

Reliance Care Services Limited

Reliance Care Services Cambridge

Inspection report

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19 May 2021

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Ratings

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

Summary of findings

Overall summary

About the service

Reliance Care Services Cambridge provides care to people living in their own homes. At the time of the inspection they were providing a service to 42 people. This included help with tasks related to personal hygiene and eating.

Not everyone who used the service received personal care. 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

Since our last inspection improvements had been made to ensure that new staff were only employed once all their recruitment checks had been returned.

Risk assessments were in place to reduce risks to people's health and safety where possible. Staff were aware of who they should contact if they suspected anyone had been harmed. All staff completed training in the administration of medicines and their competency was assessed to ensure they had the right skills, knowledge and followed the correct procedures.

Staff knew people well and were aware of how they would like to be supported. Information was available in accessible formats for anyone that needed it. Concerns and complaints were investigated fully, and action taken when needed.

The registered manager was aware of their responsibilities. There was an effective quality assurance system in place which identified areas for improvements and planned any actions that were needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service in May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe recruitment of staff.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reliance Care Services Cambridge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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

This inspection was carried out by one inspector.

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 05 May 2021 and ended on 19 May 2021. We visited the office location on 05 May 2021.

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, Healthwatch and professionals who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care coordinators and care workers.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow safe procedures when recruiting staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment practices were being followed to ensure the right people were employed. Checks were completed to ensure that new staff were suitable to work with vulnerable people.
 - Staff were deployed to meet people's needs at a time people preferred. One person told us, "The carers are very punctual." Another person told us, "The carers are usually on time unless there is traffic."
- ### Systems and processes to safeguard people from the risk of abuse
- Staff knew how to recognise abuse and reduce the risk of people experiencing abuse. Staff had received training and had a good understanding of the providers safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
 - The registered manager was aware of their responsibilities for reporting concerns to the CQC. When needed, the registered manager had taken action to ensure people were not placed at risk of harm.
 - People and their relatives told us that they felt safe when the care staff were supporting them. One relative told us "Staff keep [family member] safe."

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls. Staff reviewed the risk assessments regularly and put actions in place to reduce these risks.
- Staff received training so that they knew what action to take in the event of an emergency.

Using medicines safely

- Peoples medicines were managed safely. Medicines administration records indicated people received their medicines regularly.
- Staff completed training to administer medicines and their competency was checked regularly.
- The management team completed monthly audits of medicines and associated records to ensure policies

and procedures were followed, any errors or concerns were identified and action taken when necessary.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing COVID-19 testing for staff.

Learning lessons when things go wrong

- Staff followed the providers procedures when any accidents or incidents occurred. This included completing forms that the registered manager reviewed.
- The registered manager was analysing accidents and incidents to identify any trends. Detailed information was recorded to ensure that, where possible, action was taken to prevent a recurrence of accidents and incidents.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to provide person centred care plans. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The support plans included information on each person's needs such as eating, personal care and moving and handling. The information was person centred and described how staff should support the person.
- People's likes, dislikes and preferences were known and respected. Staff were committed to providing personalised care. People and relatives spoke positively about the care staff. One person told us, "I get on very well with them [the care staff], I love seeing them it's a nice start to the day. They know me well now."
- Staff confirmed that they were made aware of any updates to care plans to ensure they had the current information.

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 that they were accessible by all people that used the service.
- Where required, weekly rotas which included photos of staff were sent to people so they knew who to expect.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about people who were important to them.
- People's care plans also included how people liked to spend their day and what activities staff could support them with.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they were aware of who they could complain to.
- Complaints had been investigated thoroughly and action taken where appropriate. One relative told us, "As soon as I raised some concerns they were dealt with."

End of life care and support

- The registered manager had arranged for a local hospice to provide extra training for staff regarding end of life care.
- People were asked about the end of life wishes and staff supported them to fulfil these. When needed the registered manager also involved other healthcare professionals.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 passionate about providing a service that met people's needs.
- An open culture was encouraged where staff could learn from mistakes and good practice was recognised. Staff told us they were encouraged to ask questions if they needed any guidance and were always given the support they required. One staff member told us, "[The registered manager] is very supportive - she even comes into care with us. I can talk to her anytime even in the middle of the night."
- The management team also provided care so that they were aware of the day to day culture of the service and could ask people directly if they were happy with the care they received.
- There was an effective quality assurance system in place to identify areas for improvement and action plans were in place to ensure they were achieved. Regular audits took place to ensure that any issues were identified promptly.

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

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role. Risks were clearly identified and escalated where necessary.
- Staff were positive about the skills and leadership of the registered manager. One member of staff told us, "[The registered manager] is really easy to talk to. We have regular supervisions - any problems we can raise them." One relative told us, "The lady that is in charge is quite friendly she goes and cares for [Relative] sometimes and keeps an eye on."
- Staff understood their roles and responsibilities and worked well together as a team. One member of staff told us the nominated individual had encouraged them to develop their skills and training so that they could take on more responsibility.

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

- People and staff were encouraged to contribute their views on an ongoing basis, informally and through surveys. One relative told us that they were able to access the daily notes for the family member so that they could monitor their care. Another relative told us that they were encouraged to give feedback about their relative's care.
- The service was flexible to meet people's needs. One person told us that they were due to attend a funeral

so had requested an earlier visit from staff and this had happened. The staff member she had spoken to about it had also phoned them to check it had happened and to ensure they could get to the funeral on time. The person told us, "That is what you call caring."

Working in partnership with others

- The registered manager worked closely with other healthcare professionals to ensure that people received the support they required. For example, the registered manager had contacted the continence nurse when a person was having problems with their continence aids.