

Reliance Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We last inspected the service on 24 April 2014; there were four legal requirements that were not met at that inspection. During this inspection we found that the provider had taken action to comply with the regulations.

Reliance Care Solutions provides personal care to people living in their own homes. They currently provide care to people living in Birmingham and Walsall. At the time of inspection this was a small service providing care and support to 14 people.

There was a registered manager in post at the time of our inspection. 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.

People felt the staff supporting them were trained and competent to do so. The majority of staff were trained to provide the care and support people needed. Whilst the majority of staff were trained to deliver care and support, there were occasions where all the necessary training was not provided.

People were asked for consent to provide their day to day care. Some improvement was needed to the process for obtaining consent from people in order to ensure people's rights were protected at all times.

People confirmed they received a safe service. Procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met.

People were able to raise their concerns or complaints and these were investigated and responded to, so people were confident they were listened to and their concerns taken seriously.

Everyone spoken with said they received a good quality service. The management of the service was stable, with processes in place to monitor the quality of the service. People were asked to comment on the quality

of service they received and the information was used to improve the service.

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.

People said they received a safe service, procedures were in place to keep people safe and staff knew how to reduce the risk of harm to people.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Most people received care and support from staff that were trained and supported to provide their care. Staff were not always trained in some aspect of the care they provided.

Procedures for protecting people's rights were not as robust as they should be in all cases.

People were supported with food, drink and health care needs where needed

Is the service caring?

Good ●

The service was caring.

People received care and support from staff that were caring. Staff respected people's privacy and dignity and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in all decisions about their care and the care they received met their needs.

People knew how to complain about the service if they were unhappy and their complaints were listened to investigated and

acted upon.

Is the service well-led?

Good ●

The service was well led.

People said they received a good quality service.

The service was monitored to ensure it was managed well. The management of the service was stable open and receptive to continual improvement.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

During our inspection we looked at the information we held about the service. This included, the previous inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the clinical commissioning group and reviewed reports sent to us on a regular basis by the local authority that purchased the care on behalf of people.

We spoke with two people that used the, four relatives, the nominated individual/registered manager, the deputy manager and three care workers. We looked at the care records of four people, to check their care was being delivered as planned. We looked at the staff training and supervision records, five staff recruitment records and records maintained by the provider about the quality and safety of the service.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, "Yes, the service is safe." Another person said, "Definitely safe they are very good." People said they would contact the office if they felt unsafe in anyway.

There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. The registered manager said no allegations about people's safety had been received since we last inspected the service.

Relatives told us they were not concerned about the safety of the care provided by the care workers. One relative told us, "I had a meeting with staff and gave them my opinion on how the care is to be provided safely." We saw that risk assessments were available to help staff to support people in a safe way. Staff confirmed that risk assessments were always available in people's homes to instruct them on how to care for people safely. Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt reviews were undertaken to ensure people using the service were safe. A senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation. We saw that where people received intensive care and support there were protocols in place to instruct staff on what actions to take in the event of an emergency.

People said they thought there were enough staff to meet their needs. One person that used the service told us, "Reliable and enough staff." A relative told us, "They [the provider] have enough staff." People spoken with said they had not experienced any missed visits. A health care professional told us that they had commissioned a complex care service for people over a number of years and that the provider had a stable team of staff to provide this care.

Staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. Records looked at confirmed this. This showed that the provider ensured that staff were suitably recruited to support people.

People that required support with taking their medication told us that where this was part of their care, staff always gave them the necessary support needed. A relative told us, "The staff are required to give medicines and they always give it." Medication administration records looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures.

Is the service effective?

Our findings

Most people told us they thought the staff were trained to meet their needs. One person said, "I think they are trained." A relative told us, "I am confident with staff and feel they are trained. I have never had any concerns about their training." However, one relative told us, that recently new staff allocated to their relation had not done any shadowing and that the provider was expecting a carer employed privately by the person to show staff how to undertake the care.

One person's care plan showed that staff were undertaking an invasive care technique. The deputy manager said this was being done at the request of a relative, and did not form part of the original assessed needs. Training records looked at and discussions with the deputy manager confirmed that staff had not been trained to undertake this aspect of the person's care. The registered manager said he was unaware of this practice. In addition we saw that Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) did not form part of the current training for staff. This indicated that staff were not always trained to provide some aspects of care.

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. We saw that where people's capacity to give informed consent was in doubt, the provider undertook an assessment as indicated by the MCA. However, the assessment that we saw did not conclude whether or not the person had capacity to make the relevant decision.

At our inspection 24 April 2014, we had identified a breach of regulation as there was no evidence to show that people had agreed to the care they received. During this inspection we found that the provider had established procedures to obtain consent from people for the care and treatment provided. This included a capacity assessment where deemed necessary. People said staff sought their consent before providing care. Staff said they ensured that they explained things to people and always sought their consent before providing care and support. Whilst we saw that improvement was needed to the overall capacity assessment process, we did not view this as a continued breach of regulations.

At our inspection 24 April 2014 there was a breach of regulations in relations to how the provider supported their staff. During this inspection staff told us that they felt supported by the provider. We saw that procedures were in place for supervising staff and staff confirmed they received supervision and had their competency checked. Staff were not aware if they have had an appraisal, but they confirmed that they were kept informed of any changes to policies. A member of staff said, "It's the best company in terms of support that I have worked for."

We spoke with relatives of people who received support with eating and drinking. All said that the staff offered the support needed and had no concerns about how they were supported in this area. We saw that staff received training in nutrition where they were required to support people with maintaining their

nutritional needs.

People said they could call the doctor themselves if needed. However, all said they were confident that staff would contact the doctor if they were not able to. We saw that protocols for emergency procedures gave staff instructions about getting medical help for people who were unable to do so for themselves. Staff said they read and signed to say they have read the care plans and procedures relating to people's care, so knew who to contact in a medical emergency.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "The staff do care and the regular staff are very caring." Another person said, "Nothing is too much trouble for them. I was feeling low and the staff were very caring and helped me to turn things round." They went on to tell us that, "Even the managers checked to make sure I was ok."

People said they had information about the service to help them to make up their mind about whether or not to use the service. Records showed that people had a service user guide. One person told us, "They have explained everything about the service and we have all the information in a folder."

People said their privacy, dignity and independence were respected by staff. One person told us, "They make sure they keep my dignity. They are very respectful." A relative said, "They respect mom's need to pray. They will sit her in the right direction and make sure her head is covered."

Staff gave good examples of how they ensured people's privacy, dignity and independence were maintained. This included, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. Staff said they encouraged people to do as much as possible for themselves to help in maintaining their independence. Staff told us that privacy and dignity was covered in their training to ensure their practice was good.

Is the service responsive?

Our findings

People that used the service and their relatives said they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. A relative told us, "I have meetings with the company and staff. I gave my opinion on what needed to change on the care plan."

People were confident that the care and support met their needs. One person told us, "They staff do a brilliant job and, happy with the care." A relative said, "The staff looks after [person's name] the way I want them to." Another relative said that they insisted on having a specific gender of staff and requested the same group of staff, as their relation did not like changes. This person said the service did their best to respond to this need.

People knew how to complain about the service, should they need to and were confident their concerns would be dealt with. Two people said they had made complaints and both confirmed their complaint had been dealt with appropriately. One person said, "I complained about a member of staff, they investigated and sent a letter and they dealt with it. When they respond to complaints they actually tell you what they have done to rectify it." A relative said, "I have made complaints about minor things and they are always dealt with."

At our inspection 24 April 2014 we found that the provider's complaint procedure did not have a timescale for investigation, so people could not be assured their complaints would be addressed within a reasonable timescale. During this inspection people that had made complaints felt their complaints had been addressed in a timely way. A commissioner of the service told us that concerns and requests were usually responded to in a timely manner. We saw that the provider had addressed this and records looked at showed that timescales were adhered to.

Is the service well-led?

Our findings

At our inspection of 24 April 2014 we found that where complaints had been investigated, a record of the investigation was not kept. This along with other systemic issues had resulted in a breach of regulation. During this inspection we found that the provider had addressed these issues. We discussed with the provider areas for improvement in records, such as how risks and risk management plans were recorded. However, when we spoke with people using the service and relatives, they had no concerns about how risks to their care were being managed.

People that used the service, relatives and health care professionals were confident they could contact the manager and senior staff at the provider's office at any time. One person told us, "The management is good. Always contactable, they understand and they listen." People knew the registered manager by name and with the exception of one relative everyone felt that the management was open, transparent and responded well to any issues raised. One person told us, "I know if there are any problems, [registered manager's name] and his team will sort it out."

People told us they were asked if they were happy with the service during their care review. Some people told us they received surveys, so that they could comment on the quality of the service. One person told us, "They always ask if there are any worries about the care." Another person commented, "They will act on feedback." We saw that the provider had undertaken surveys to gain the views of people and had started to analyse the results. The analysis of surveys we saw was not in a format that would be easily accessible to people that used the service, but the provider said they planned to improve on this.

Staff said they felt comfortable in raising areas for improvement and felt that the registered manager would listen to them and act on their suggestions. A member of staff said, "If I say something needs improving, they take care of it and give me feedback."

The registered manager had been in post since the service was first registered, so the management of the service had been consistent. All conditions of registration were met.

We saw that there were systems in place to monitor the service which ensured that it was delivered as planned. This included spot checks, staff supervision, collection and reviewing of care records, reviewing people's care and adjusting the individual service people received in line with their comments and wishes.