said they enabled people to be as independent as possible and provided people with support and encouragement.

The person supported by the agency told us their views were listened to and taken into account when care and support was provided. They said staff always explained what they are doing and asked permission before providing any care. The care provided was minimal and the person receiving support said "I am in control and staff help me with whatever I ask". Staff told us they always sought agreement before completing care tasks. People and staff confirmed that they had regular care visits and this meant it was possible to build up good working relationships with each other.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity. Care tasks were only carried out in the privacy of their own home. Staff understood the importance of treating people with dignity and respect and of gaining their consent before any care or support was given.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private or put in individual care notes.

Is the service responsive?

Our findings

The person supported by the agency received personalized care which was responsive to their needs. We were told the agency was responsive in changing the times of their visits when needed. They confirmed staff always arrived on time and stayed the correct amount of time. One comment was "My care worker is usually spot on, maybe five minutes early or late but it's no bother to me I know they will be coming, they never let me down".

Care and treatment was planned and delivered in line with the person's care plan. We examined the care plans for the one person currently being supported by the agency. This person had an individual care plan which set out their needs, the support needed by staff and how the support should be provided. Care plans included information regarding the support people needed to maintain their independence such as with bathing while allowing the person to do as much as possible for themselves. The care plans contained information on the type and level of support needed. This meant that care and treatment was planned and delivered in a way that people wanted.

The person supported by the agency told us they were involved in the compilation of their care plans. The person receiving care was aware they had a care plan and confirmed they had a copy. Staff told us they used the care plans to guide them when providing care, but also asked people how they wanted to be helped. One staff member said "The person we support is quite independent but still vulnerable. They are able to say what help they need and their decision is always respected."

The person receiving care had two calls per day. These were regular and staff took it in turns to provide care on a day to day basis. The staff member would always inform the person what member of staff would be calling the next day. The provider manager told us that if there were any changes to the timings of care calls, this would be instigated by the person receiving care and staff would be informed of the changes by phone.

We asked the provider manager how they managed if a care worker was sick or on holiday. They told us this was not a problem as they would contact other staff to ensure the care call did not get missed or if necessary she would carry out the visit herself.

Records were made each time care staff supported people. These were detailed and showed the time the care worker arrived and left the person's home. There was also information recorded on the care tasks that had been carried out. These showed people received care as set out in care plans and that people could choose what they did and how they preferred to be supported. Staff confirmed they recorded all relevant information about people.

The person supported by the agency had their care needs regularly reviewed and changes were made to care arrangements when needed. They confirmed their care plan reflected their current needs and preferences. Staff told us that if they noticed any changes in a person's needs they would contact the provider manager who would visit the person, talk with them and amend the care plan to reflect any changes. The provider manager said the information was also recorded in the care notes so staff could be

made aware of any changes.

The provider manager told us that she would always try to respond positively to request from people. She said that she would always listen to what people wanted and respond appropriately.

There was a complaints procedure that was updated and included in the care plan file. The person receiving care was aware of the complaints procedure and knew how to make a complaint. The provider manager said no complaints had been received regarding the service but understood that clear records needed to be kept.

Is the service well-led?

Our findings

The provider manager told us they operated an 'open door' policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff told us they were a very small staff team who supported each other and this worked well. Staff said communication with the manager was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that she was open and transparent and worked well with them.

The provider manager showed a commitment to improving the service people received by ensuring her own personal knowledge and skills were up to date. She said she attended all the training which staff undertook so she kept her skills up to date. She said she regularly monitored professional websites to keep up to date with best practice. The provider manager completed the Provider Information Return (PIR) and sent this back to us promptly. She was aware of the requirements to send us notifications as required to inform us of any important events that took place.

The provider manager had an effective system to regularly assess and monitor the quality of service that people received. They met with the person receiving a service at least once per week and monitored the care plan and care records. Quality assurance surveys were completed every six months. The survey asked about staff punctuality, staff conduct, privacy, dignity, respect and if desired outcomes were met. We saw from the recent survey that satisfaction was good in all areas. The person also commented "I am very happy with the service provided by my care workers, which enable me to live as independently as possible".

We saw that there was a system for accidents and incidents to be recorded, however to date none had occurred. The provider manager told us she had a very small staff team so did not hold staff meetings. She met with staff on a regular basis and was able to share any relevant information. Staff told us that their regular supervision sessions presented an opportunity to raise issues about their work. The provider manager told us there were regular spot checks carried out to observe care staff practice. This was confirmed by staff.