

Renaissance Personnel Limited

Renaissance Personnel Ltd (Kentish Town)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Renaissance Personnel Ltd (Kentish Town) provides personal care and support to people living either in their own home or in a supported living scheme. There were approximately 46 people using the service and receiving the regulated activity of personal care and treatment of disease, disorder or injury.

People's experience of using this service:

We found shortfalls related to the monitoring of the service quality and we could not be assured that care provided by the service was always safe. The shortfalls were related to medicines management and governance. We also found that improvements were needed to improve how people with no capacity were supported to make decisions and how records related to people's care were audited and stored.

There were not always clear records related to what medicines people were prescribed. Medicines administration records (MARs) did not always have sufficient information about medicines staff were giving to people. Not all MARs were completed at the time of administration as required by the law. Staff competencies in medicines administration had not been checked to ensure they knew how to administer medicines safely.

There were enough staff deployed to support people. However, staff rotas showed care visits were often scheduled back to back with no time for staff to travel. Staff confirmed this was the case.

There was evidence of mental capacity assessments in place and most people we spoke with said staff asked for their permission before providing personal care. However, some people and relatives said that at times staff provided personal care routinely without discussing it with people. People's care plans did not have sufficient information of what decision people could make when they were assessed as lacking capacity.

We discussed our concerns with the registered manager and members of the management team. They were responsive to our feedback and assured us action would be taken to address issues highlighted during the inspection.

People told us they felt safe with staff who supported them. There were systems and procedures in place to help protect people and ensure their safety. The recruitment procedure ensured that people were protected from unsuitable staff. There were risk assessments in place to guide staff on how to manage and minimise risks to people's health and wellbeing. Staff understood how to protect people from potential abuse from others. The agency took appropriate action when they thought people were at risk of harm. Staff received infection control training and they followed appropriate infection control measures when supporting people.

The agency had received positive feedback from people using the service and staff who worked there.

People thought the agency was well managed and staff were appropriately trained to support them. Staff felt supported and listened to by the members of the management team.

When possible, people were supported by the same staff therefore positive friendly relationships could be created between people and staff.

Staff had received induction to the agency as well as training to ensure they had skills to support people. Staff received supervision and appraisals of their skills from the management team to help them to support people effectively.

People said staff knew their needs well. People had individualised care plans which had sufficient information about people and how to support them. The agency was in the process of introducing a new online care planning system. The aim was to enable an immediate update of people's changing needs so staff could have an instant access to the most current information about people's needs.

Staff were given guidelines on how to help people to live a healthy life. Staff supported people to have sufficient food and drink and a nutritional diet that matched people's requirements and preferences. When needed, staff ensured people had access to health professionals so their changing health needs could be met.

Staff were proactive in ensuring any additional help and support people needed was provided. The agency signposted people and their relatives to sources of additional advice and support or advocacy. When possible, staff helped people to do things they liked, follow their hobbies and access various events in the community.

Staff supporting people were kind and caring. People's protective characteristics such as age, ethnicity and disability were taken into consideration when matching people and staff who visited them. The agency encouraged open conversations with people about their personal needs in relation to their religion, cultural background or sexuality so these needs could be met. Staff had sufficient information on how to communicate with people in the way they could understand and respond to staff.

Staff respected people's privacy and dignity when providing personal care. People's care plans had information on how people wanted this care to be provided.

The agency had sought people's feedback about the service provided. This was achieved via frequent quality calls to people and their relatives as well as service users' satisfaction surveys. People's complaints had been addressed promptly and to people's satisfaction.

Staff were frequently asked for their feedback about the agency and they felt involved in the service delivery. They thought the management team had been responsive to their suggestions.

Rating at last inspection: Good (23 July 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the service and we will revisit it in the future to check if improvement have been made.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Renaissance Personnel Ltd (Kentish Town)

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

Inspection team: This inspection was carried out by one ASC inspector and one Expert by Experience. An Expert-by-Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Renaissance Personnel Ltd (Kentish Town) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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. The registered manager was also the owner of the agency.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager and staff we wanted to speak with were available on the day of our inspection.

What we did when preparing for and carrying out this inspection:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection report before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

Prior to our visit our ExE carried out telephone interviews with five people who used the agency and seven relatives who gave us their feedback on the service provided by the agency.

Additionally, prior to the inspection we emailed care staff employed by the agency and external health and social care professionals to ask for their feedback about care provided by the agency. We received feedback from eight staff and one social care professional.

What we did during the inspection:

An inspection site visit took place on the 23rd and 29th January 2019. It included speaking to the registered manager, operations director, quality assurance manager and two care coordinators. During the inspection we reviewed five people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration records (MARs) for five people. We also looked at six staff files, complaints and quality monitoring and audit information.

What we did after the inspection: Following the inspection, the registered manager provided us with additional information related to the service provision, such as the service quality audit, staff training and supervision trackers and other documents related to the running of the service. We included this information in our inspection findings.

Is the service safe?

Our findings

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

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.

Using medicines safely

- The agency had not managed medicines safely and we could not be assured people received their medicines as required.
- There were not always clear medicines lists or other records available to tell staff what medicines people had been currently prescribed. We saw that some people had medicines risk assessment in place with a list of medicines included. These had not always been dated and we could not say if they were up to date. Medicines administration records (MARs) had not always had the information about the dose, the frequency and the route of administration. Therefore, we could not be assured that staff were provided with information on how to administer medicines to people.
- Records to evidence administration of medicines needed to improve. We could not always say that medicines were administered as required and who administered them. For example, administration guidelines on a MAR chart for one person for a specific medicine stated the person should receive it twice a day. However, administration was only recorded once a day across all respective MARs. For another person, two separate MARs were marked as completed in June 2018. Both MARs listed the same medicines. One of them was partially completed with records stopping in the middle of the month. There were no records explaining why the whole MAR was not completed. The second MAR was completed for the whole month. There was a discrepancy in staff signatures confirming medicines administration. The same days on both MARs were signed by a different staff member. Based on both MARs, we could not be sure if either of them accurately represented medicine administration for this person for that month. We discussed this with the registered manager who assured as this would be addressed with respective staff.
- Training records showed that staff had received medicines training. However, their competencies had not been checked to ensure staff knew how to manage medicines safely. We found the agency did not have effective management monitoring and auditing systems in place to ensure medicines were managed safely and according to the most current guidelines.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns regarding medicines with the registered manager who accepted our feedback. Before the end of the inspection, the service introduced a new medicines knowledge test to check staff understanding around medicines management. They said staff competencies observations would commence shortly.

Staffing and recruitment

- There was a suitable recruitment procedure in place. Appropriate checks, such as eligibility to work in the UK and criminal checks had been carried out to ensure people were protected from unsuitable staff.
- There were enough staff deployed to support people. Rotas showed and people confirmed that, when possible, people were supported by the same staff enabling continuity of care and development of positive friendly relationships between people and staff.
- Some staff said they did not have enough time to travel between calls. Staff rotas showed care visits were often scheduled back to back with no time for staff to travel. We discussed this with the registered manager and two care coordinators. They explained the agency was in the process of introducing a new call scheduling system which would address this issue to ensure staff had enough time to transfer between visits.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives said they felt safe with care staff who supported people. One person told us, "Oh yes, I feel very safe. This carer is excellent, she is looking out for me." A family member said, "Yes, my relative has built up a pretty good rapport with the care staff and she feels comfortable with them."
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm. This included safeguarding training and safeguarding policy outlining staff responsibilities around protecting people from harm from others.
- When required, the agency had raised safeguarding concerns with the local authority and worked with them to ensure people were protected from harm. However, the agency had not notified the Commission about one safeguarding concern. We are looking into this further.

Assessing risk, safety monitoring and management

- Risk assessments were an integral part of people's care plans and were reviewed within the last 12 months. Risk assessments included sufficient information for staff on what the risk was, how people would like to be supported and what staff should do in order to minimise identified risks.
- When supporting people required use of specialist equipment, such as a wheelchair, a hoist, instructions on how to maintain it were available for staff. This included information on what staff should do in case they found the equipment stopped working.

Preventing and controlling infection

- Staff received infection control training and they followed appropriate infection control measures when supporting people. We saw that PPE (Personal Protective Equipment), such as disposable gloves and aprons were available for staff to use.
- We saw that in people's files, staff were reminded to always use PPE and keep people's homes clean and tidy.
- People confirmed staff at the agency followed appropriate infection control practice. They said, "Yes they wear gloves. They do wash their hands" and "When they are cooking for me they wear plastic gloves."

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA.
- The majority of people we spoke with said staff were friendly and asked for their permission before providing personal care. However, two people and two relatives stated staff at times routinely carried out their care tasks without explaining and asking people if they wanted care to be provided. They said, "The carer that's a regular one doesn't ask permission because she know what to do" and "I think thing have become a bit too routine they could involve [my relative] more and explain to her what they do."
- Where people did not have the capacity to make decisions, the agency carried out mental capacity assessments and we saw evidence of best interest decisions about people's care in their files. However, we noted people's care plans, that we saw, did not have information on what decision's people could make. Therefore, staff did not always have guidelines on how to support individual people in making these decisions, so they could stay independent as much as possible.

We recommend that the service seeks further training, based on current best practice, on how to work with the principles of the MCA.

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

- People said their care needs and personal preferences had been discussed with them before they started receiving care from the agency. They told us, "I had a sit-down meeting with some of them (agency staff) and they asked me what [support] I wanted from [the agency]" and "Yes, they did assessment their manager came with social services".
- In people's care plans we saw that information gathered during the assessment meeting had been used to formulate individual plans of care for people.

Staff support: induction, training, skills and experience

- People thought staff visiting them had sufficient skills and knowledge to support them. They told us, "I think they [care staff] know exactly what they are doing" and "Yes, I feel they are adequately trained and they listen to what I want and what I have to say."

- New staff received training and an induction to the service. They also shadowed their more experienced colleagues before they started supporting people independently.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. When required, specialist training, such as tracheostomy or PEG (Percutaneous endoscopic gastrostomy) management had been provided to ensure staff supported people safely. PEG is a medical procedure where people receive food or medicines via a tube into their stomach where they are unable to eat and drink by mouth due to their medical needs. Records, such as training certificates and a training matrix, indicated that staff training was up to date.
- Staff felt supported by the managers. One staff member told us, "I feel supported, got refreshers training yearly and meet our manager for supervision every six months."
- The supervision and yearly skills appraisal matrix provided by the registered manager indicated that all staff received their supervision and appraisal regularly. We noted that not all supervision records were always available to confirm these supervisions took place. We fed this back to the registered manager who was responsive to our feedback and assured us this would be addressed.

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

- People said staff supported them to have sufficient food and drink and a nutritional diet that matched their requirements and preferences. One person said, "Staff give me my meals, they heat it up and give it to me, yes, they ask how I want my meals."
- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as, pureed food or prescribed drink supplements.
- Where required, staff completed food and fluid charts to monitor people's food and fluid intake. We noted that people's individual daily fluid intake goals had not been provided on these charts. This meant staff may not know how much fluid people should consume to help them to avoid dehydration. We discussed this with the registered manager who ensured us this would be addressed.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives said staff supported people to live a healthy life and have access to health professionals when required. One relative told us, "They look after my relative. Sometimes the carer calls the doctor. When my relative is ill, the carer or myself take [my relative] to the hospital."
- Staff were given guidelines on how to support people to ensure they lived a healthy life. In people's care plans we saw information on how to protect people's skin from damage or how to make sure people's toileting needs were attended to. Care plans also included details about the operation of various specialists' equipment and contact with respective health professionals when people's health deteriorated and staff were concerned about people's wellbeing.

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

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 said staff supporting them were kind and caring. Some of their comments included, "Well, my carer will hug me and comfort me, she will see right away that something is not right, she will ask first. She is very kind and sensitive." And, "Yes, they are very nice, they are quite compassionate and very caring." Family members observed that their relatives felt comfortable with staff who visited them. They told us, "When [my relatives] carers live the room she will ask for them." and "[My relative] feels really happy with them she chats with them."
- People's protective characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as language requirements.
- The agency encouraged open conversations with people about their personal needs in relation to religion, cultural background or sexuality. When required staff accompanied people to their place of worship, activities in the community or helped to access specific communities of interest to people. This included the LGBT+ community and specific ethnic group meetings.

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

- Staff supported people to make decisions about their care. Staff proactively asked if people wanted any additional help and support and when possible, they were happy to provide it. One person told us, "Yeah I feel they listen to me, they ask me if I need to go shopping. Last time we went shopping." Another person said, "They asked me what I was looking to gain from the care and there was a big chat about what support I needed." A relative stated, "They ask my relative would she like a cup of tea, take her into the garden. Very attentive and concerned for my relative's wellbeing."
- People's care plans had sufficient information about people's preferred ways of communication and how staff should support people in order to help them to express their views and make their needs known.
- The agency signposted people and their relatives to sources of additional advice and support or advocacy. For example, we were told there were links with the Independent Mental Capacity Advocate (IMCA) service so people could get independent support if their ability to make own decisions about their care was limited.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected their privacy and dignity when providing personal care. They told us staff were discreet and closed the door when needed to protect people's privacy when receiving personal care. All people we spoke with said that they could choose if male or female staff were supporting them and

they were introduced to staff before receiving care from them.

- People's care plans included information on how people would like to receive personal care. The information was sufficient to guide staff on what support people needed and what they could do themselves and what they required staff help with.
- Care plans also reminded staff to ensure people's environment was kept clean and tidy and their dignity and privacy always taken into consideration when supporting them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All people we spoke with said the staff that usually supported them knew their needs and preferences well.
- People had individualised care plans which had sufficient information about, who people were, their medical and personal history and how they wanted their care to be provided. We noted that information in care files for two people needed to be updated. One care plan we saw did not reflect a person's needs adequately and needed to be reviewed. Another person's care plan was dated in 2017. The registered manager told us that the person had a more current care plan, however, it was not available for us to view during our visit. Throughout our conversations with the management team we found the agency knew this people's needs well. We were assured that both people had received care they needed albeit their care plans needed to be reviewed. Following our request and immediate action was taken by the agency who updated the care plans for both people.
- The agency was in the process of introducing a new online care planning system. The aim was to review and update people's care plans immediately after their needs had changed. Consequently, staff would have instant access to current information about people's needs and how to support them.
- Following each visit, staff recorded care provided to people in daily care notes. These reflected personal care given, observations of people's wellbeing as well as any changes to their needs.
- Staff supported people in researching information about people's interests and hobbies. Where possible, staff accompanied people to attend events in the community. One person told us, "Staff have accompanied me in finding the activities but not to the activities themselves yet." Another person stated, "A relative said, "Staff take [my relative] outside maybe to the park we are try to access local activities."

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure to guide people how to raise concerns about the service received. The majority of people we spoke with had never made a complaint to the agency. They felt comfortable about raising any concerns and they believed the agency would address them. Those who did make a complaint said these were dealt with promptly and to their satisfaction.
- The agency received five complaints within the past year. These were dealt with as required by the agency's policy. Complaints had been analysed and an action plan had been created to address highlighted issues. We noted that records related to what action had been taken to address individual complaints had not always been readily available for an audit purpose. Formulated action plans did not have a time scale and accountability assigned to a specific member of the management team to determine who was responsible for achieving the agreed improvements. We discussed this with the registered manager who took immediate action to improve the complaint processing system.

End of life care and support

- At the time of our inspection the agency had not provided end of life care. We noted that where appropriate staff carried out decisions about people's wishes in case of their passing. We saw the outcomes of discussions had been reflected in people's care documents.

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

Service management and leadership was inconsistent. Leaders did not always ensure the delivery of high-quality care. Some regulations may or may not have been met.

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

- The senior management team was aware of their regulatory responsibilities. However, we found that the agency's monitoring system had not always ensured the high quality of care as it is required by the regulations.
- We found a number of shortfalls that had not been identified by the agency's quality audits prior to our inspection. The shortfalls were related to medicines management, supporting people with no capacity to make decisions, the effective auditing of people's care plans as well as safe record storage.
- The registered manager had not informed the Commission about two events. This was related to one safeguarding concern and one which affected the smooth running of the service. We are looking into this matter further.
- We found that records of people's care had not always been current and factual and therefore they did not reflect care as it was provided. Examples included, MARs being replicated and not reflecting medicines administration as it happened and a care plan not reflecting a person's care correctly. We also saw that some records have not been dated clearly, for example, they were dated in the future or not at all. Therefore, we could not say when they were created and if they were current to care provided to people.
- We identified issues with the storage of documentation related to people's care. One person's file was missing and could not be located. Documentation in staff and people's files was often untidy with old and new records mixed together. Therefore, information related to the most current care provided to people was not always readily available to view.
- The senior management team advised us that issues with access to records had been related to a serious technical issue that affected the agency's computer system and therefore people's records in May 2018. However, we were concerned that no effective action had been taken since to ensure up to date and current documentation about care provided to people was available to staff and for audit purpose. The service had had nine months to sort this issue out but had failed to do so.

The above is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People we spoke with gave us positive feedback about the agency. They felt staff were caring and knew

their needs and the management team were responsive to requests made by people.

- People were frequently asked about their satisfaction with care provided. Complaints had been dealt promptly with to ensure people concerns had been addressed and the care improved.
- Staff gave generally positive feedback about the management team who they described as supportive and responsive to their needs.
- The agency had a business continuity plan as well as annual review of their Strengths, Weaknesses, Opportunities & Threats (SWOT). The aim was to have a better insight to the agency's strengths and also focus on possible threats related to, for example, sudden staffing and political changes that could affect the service delivery.

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

- The majority of people we spoke with confirmed that the agency had regularly sought their feedback and opinion about the service provided. One person told us, "Well, like I say they regularly check if you are happy [with the service]." Another person told us they were encouraged to participate in the service development. They said, "The boss rang me and ask would you like to be involved in [service development] and I said yes."
- Records we looked at showed the agency asked people about their feedback. This was achieved by frequent quality calls to people and their relatives as well as by the service users' satisfaction surveys. The latest survey took place during the week of our inspection. The outcomes of the survey still needed to be analysed.
- Staff said they were frequently asked about their feedback about the service. They thought the management team had been responsive to their suggestions. One staff member told us, "Yes, I have been asked for feedback and suggestion. Some of what I have suggested has been implemented. The managers listen a lot."
- Meeting agendas showed that team meetings had taken place and staff were able to discuss matters related to their role and supporting people who used the service. One staff member told us, "Yes we do meet with other colleagues to discuss my work the challenges that I encounter to be able to learn from each other."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users. They did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to: Assess, monitor and improve the quality of the service. Regulation 17 (2) (a) Assess, monitor and mitigate the risks relating to safe management of medicines. Regulation 17 (2) (b) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c)

