

Relatives Relief Limited

Relatives Relief Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Relatives Relief is a domiciliary care agency. It provides care and support to adults and older people living within their own homes. 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. At the time of our inspection there were 41 people using the service in receipt of personal care.

The last rating for this service was requires improvement (published 24 January 2019) and whilst there were no breaches of regulation we made several recommendations in relation to medicines best practice, staff training, the mental capacity act and its application and strengthening of quality audit processes. 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.

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

The quality and safety of the service had improved since our last inspection. The registered manager ensured the required actions were taken and improvements were made in line with their improvement plan.

People and their relatives spoke positively about staff and told us they were happy with the service they received. People told us they felt safe and had not experienced any abuse, neglect or discrimination. People were protected from the risk of avoidable harm because risks were identified, assessed and managed safely by staff.

People's medicines were safely managed, and people were protected from the risk of infections. Lessons were learnt from accidents and incidents. There were sufficient staff available to support people's needs and appropriate robust recruitment practices were in place.

Staff were supported through induction, training and supervision to ensure they had the knowledge and skills to support people safely. People were supported where this was part of their plan of care to meet their nutrition and hydration needs.

People had access to healthcare services and staff worked in partnership with health and social care professionals. 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 were supported by staff that were kind and caring. People were involved in making decisions about their care and support needs and had choice and control over their lives. People's privacy and dignity was respected, and their independence promoted.

People told us they knew how to make a complaint. People's communication needs were assessed and met and people were provided with information in a format that met their needs. There were now systems in place to assess and monitor the quality and safety of the service and to continuously learn and drive improvements.

The service worked in partnership with key organisations to plan and deliver an effective service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 24 January 2019). At this inspection enough, improvement had been made/sustained, and the provider was no longer in breach of regulation or the recommendations made. The service is therefore rated good at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring 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.

Relatives Relief Limited

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

The inspection was carried out by one inspector.

Service and service type

Relatives Relief is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes.

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

This inspection took place on the 28 January 2020 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit we visited the site office and spoke to one member of care staff, two office

coordinators, the deputy manager and the registered manager. We reviewed a range of records. These included five people's care and medication records. We also looked at six staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality.

After the first day of the inspection we spoke with four people using the service and three relatives to ask about their experience of the care provided by telephone to seek clarification and validate the evidence we found.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection we found that risk assessments could be better detailed to ensure they provided guidance for staff on how to best support people to manage identified risks. This had not impacted in people's care though. At this inspection we saw that all risk assessments had been reviewed and improvements had been made.
- At this inspection we saw risks posed to people were safely and appropriately identified, assessed and documented. Staff had up to date information about how identified risks should be managed to keep people safe. For example, where people had been identified as being at risk of falls, falls prevention assessments were completed and any details of equipment required to ensure safe mobility were documented for staff reference.
- Staff understood people's needs and the level of support they required to reduce the risk of avoidable harm. One member of staff said, "We had training on things like fire safety and moving and handling so we don't put people at risk and move them safely. We record any risks in their care plans."
- People were provided with information on how to contact the service out of office hours should they require support. Staff received training in first aid, health and safety and fire safety and knew how to respond in the event of an emergency.

Using medicines safely

- At our last inspection we found there was no guidance in place for staff to follow to ensure the safe administration of 'as and when required' medicines. However, we found no impact on people as staff knew people and their needs well.
- At this inspection we found people were supported where required to safely manage and administer their medicines. One relative told us, "It's a very good service, they [staff] give [relative] their medicines always on time, mornings and evenings."
- Medicines care plans detailed people's known risks, allergies and current prescribed medicines. Staff completed medicines administration records (MARs) which we saw were accurate and were regularly monitored and audited by office staff to ensure safe practice.
- Staff told us, and records we looked at confirmed, that they had received appropriate medicines training and an assessment of their competency to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and or harm as there were appropriate systems in place to ensure this.

- People and their relatives told us they felt safe with the support provided. One person commented, "I have an excellent relationship with all the care staff and always feel safe with them."
- Policies and procedures for safeguarding adults and systems for reporting and acting on concerns were in place. There had been no safeguarding concerns raised since our last inspection of the service. Staff knew how to identify safeguarding concerns and how to act on them appropriately.
- There were arrangements in place to deal with emergencies and an out of hours on call system that ensured management support and advice was available to staff when they needed it.

Staffing and recruitment

- Staff were recruited safely and appropriately in line with the provider's recruitment and selection processes.
- Staff files contained details of their full employment history with satisfactory written explanations of any gaps in employment, copies of their Curriculum Vitae (CV) and confirmation that disclosure and barring service (DBS) checks had been carried out before they started work. Staff records showed that where DBS checks showed they had historical convictions, the provider had assessed the risks of convictions and how they may impact on staff delivering care and support. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care services.
- There were sufficient numbers of staff to support people safely. One person told us, "I have the same carers and they are always on time." Another person commented, "If carers are going to be late, it is very rare and they always let us know."
- The provider had an electronic system in place which monitored staff's arrival and departure at each care visit to ensure people received their care as required. Staff used a mobile application to confirm when they attended and left their care visits. The registered manager told us this allowed office staff to identify if a care visit was late or missed so action could be taken if required. One member of staff said, "It is a new good system and we are all getting used to it but it seems to be working well. We are given enough time with people and travel time in between visits."

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, when supporting people with laundry and domestic tasks.

Learning lessons when things go wrong

- Records showed staff had identified concerns, accidents and incidents and appropriate action had been taken to address them. Where required, accidents and incidents were referred to local authorities and the CQC and advice was sought from relevant health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided. Staff told us they could liaise with colleagues, share experiences and request support should they need to.

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

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

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.

At our last inspection we found that although the provider had arrangements and tools in place to comply with the MCA, we found these were not always fully understood by staff. We made a recommendation that the provider referred to the MCA and the codes of practice for current best practice and that further training was provided to staff. At this inspection we found improvements had been made and staff had received appropriate training.

- Staff had received further appropriate training on the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where to ensure people's representatives were involved in making decisions in their best interests, if they lacked capacity to do so themselves.
- People told us staff asked permission before carrying out any care tasks. One person told us, "They always ask me if I want any help, tell me what they are doing and maintain my dignity at all times." Staff reflected this was their approach during discussions.

Staff support: induction, training, skills and experience

- Records showed, and staff told us they received training in a range of topics such as MCA and DoLS, medicines management, safeguarding, dementia and emergency first aid amongst others. Since the last inspection the registered manager had new systems in place and now staff received regular supervision, on

site spot checks and support, as well as an appraisal of their practice and development.

- There were systems in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.

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

- People's care and support needs were assessed prior to them using the service. Assessments took account of people's needs, preferences and risks. They included information about them, for example, their existing physical and mental healthcare conditions, lifestyle and personal histories.
- Information gathered from assessments was used to develop personalised care plans which helped enable staff to provide appropriate support in line with people's choices and wishes.

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

- People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care. One person said, "They [staff] always make sure I have eaten and encourage me to drink. They will make me anything I ask for and its always very nice."
- Care plans documented people's nutritional needs, support required with meal preparation and eating and any known allergies.

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

- People were supported where required, to access health and social care services.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing.
- Staff reported any concerns about people's wellbeing promptly so that they received appropriate support when required.
- Staff worked in partnership with local healthcare professionals such as the GP and district nurses when needed, to ensure people received consistent and joined up care and support.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; equality and diversity

- People were treated equally and had their human rights and diverse needs respected. People and their relatives told us staff were caring and treated them respectfully. One person told us, "I have regular carers who visit me, and they are all very kind." A relative commented, "[Staff] are like our extended family, they are all a credit to the company." And, "We have great gratitude for our 'Relief Angels of Mercy.' They do their duties with sensitivity and diligence. What more can one ask for?"
- Staff had built respectful relationships with people and their relatives, and people's diverse and cultural needs were respected and documented as part of their plan of care.
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices in line with the Equality Act 2010.
- Staff provided us with examples of how they respected people's preferences, such as the choice to be supported by a male or female member of staff, supporting people with their personal care how they wished and respecting their choice of clothing.

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

- People and their relatives were involved in decisions about their care and support.
- People's views and choices were sought prior to using the service and evaluated on a regular basis through spot checks, surveys and reviews of their care and support needs. This meant people continued to be involved and supported to express their views about how their care and support needs should be met. One person said, "They [staff] or the manager do contact me to make sure I'm happy with the care I get."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, large print versions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People were supported to be as independent in their care as possible. Care plans focused on what people could do for themselves and areas they felt they needed support with. For example, supporting people with meal preparation and to manage their medicines.
- Staff told us they promoted people's dignity by seeking consent and ensuring doors and curtains were closed when supporting them with personal care.
- Information about people was kept securely in the office and staff knew the importance of keeping

information about people confidential.

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 good. At this inspection this key question has remained the same.

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.

- People were involved in planning for their care and their choices were used to inform how support should be provided. A relative told us, "We are involved in planning for [relative's] care needs, what we wanted, when we wanted it and there is a care plan in place. If we need any changes we talk with the office staff."
- Care plans documented people's physical, emotional and mental health needs, lifestyle and history and the things that were important to them. Records were maintained by staff on a daily basis and indicated that people received support as agreed and planned for.
- Care staff were flexible and willing to undertake additional support when required. Care plans reflected people's individual needs and were not task focussed. They included information as to how emergency situations should be managed. Staff confirmed they were aware of these plans and what to do should a person's needs change whilst they were providing care.
- People and their relatives were involved in reviews of the care and support provided to them. This ensured the support provided was meeting their specific needs, preferences and choices.
- Relatives confirmed copies of care plans were kept in their homes meaning they or staff could check any information if required.

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

- Staff had built a positive relationship with people using the service and supported them to maintain contact with others that were important to them.
- People were supported where requested to meet their social interests and needs.
- Care plans reflected people's social needs and interests and documented any support required from staff to meet those needs. For example, we saw that when people required support at different times to attend events that were important to them, these were accommodated by staff.
- We were also advised that the service worked with people who may be isolated at home due to physical health issues to explore interests and discuss things they would like to do.

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.

- People's communication needs were identified and documented in their care plan to ensure staff had relevant information on how best to support them.
- Staff understood the AIS and the importance of effective communication when supporting people.
- The service could produce information in different formats that met people's needs, for example, easy to read versions of the provider's service guide and their complaints policy and procedure.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's complaints if they were unhappy with the support and service provided.
- People and their relatives told us they were aware of the provider's complaints procedure and how to make a complaint. One person said, "I am aware of how to complain but I have never needed to. I have no complaints at all."
- People were provided with information about what to do if they wished to make a complaint and how this would be dealt with by the service.
- Systems were in place to log and investigate any formal complaints made and records showed that where complaints had been made the service responded to them appropriately.

End of life care and support

- At the time of this inspection the service was supporting people receiving end of life care. People's care plans had the facility to reflect how they would like to be cared for at the end of their life and these were clearly documented.
- Staff were mindful and trained appropriately in the sensitivity and care required, around approaching this subject with the people they supported.

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.

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

At our last inspection we found quality assurance processes were not in place to identify shortfalls within the service. The registered manager provided care alongside their management role and this impacted on their oversight and monitoring. Issues raised during inspection had not been identified. At this inspection we found sufficient improvements had been made.

- The service continued to have the same manager registered with CQC. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.
- The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored. Checks and audits which covered areas of the service where we previously found issues were now robust. This helped reduce the risk of these issues happening again. For example, checks and audits were conducted on medicines, care plans and records, staff spot checks, staff recruitment and records, staff training, and accidents and incidents amongst others.
- There was an organisational structure in place and staff understood their roles and contributions to the service. The service operated an out-of-hours system to ensure appropriate management support was available to staff and people when needed.
- Staff meetings were held to share information and best practice.

Planning and promoting person-centred, high-quality care and support with openness; 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

- People received personalised care from staff who had the knowledge, skills and experience to perform their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to.
- People and their relatives spoke positively about the service and the care and support provided by staff. One person said, "I am very happy with the service and have good contact with the office when needed." A relative commented, "The registered manager and deputy manager do their best to accommodate, they are really helpful and always available."

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

- There were systems in place to ensure the service sought the views of people through reviews of their care, on site spot checks and annual surveys.
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service provided. For example, we saw lots of examples of positive feedback and compliment cards from people that had been received by the service. People and relatives said they felt involved in decisions about their care, that they were kept informed about the service and their care, staff had enough time to meet their needs and they felt staff were well trained.
- The provider valued and listened to the views of staff. Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes. For example, they attended regular staff meetings and one to one sessions to discuss issues.
- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. Staff shared examples of how the registered manager had listened to their ideas and acted upon them to improve people's quality of life.
- People's views and opinions were valued. People's individuality was respected. Care plans were very detailed about people's views, choices and decisions.

Continuous learning and improving care

- The provider and the registered manager told us how incidents or accidents were reviewed and discussed in staff teams. The provider said any learning from them would be taken on board and actioned to prevent possible reoccurrences.
- Staff shared experiences of issues impacting on their ability to provide effective support. They told us the registered manager had listened to staff and taken on board issues.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. Staff told us how this positive joint working had positively impacted on people quality of life.
- Staff had good relationships with health and social care professionals.