

Reline Care Ltd

Barking Enterprise Centre

Inspection report

Barking Enterprise Centre
50 Cambridge Road
Barking
Essex
IG11 8FG

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03 April 2019

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09 May 2019

Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

Barking Enterprise Centre provides personal care to people who live in their own homes. The service's office is based in Barking and Dagenham, London. At the time of our inspection, 68 people used the service and there were 36 staff.

People's experience of using this service:

- Although the service had enough staff to provide care, staff did not always arrive and leave on time. We asked the registered manager to make improvements on this. However, we found the service had made improvements since our previous inspection and was providing more safe and effective care.
- The staff recruitment process was robust ensuring that staff were properly checked and were provided with induction, training, supervision and support to deliver safe care.
- People's needs were assessed before they started receiving care. The registered manager was confident that the service could meet the needs of people using the service.
- Adult safeguarding protocols were in place and staff had knowledge and experience to follow correct procedures to identify, record and report concerns of abuse.
- Risk assessments were completed and reviewed for people. Staff were given guidance on how to mitigate risks to people.
- People and their relatives were involved in care plan reviews.
- Staff ensured that people's privacy, dignity and choice were respected. People were encouraged to be independent and to make decisions about their care.
- Staff had a good understanding of equality and diversity.
- Medicines were managed well. Where people needed support, staff administered medicines and kept records.
- Staff knew how to reduce the risk of infections. They had access to personal protective equipment such as gloves, shoe covers and aprons.
- Staff supported people to access health professionals and emergency medical services, when needed.
- Where required, staff supported people with meals of their preference.
- There was a clear management structure and people and relatives spoke positively about the registered manager.
- The quality of the service was regularly monitored, and the registered manager encouraged people and

relatives to share their views about the care provided.

- The service worked with care professionals to plan and deliver an effective service.
- The registered manager took complaints seriously. This ensured that all complaints were investigated and responded to.

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

Rating at last inspection:

- At the last inspection on 14 February 2018, (report published on 25, April 2018), the service was rated 'Requires Improvement'.
- At this inspection, the rating for the service improved to 'Good'.

Why we inspected:

- This was a planned inspection based on their previous inspection rating. We found the service met the characteristics of Good in four areas.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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 well-led.

Details are in our Well-led findings below.

Good ●

Barking Enterprise Centre

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

Our inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and people with dementia.

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:

Our inspection was announced. We gave the service 48 hours' notice of the inspection because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked feedback we received from members of the public and local authorities.
- We asked the service to complete a Provider Information Return. This is 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.
- During the inspection, we spoke with the registered manager and a care co-ordinator.

- We reviewed seven people's care records, six staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

After the inspection, we spoke by telephone with three people who used the service, five relatives and six care staff.

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Staffing and recruitment:

- At our last inspection on 14 February 2018, We found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people experienced missed visits. We took enforcement action and issued a warning notice for this.
- At this inspection we found the provider had made significant improvements and people did not experience missed visits.
- People and their relatives told us there were no missed visits. One person said, "No incidents of missed calls." A relative told us, "No missed calls."
- There were enough staff to meet people's needs. The registered manager told us that they continuously employed staff. They said they would not accept new referrals if they did not have enough suitably qualified and experienced staff in place.
- Safe staff recruitment processes were followed including making the necessary checks to ensure staff were suitable to work with people who used the service.
- Office administrative staff were trained and experienced to provide care when regular care staff were absent due to unplanned circumstances. This ensured that there were always enough staff to cover shifts.
- However, people and relatives gave mixed comments about timekeeping. Most people told us staff were late on most occasions. One person said, "They turn up when they feel like it; they either come too early or late. The evening call, they should be here after 6.30pm to get me ready for bed; they turn up at 4.30pm and it's too early." We brought this to the registered manager's attention and they said they would look into it.
- However, some relatives told us most of the time staff were on time. One relative said, "Staff are mostly on time, the regular carers are very good."
- We reviewed the staff rota and noted that they were given a minimum of 15 minutes travelling time between one visit to another. The distance between the visits varied and one example we checked showed that it could take 12 minutes to travel by car from one visit to the next one.
- Staff told us the travelling time between visits were enough most of the time and they informed people

and relatives when they could not arrive on time.

Systems and processes to safeguard people from the risk of abuse:

- People, their relatives and care professionals told us the service was safe. One person said, "Yes, I do [feel safe]. I know that I can always call on them for anything if I find something a bit awkward." A relative told us, "The carer looks after [person] well and I have no concerns." A care professional stated that they had received one concern but this was promptly addressed by the registered manager.
- Staff had received training in safeguarding people and understood their responsibilities to ensure people were protected from harm. The registered manager worked in partnership with the local authority to protect people identified at risk of harm.
- Information about safeguarding was available to people using the service including how to raise concerns.

Assessing risk, safety monitoring and management:

- Staff wore ID badges and uniforms, so people knew they were care staff.
- Risks associated with people's health conditions had been identified and guidance given to staff regarding the steps they needed to follow to ensure people were safe. For example, one person's risk assessment stated that staff should report to families if they noted any cuts or bruises on a person because the person had diabetes.

Using medicines safely:

- Where people needed support with their medicines, these were recorded in their care plans. One person told us, "Yes staff administer my medicines. Medicines are in a dosette box; they are given on time and appropriately." A relative said, "[Person using the service] self-administers [their] medicines."
- Medicine administration records were correct, and staff had training for safe administration of medicines.

Preventing and controlling infection:

- Care staff followed the correct procedures and used gloves and aprons where necessary. They told us they had access to personal protective equipment such as gloves, shoe covers and aprons.
- Staff told us and records confirmed that staff had attended training on infection control.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and the registered manager analysed these to check for patterns or trends in order to learn from them and prevent reoccurrence.
- The registered manager confirmed that they had learn from incidents of late visits and introduced an electronic staff rota system which helped them better manage late visits.



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.

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

Staff support: induction, training, skills and experience:

- At our last inspection on 14 February 2018, we found the service was not always effective. This was because induction programmes for new staff were not consistent.
- At this inspection we found that staff received induction, training, supervision and appraisals. Staff and records confirmed that staff attended training in areas relevant to their roles.
- People and relatives told us staff were trained and experienced. One person said, "I think [staff] know what they are doing." A relative told us, "I think they are well trained, on the occasions I've turned up after the carers have gone, [the person using the service] seems relaxed."
- Staff told us they felt supported by the management team. One member of staff said, "My manager is very supportive. I can talk to [them] about anything. I am happy with the training and support I have at the agency."

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

- People's assessments of needs were completed before they started receiving care. This ensured that the service accepted people only if their needs could be met.
- The format for the assessment of needs was detailed and included important areas such as people's health, social, emotional, cultural and medical needs. This ensured that staff knew people's needs and were able to meet them.

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

- Where required, staff supported people with their meals. One relative told us, "[Staff] make basic meals for [person], which is chosen by [person] or myself."
- People's dietary preferences and their support needs with meals were documented in their care plans.

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

- Staff liaised with health and social care services and responded to changes in people's needs. People were supported to have access to medical help, when needed.
- Feedback from a social care professional showed that the registered manager worked well with other care

agencies.

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

- People lived in their own houses and flats. However, their initial assessment of needs included environmental and equipment risk assessment.
- Where people's needs changed, and they required adaptations to the service or environment, staff liaised with relatives, and professionals to ensure suitable adaptations were made to meet people's needs.

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

- People's health and medical needs were detailed in their care plans. Staff knew the signs and symptoms of people's medical conditions and what actions to take to ensure people had access to appropriate healthcare.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had knowledge of what to do if they were concerned someone they supported may lack capacity to decide about an issue. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and healthcare and social care professionals.
- People told us, and records confirmed that people had consented to their care, sharing information and having their photos taken so that staff were able to provide them with effective care.
- Mental capacity assessments had been completed for people.

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff were caring, compassionate and respectful to people. One person said, "Yes, they are caring. They know me well. We have chats and get on well." A relative told us, "[Staff] are very kind and caring. They don't shout or are aggressive."
- Staff understood the importance of equality and diversity. One member of staff told us, "People are equal, I have to do what people want. We support everybody, we make no difference and no discrimination."

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

- People and relatives told us that staff listened to them and supported them to express their views about their care. One relative said, "Yes, I was involved [in person's care]; they listened to what I wanted for [person who used the service]."
- The service provided information to people and relatives on how to access advocacy. Advocacy allows people and relatives to have an independent person who can support them at meetings.
- People were given a copy of the provider's 'service user guide', which contained summaries of the provider's policies and procedures. This ensured that people and their relatives had information about the service.

Respecting and promoting people's privacy, dignity and independence:

- People privacy was respected. For example, one person said, "Yes, they respect my privacy. They cover me up when washing me."
- A member of staff explained how they ensured people's privacy and dignity when providing personal care. They said that they always talked to people what they were doing, they gave people choices and made sure that doors, windows and curtains were closed.
- People were supported to live as independent as possible. One person told us how they were encouraged and able to make snacks independently. A member of staff told us they encouraged and supported to do as much as possible for themselves.

Our findings

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

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

Improving care quality in response to complaints or concerns:

- At our last inspection on 14 February 2018 we found the service was not always responsive. This was because some people were not aware of the complaints process and did not have sufficient information how to raise their concerns.
- At this inspection we found that the registered manager had sent all people a copy of their complaints procedure and had asked staff to remind people about the complaints process during their visits.
- People and relatives knew how to make a complaint. One person said, "I never made a complaint, [but] I would call the office if I had a concern."
- The registered manager had recorded, investigated and responded to complaints.

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

- The service provided personalised care that met people's needs. Care plans were developed based on the assessed needs of people. This meant that people received care and support that they needed.
- People's likes, dislikes and preferences were recorded in their care plans. Staff knew people's needs and how to care for them.
- People and relatives were positive about the service. One person said, "I think they know what they are doing." A relative told us, "The service is good, it is the way they look after [person using the service]."
- Staff understood the Accessible Information Standard. This standard sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Information was available in a range of formats when this was needed. People's communication needs were identified, assessed and recorded in their care plans and staff told us how they recognised the body language or signs people might use to communicate.

End of life care and support.

- The service supported people with end of life care.
- People were supported and enabled to choose the kind of care they wanted at the end of their lives.
- Staff worked with people, relatives and palliative care professionals to ensure people's needs were met.

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.

Good: 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; and how the provider understands and acts on duty of candour responsibility:

- At our last inspection on 14 February 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the service did not have a system for picking up missed calls. At this inspection, we found improvements had been made.
- At this inspection we noted the registered had made improvements by introducing a new logging system and advising care co-ordinators to contact and check staff visited people.
- There was person-centred care which was based on and reflected people's needs and preferences. Staff followed care plans and promoted independence.
- People and relatives were positive about the management culture. One person said, "[Staff] answer the phone quickly and deal with things quickly." A relative told us, "The communication is good, and they respond immediately and call back if I leave a message."

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

- There was a clear management structure. The registered manager was supported by a field supervisor, care coordinator, two senior care workers and a recruitment coordinator. The provider also worked full time and provided management support and supervision for the registered manager.
- Staff spoke positively about management. They told us the registered manager was approachable and supportive.
- Staff understood their roles. They were clear about the policies and procedures and knew when and how to share information with the service.
- Staff performance was monitored through spot visits, supervision and annual appraisal sessions. Staff told us, and records confirmed, they had regular supervision from their managers.

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

characteristics:

- People, relatives and staff were involved in the quality of care provided through surveys and meetings. People and relatives confirmed that they were consulted about the quality of the service. Regular team and senior staff meetings were held in which staff discussed the quality of care.
- People and relatives knew management of the service. They told us that they had spoken to management and their concerns were resolved.

Continuous learning and improving care:

- The registered manager analysed feedback, incidents and accidents, and used the findings to identify areas that needed further improvement.
- The registered manager attended care related workshops and provider forums to share best practice and improve people's care experiences.

Working in partnership with others:

- The registered manager worked closely with health and social care professionals and ensured people's needs were reviewed and met.