

Reliable Personnel Limited

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Inspection report

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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

We carried out a comprehensive inspection of this service in September 2015 and found three breaches of legal requirements. We rated the service 'Requires Improvement' overall and for the three key questions 'is the service safe?', 'effective?' and 'well-led?' This was because the provider had failed to check the suitability of all new staff, ensure all staff were suitably trained to effectively carry out their roles and responsibilities, and operate effective governance systems to assess and monitor the quality and safety of the service people received. After the inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to these breaches.

We undertook a focused follow up inspection of the service in April 2016 to check the provider had implemented their action plan and made the necessary improvements they said they would. We found the provider had made some improvements in relation to staff training and now met this outstanding breach. However, we also had to take enforcement action against the provider by issuing Warning Notices because they had repeatedly failed to operate safe staff recruitment and effective management oversight processes. As a consequence we continued to rate the service 'Requires Improvement' overall and for the two key questions 'is the service safe?' and 'well-led?'

At this comprehensive inspection we found the provider had taken the necessary steps to follow their latest action plan and make improvements to the way they checked the suitability of staff and operated their governance systems. The provider was now able to demonstrate they met the regulations.

Reliable Personnel Limited is a small domiciliary care agency that is registered with the Care Quality Commission (CQC) to provide personal care and support to people living in their own homes. At the time of our inspection 17 older people and two younger adults who lived in the London Boroughs of Merton and Wandsworth received a home care service from this agency.

The service continued to have a registered manager in post who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw the provider had improved their staff recruitment procedures. All new staff were appropriately checked to ensure they were suitable to work in the home care sector. This helped protect people from the risk of being supported by unsuitable staff. This included proof of these new staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks.

However, records showed the provider did not routinely check criminal records for existing staff, to assess their on-going suitability to work at the service. We discussed this issue with the registered manager who told us they would ensure existing staff's criminal records would be checked at three yearly intervals from

now on.

People received their medicines as prescribed. However, staff did not maintain an accurate record of medicines they prompted people to take. During our inspection the registered manager took immediate action to develop a specific form for all staff to complete on people's daily notes that would capture the necessary information required to provide for a clear audit trail of medicines staff had supported people with.

People continued to feel safe with the staff who provided their personal care and support. There were robust procedures in place to safeguard people from harm and abuse and staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Staff turned up on time for scheduled visits and did all the tasks they were expected to do in the allotted time. The registered manager coordinated the staff rota so people received continuity of care from the same staff who were familiar with their individual needs, routines and preferences.

Staff received appropriate training and support to ensure they had the right knowledge and skills needed to perform their roles effectively. The management team undertook unannounced spot checks to ensure staff were putting into practice what they had learnt through their training and to ensure they remained competent. The registered manager was also in regular contact with their staff team to check they were clear about their duties and responsibilities to the people they cared for.

People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services. Staff were knowledgeable about the signs and symptoms that indicated a person's health may be deteriorating and liaised with healthcare professionals when required.

People remained happy with the standard of care and support they received from this home care agency. People also told us staff were caring and treated them with dignity and respect. People's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives. When people were nearing the end of their life, they received compassionate and supportive care.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date, personalised care plan, which set out how their specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

The service had an open and transparent culture. People felt comfortable raising any issues they might have about the agency. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. New staff were appropriately checked to ensure they were suitable to work in the home care sector. However, records showed the provider did not routinely check criminal records for existing staff, to assess their on-going suitability. We discussed this issue with the registered manager who told us they would ensure existing staffs criminal records would be checked at three yearly intervals from now on.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Where the service supported people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Management and staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Good ●

Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to

Good ●

people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. When people were nearing the end of their life, they received compassionate and supportive care.

Is the service responsive?

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good ●

Is the service well-led?

The service was well-led. The registered manager had taken the necessary steps to address the concerns identified by the CQC at their last inspection and improve the way they checked the suitability of new staff and operated their governance systems.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Good ●

Reliable Personnel Limited

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. This 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Requires Improvement' annually. The inspection took place on 14 February and 1 March 2017 and was announced. We gave the provider 48 hours' notice on the first day of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. Prior to our visit we reviewed the information we held about the service. This included the improvement plan we had asked the provider to send us, setting out the action they would take to meet the regulation that was not being met at their last inspection, reports from their previous inspections and statutory notifications the provider had submitted to us. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

On the first day of our inspection we made telephone contact with ten people who received a service from Reliable Personnel Limited, two relatives and four support workers who worked for this home care agency.

During our visit to the agency's offices on the second day our inspection we spoke with the registered manager and the deputy manager. We also looked at a range of records that included six people's support plans, eight staff's files and other documents that related to the management of the service.

Is the service safe?

Our findings

At our last inspection of the service in April 2016 we found the provider had not taken appropriate action to improve their processes for recruiting staff. This was because the provider repeatedly failed to identify concerns we found at the provider's last two inspections in relation to checking the suitability of new employees. Specifically, professional references from previous employers were not always obtained. This meant people using the service might have been at risk of receiving personal care from staff who were not 'fit' to work in the care sector.

At this inspection we saw the provider's recruitment processes had been improved. This helped protect people from the risk of being supported by unsuitable staff. We looked at the pre-employment checks the provider had carried out in respect of three newly recruited members of staff. We saw through these checks evidence was obtained and reviewed by the registered manager to assure themselves of staff's suitability and fitness to work for this home care agency. This included proof of these new staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks.

However, records showed the provider did not routinely reassess criminal records checks for existing staff, to assess their on-going suitability. This was confirmed by the registered manager and staff we spoke with. For example, records indicated that one member of staff's Disclosure and Barring Service (DBS) check had not been renewed for over three years. We discussed the issue of reassessing DBS's at regular intervals, which is recognised good practice, with the registered manager. They conceded they did not have any protocols in place regarding the on-going checking of existing staffs criminal records checks. The registered manager went on to say they would immediately review their staff vetting procedures and ensure they carried out criminal records checks at three yearly intervals on all existing staff from now on. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Where people required assistance or prompting to take their prescribed medicines staff supported people to manage their medicines safely. People confirmed they received their medicines as prescribed. Support plans included a medicines risk assessment and management plan for people prescribed medicines, which stated clearly how these individuals preferred to take their medicines. Records showed staff who prompted people to take their medicines received medicines awareness training.

However, having checked a sample of daily notes we found staff did not maintain an accurate record of medicines they routinely prompted people to take. This was confirmed by discussions we had with the registered manager and staff. This meant staff who supported people with their medicines would not be able to account for all of the medicines they or the previous care worker had prompted a person to take. We discussed this issue with the registered manager and during our inspection they took immediate action to develop a specific form for all staff to complete on people's daily notes that would capture the necessary information required to provide for a clear audit trail of medicines staff had supported people with. We will check to see if staff complete this new medicines recording documentation at the service's next inspection.

People continued to be protected from the risk of abuse or harm. People told us they felt safe with staff who

regularly visited them at home. One person told us, "I have the same carers who visit me so I know them all very well and definitely feel I can trust them." Since our last inspection all staff had received refresher training in safeguarding adults at risk. It was clear from feedback we received from staff that they understood what the signs of abuse or harm were and where appropriate, action they should take to report it and keep people safe.

Measures were in place to reduce identified risks to people's health, safety and welfare. Prior to people using the service, the registered manager assessed any risks to them of injury or harm at home. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances for example where people had reduced mobility which could put them at risk of falls. For example, we saw moving and handling risk assessments in one person's support plan that included risk management plans associated with falls prevention, the safe use of mobility hoists and people's home environment. Staff demonstrated a good understanding of risks to people they supported. For example, staff knew about people's specialist diets and communication needs.

There were enough staff to support people. People told us the agency always informed them who their care worker would be and what time to expect them. People also said they had no concerns about staff turning up late or missing a scheduled visit. One person told us, "Staff have been late twice in the past, but this hasn't happened lately. Staff are pretty punctual as a rule." Another person said, "Staff are generally on time and will let you know if their running late."

We saw the staff rota was planned in advance by the registered manager. They used information about people's specific health care needs to ensure enough appropriately skilled staff were assigned to a scheduled visit. For example, where people needed help to move and transfer two staff, trained in moving and handling procedures, attended to ensure this was done safely. Staff told us they felt their scheduled visits were coordinated well by the registered manager who ensured they had enough time to complete all their designated tasks and meet the needs of the people they were supporting.

Is the service effective?

Our findings

At our last focused inspection of the service in January 2016 we found the provider had taken appropriate action to improve the training staff received. However, when answering the key question 'Is the service effective?' we continued to rate them 'Requires Improvement' because we needed to see the provider could consistently maintain these improvements over a sustained period of time.

At this inspection we found staff continued to be appropriately trained to ensure they had the right knowledge and skills to meet the needs of the people they supported. Records showed all new staff had completed the Care Certificate which is a set of minimum standards that care workers cover as part of their induction training. The provider also used an external trainer to ensure staff kept their competencies up to date in subjects that were relevant to their role.

Staff spoke positively about the training they received and confirmed they had recently attended training courses in dementia awareness, moving and handling, food hygiene, infection control, first aid and fire safety. One member of staff told us, "Last year I attended several courses at the office ran by the training manager which included continence promotion, communication and safeguarding. I think I learnt a lot on those courses." Another member of staff said, "I think the training is pretty good. We have to complete some of the courses online and the rest we do in the office with the managers. I've just completed my National Vocational Qualification in care, which I'm pleased about."

People were cared for by well supported staff. In the past 12 months staff who had worked for the service for over a year had all attended at least three individual supervision meetings with the registered manager and/or the deputy manager and participated in several group meetings with their fellow co-workers. Long standing members of staff had also had their working practices observed by the registered manager on two scheduled visits in the past year, as well as having their overall work performance appraised.

Staff, including new members of the team, all told us they felt supported by the registered manager and his deputy. They also confirmed they regularly attended individual supervision and appraisal meetings with the registered manager. One member of staff said, "Only yesterday the manager turned up unannounced to see how I was doing on one of my scheduled visits." Another member of staff told us, "We often sit down with the [registered manager] when we visit the office and have a chat with him about how we're getting."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training

on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by the registered manager.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on specific needs and preferences. The registered manager sought this information about people's needs through the assessment process. Support plans indicated meals prepared by staff were based on people's specific preferences and choices.

People were supported to stay healthy and well. One person gave us a good example of the prompt and appropriate action one of their regular care workers had taken to call for an ambulance after they had fallen at home. Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in an individual's support plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff.

When staff had concerns about an individual's health and wellbeing we noted they notified the registered manager so that appropriate support and assistance could be sought from the relevant community health care professionals, such as GP's and district nurses. Two members of staff gave us good examples of action they had taken to alert the registered manager and the relevant dispensing pharmacists after they had noticed medicines prescribed for people they supported were in imminent danger of running out.

Is the service caring?

Our findings

People told us they were happy with the service provided by this home care agency and typically described the staff who worked for Reliable Personnel Limited as "caring" and "kind". One person said, "I've used this agency for years and am very pleased with them. My carers are excellent and are always friendly." Another person's relative told us, "I would recommend this agency to anyone. The staff are very good at their jobs and they treat me and my [family member] really well."

People's responses documented as part of the providers regular quality monitoring visits, also indicated they were satisfied with the service they received. We saw the service had received a number of written compliments from people's relatives since our last inspection. One person wrote in a card they had sent to the agency, "My [family member] really enjoys the company of the carers and looks forward to their visits."

Staff treated people using the service with kindness and respect. People told us their care workers always treated them in a respectful way and were mindful of their privacy. Staff spoke about the people they supported in a respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's toilet and bedroom doors were kept closed when they were supporting individuals with their personal care.

People told us they received continuity of care from the same care workers who were familiar with their needs, daily routines and preferences. One person said, "I consistently get good care from the same carers." Another person told us, "If my regular carer is off the agency makes sure I have another carer who knows me." The registered manager told us people had a dedicated team of no more than three care workers who would familiarise themselves with the individual needs, daily routines and preferences of the people they regularly supported. This ensured they received continuity of care from staff they knew well.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. Records showed staff had received equality and diversity training. The registered manager gave us a good example of how they had matched a member of staff to support a person they spoke the same first language and shared a similar cultural heritage with.

The provider encouraged people to make informed choices about the care they received from the agency. Records showed people and their relatives, where appropriate, were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

Support plans we looked at contained information about people's level of dependency and the specific support they needed with tasks they were unable to undertake independently, such as getting washed and dressed, eating and drinking, managing their medicines and shopping. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, one person was encouraged by staff to make their own hot drinks.

Is the service responsive?

Our findings

People's needs were assessed and care was planned and delivered in line with their individual support plan. Since our last inspection in April 2016, people continued to receive personalised support which met their specific personal and health care needs.

People told us staff always completed all the tasks they were expected to do in the time given and would often stay longer on request. Several people said their regular care workers often went the 'extra mile'. One person told us, "My regular carers will always do more for me if I'm feeling really unwell one day and need extra help." Another said, "The carers are really flexible. They [staff] know me really well and when I might need them to stay longer."

Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to the person. People's life histories and the names of family members and friends who were important to them were recorded in their support plan. Staff knew people well and were able to tell us about people's daily routines, such as what people liked to wear and when people liked to eat.

Support plans and risk assessments were reviewed by the registered manager if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. People knew how to make a complaint about the service if needed. One person gave us a good example of action the provider had taken to improve the punctuality of one of their regular care workers when they had complained about their poor time keeping. This person told us the provider had resolved their complaint promptly and to their satisfaction. They had been provided information about what to do if they wished to make a complaint.

The provider's complaints procedure set out how people's complaint would be dealt with. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

At our last inspection of the service in April 2016 we found the provider had not taken sufficient action to improve their management oversight processes. This was because the provider repeatedly failed to identify concerns we found at the provider's last two inspections in relation to staff recruitment and checking the suitability of new staff. This meant people using the service might be at risk of receiving personal care from staff who were not 'fit' to work in home care.

At this inspection we saw the provider now operated effective governance systems to assess, monitor and improve the quality and safety of the home care service people received. Most notably, we found the deputy manager had introduced a new electronic system to track staff recruitment checks and ensure staff training and support remained up to date. In addition, the registered manager continued to routinely carry out audits of key performance data which included regularly checking the accuracy of people's support plans and risk assessments, the management of medicines and the use and maintenance of equipment used in people's home. The registered manager told us the bi-annual unannounced spot checks they carried out on staff during their scheduled visits had proven to be a useful way to monitor staff's working practices. They gave us a good example of action they had taken to prevent staff swapping shifts without managements' authorisation after this had been identified as an issue following a number of these unannounced spot checks.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. People told us they were in regular contact with the registered manager. One person said, "The owner often rings me up to see how I am and sometimes we're given a questionnaire to fill out about the carers." Another person told us, "The owner gave us his personal mobile number and said I could ring him whenever we liked. He [registered manager] visits us at home every year as well to see how I am."

The registered manager told us they used a range of methods to gather people's views about the service they received and kept records that showed us they made monthly telephone contact with people using the service, carried out bi-annual home visits, as well as invited people and their relatives to complete their annual satisfaction survey. All the completed satisfaction surveys we looked at since our last inspection were complimentary about the agency. For example, people said they were generally happy with the time keeping and attitude of the staff who provided their care at home.

The registered manager valued and listened to the views of their staff team. Staff spoke favourably about the registered managers' leadership qualities and said they were always approachable and supportive. One member of staff told us, "The manager always makes time for you. I do feel supported by him." Another said, "I think it's a good home care agency to work for. The boss does listen to you and he'll be there if you need him." Staff meetings were held regularly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments at the agency.

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.