

Reliance Care Services Limited

Reliance Care Services Cambridge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Reliance Care Services Limited provides care to people living in their own homes. Not everyone who used the service received personal care. At the time of the inspection they were providing a personal care service to 19 people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider's recruitment procedure did not ensure that suitable staff were employed. Not all care plans included sufficient information about people to ensure that each person's needs would be met by staff. The service was not always well-led because the areas for improvement had not been identified.

Staff knew how to keep people safe from avoidable harm and abuse; gave people their medicines safely and followed good infection prevention and control procedures. The provider ensured that lessons were learnt when things went wrong.

Staff had undertaken training and received support from senior staff to ensure they could do their job well. People enjoyed food that they had chosen. Staff worked with external healthcare professionals to support people to maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care and staff respected people's privacy, dignity and independence. People were involved in decisions about their care.

People were confident their views would be listened to and complaints would be addressed. Staff were trained to provide end-of-life care. They were supported by external healthcare professionals to ensure that the person had a compassionate and dignified death.

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

Rating at last inspection

This service was registered with us on 3 April 2018 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

The registered manager provided an action plan after the site visit. The action plan included ensuring that the recruitment practices were safe and care plans were updated so that all staff had the required information.

Enforcement

We have identified a breach of the regulations in relation to staff recruitment, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

the service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Reliance Care Services Cambridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors visited the office and made telephone calls to staff and people who used the service. This was to gather their views of the care they received from Reliance Care Services Limited.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 May 2019 and ended on 11 June 2019. We visited the office location on 9 May 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff: the nominated individual, the registered manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a care plan and supporting documents. We spoke with one professional who refers people to the service.

Is the service safe?

Our findings

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

This is the first inspection of the service. At this inspection this key question was rated as requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There was a recruitment policy in place. However, this was not always being followed to ensure that suitable staff were employed.
- Employment history and references about previous work in a care setting were not always available. The nominated individual (the providers representative) told us that they had been responsible for recruiting staff and had not requested more information as they had known the applicants personally. They also told us that they were not aware of the provider's recruitment policy.

Failure to follow the recruitment policy could place people at risk of being cared for by unsuitable staff. The above concerns demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures.
- There was a safeguarding policy in place and the registered manager was aware of their responsibilities to report any safeguarding concerns to the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Risk assessments identified risks and the action for staff to take to keep people safe.
- When needed the registered manager had arranged for assessments to ensure that people had the right equipment, such as hoists, to keep them safe.

Using medicines safely

- Medicines were safely managed and administered by staff competent to do so.
- People told us where they required support from staff with their medicines they always received their medicines as they should and on time.
- Medication administration records were audited to identify any issues so that any necessary action could be taken as soon as possible.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance.
- Staff told us there was a good supply of gloves and other protective equipment to reduce the risk of infection. We saw staff used this correctly.

Learning lessons when things go wrong

- Staff followed the provider's procedures when any accidents or incidents occurred.
- Risk assessments and care plans were reviewed to ensure they remained up to date and met the person's needs in reducing the risk.
- The registered manager ensured that any accidents or incidents were used as a learning opportunity and shared lessons learnt with the staff.

Is the service effective?

Our findings

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

This is the first inspection of the service. At this inspection this key question was rated as good.

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

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

- The registered manager stated that the service would only consider providing a service to new people once they had completed their own assessment of people's needs.
- Assessments were detailed and included information on people's physical and mental health, health conditions, life history and how they preferred to have their needs met.
- People's care and support was regularly reviewed to ensure they were providing the right care and support in line with best practice and guidance.

Staff support: induction, training, skills and experience

- People and relatives told us that the regular staff knew how to care for people and knew how to use equipment. People told us that some new staff were not always aware of the procedures to follow. Staff had received training when they first started working at the service and this would be updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to. The Care Certificate includes assessments of competency.
- Staff told us they felt supported and received regular supervisions where they could discuss any training requests or issues they may have. Staff also confirmed that they could speak to the registered manager or the nominated individual at any time.
- One social care professional told us that they had spoken to several people recently to gather their views of the staff. They stated that all of the feedback about the staff was positive and people thought that the staff had the training, skills and knowledge they required to meet their needs.

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

- People were supported to eat and drink sufficient amounts of food.
- Staff told us they asked people what food and drink they would like before preparing it for them.
- Where people needed their food or drink prepared in a certain way, such as pureed, this information was included in their care plans.

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

- The registered manager had strong links with the local health and social care professionals so that they could ensure people received the support they needed when moving between services.

- Where needed the staff helped people to access healthcare professionals and appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA and the need to discuss any concerns about a person's capacity with the registered manager so that the assessments could be completed when needed.
- Staff ensured that people and/or their relatives were involved in decisions about their care.
- Staff told us they always gained people's consent before carrying out any support and assisted people to make day to day decisions as much as possible.

Is the service caring?

Our findings

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

This is the first inspection of the service. At this inspection this key question was rated as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that their regular staff knew them well and how they would like their care and support to be provided. They also said when staff who did not know them attended their care call the service provided was not always as consistent.
- One person told us, "Yes staff always treat me with respect, I would definitely recommend them."
- A social care professional told us that they had made phone calls to people who used the service and they had all made positive comments about the care staff. One person had told them that the care staff supported them to do things they were not able to do themselves. They treated people with dignity and respect and always did anything requested of them. They also said all care staff had a good sense of humour and were happy to chat.
- One member of staff told us, "We have enough time (to care for people), we always ensure people are safe, and happy and comfortable. We always ask people if they are happy before we leave."

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

- People and/or their relatives were involved in the assessment of their needs and providing the details in their care and support plans.
- Staff signposted people and their relatives to information sources or advocacy organisations.

Respecting and promoting people's privacy, dignity and independence

- People were offered choice and control in their day to day lives where possible. For example, staff told us they always asked people what they would like to wear or eat and drink.
- Staff told us that they promoted people's privacy and dignity when they assisted them with personal care. They explained to people what they were going to do and tried to keep them covered up with towels when needed.

Is the service responsive?

Our findings

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

This is the first inspection of the service. At this inspection this key question was rated as requires improvement.

This meant people's needs were at risk of not always being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Not all care plans included the information staff required to meet people's needs. For example, one care plan did not include the information that the person was living with dementia. The registered manager acknowledged that this was information staff required. The registered manager provided an action plan the day after the visit to the office stating that all care plans would be reviewed and updated to ensure that they included all relevant information about people.
- Staff confirmed that they received notifications to tell them that care plans had been updated. This meant that they were aware what support people required as soon as their needs changed.
- The majority of people had regular care staff where possible which meant they got to know people well and that helped to identify any issues. For example, one person did not respond well to being assisted with personal care in the morning as they were too tired. The call times were rearranged so the person could stay in bed in the morning and receive their support in the afternoon. This had meant that their needs were met in the way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed that care plans and information could be made available in different formats if needed to ensure they were accessible by all people that used the service.
- Weekly rotas of staff which included their photos was sent to people so that they knew who would be coming to care for them. People were contacted by telephone if the staff member had to be changed due to unplanned absence.

Supporting people to develop and maintain relationships to avoid social isolation

- People's care plans included information about people who were important to them. They also included information about the support people needed to communicate with their friends and family when they visited and what communication aids were needed.

Improving care quality in response to complaints or concerns

- People told us they were aware of the complaints procedure and when they had to use it they had been satisfied that action had been taken.
- Complaints had been appropriately investigated and action taken to make improvements and prevent a reoccurrence.

End of life care and support

- The registered manager had arranged to assess a person in hospital within two hours of the request so that the person could return home for end of life care and support. The person was able to return home the same day with the care in place from Reliance Care Services Limited. This meant that they had been able to die at home the next day with the support of their family and the staff as they had wished.
- Staff received training in end of life care and support. The registered manager stated that this meant they could provide care that was compassionate and dignified and with the support of health care professionals when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of the service. At this inspection this key question was rated as requires improvement.

This meant the service management and leadership was sometimes inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was committed to providing a good quality service and was very responsive to our feedback about the improvements needed with recruitment and care plans. They provided an action plan within a few days of the inspection to show what action had been taken to ensure the improvements had been made.
- Audits were completed on a wide range of areas within the service. Action plans showed who was responsible for the actions and when they had been completed. However the audits had not identified the improvements needed with the care plans and recruitment procedures.
- Staff felt supported and understood the provider's vision and values for the service. Staff spoke positively about being employed to work full shifts rather than being employed per visit. They said that this meant there was travel time and visits to people were not rushed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Action had been taken to ensure that when staff had not taken the necessary action to ensure a person's well being this would not reoccur. The person was informed of the outcome of an investigation and that staff had attended training to ensure they were competent.
- People, their relatives and staff were encouraged to give feedback on the service. Any improvements from the feedback was actioned. For example, one person had said they would like their visits at different times. The registered manager confirmed that this had taken place.
- People were sent a weekly rota with the name and photo of staff for each visit. This meant that people knew who to expect and at what time. The registered manager stated that if staff were going to be more than half an hour late then the someone from the office would phone the person to inform them what time to expect the staff member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager provided strong leadership. Staff understood their roles and responsibilities and

told us that they worked well as a team.

- The registered manager had attended trade exhibitions to ensure they were up to date with best practice and passed on relevant information to staff and people who used the service. For example, information about an online referral for the Alzheimer's Society had been passed on to staff.
- Information from analysis of incidents and accidents, feedback from people and their relatives and complaints were used to continually improve the service being offered.
- Meetings were held for staff to attend to give feedback on the service.
- A healthcare professional told us that the registered manager and other staff in the office had a "wealth of knowledge". They also stated, "Reliance Care have a good working relationship with our social work teams and they discuss any concerns or queries over any of the customers we have placed with them."
- Staff enjoyed working for the service. One member of staff told us, "The office staff are very supportive. The only way I can describe it is like working for one big family. This is the best care agency I have ever worked for. Another member of staff told us, "They are very good here at Reliance. They always make sure that people are happy."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Failure to ensure care plans are up to date means that people's needs may not be met in a safe way or in the way that they prefer.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Failure to follow safe recruitment procedures could place people at risk of being cared for by unsuitable staff.