

Reliance Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Reliance Care Solutions Limited is registered to provide personal care to people within their own homes. On the day of the inspection 10 people were being supported with personal care by the service.

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

The service was not always safe, systems and processes to maintain safety were not robust and risk assessments had not been completed for identified risks. Administration of medicines were not consistently recorded. Staffing levels were sufficient and staff were allocated to people to meet their requirements.

People's needs were assessed though this was not reflected in care plans. Staff received training but had not completed the Care Certificate. People were supported with food preparation and a healthy diet where required. Staff work with external professionals in relation to people's care needs.

Staff were caring towards the people they supported and met their needs. Staff promoted people's dignity and independence when providing support to them. People were supported to express their views and make decisions about their care through contact with staff. People received care that met their needs although records did not always reflect this good practice.

People were supported by staff that spoke their language and could communicate effectively with them. People were not always involved in care planning processes as far as possible. Care plans did not always reflect people's expressed needs and preferences. Staff responded to people's needs were responded to including end of life care

Quality assurance and audit systems were not robust, they did not ensure risk assessments were in place or that care plans were accurate and up to date with the needs of people receiving the service.

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

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 (published 10 December 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection sufficient improvement had not been made and the provider remained in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' 'Effective', 'Responsive' and 'Well-Led' sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Reliance Care Solutions 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 team consisted of 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. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual. This means that they 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 they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the information the provider sent us in their Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. The provider had also submitted an action plan following their last inspection (report published 10 December 2018). We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with seven members of staff including the quality compliance manager, care manager, and care workers.

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

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

Assessing risk, safety monitoring and management

- Our last inspection found the provider was not meeting legal requirements in relation to effectively mitigating risks and the safe management of medicines. At this inspection insufficient improvement had been made and the provider was still in breach of this regulation.
- Risk assessments were not always in place to provide guidance to staff as to how to keep people safe from harm. For example, we found where some people needed support to manage risks relating to their catheter care, skin integrity and mobility, risk assessments were not in place.
- We found where risk assessments were in place they had not been sufficiently completed. For example, where one person required the use of equipment to support their mobility, a risk assessment was in place. However, it did not identify the risks to the person when using this equipment or how staff should support them in order to minimise potential risks.
- Staff told us they felt they had the knowledge to support people safely, although one member of staff we spoke with told us, "I have not seen any risk assessments we just get the information from the district nurses."
- The provider had failed to ensure that clear risk assessments were in place that provided guidance to care staff around how to protect people from the risk of harm.

The provider's failure to ensure appropriate risk assessments in place formed part of a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Using medicines safely

- Our last inspection found the management and recording of medicines administration were not always completed safely. During this inspection we this remained the case and placed people at risk of not receiving their medicines as prescribed.
- We checked medication administration records (MARs) and found they were not consistently completed. For example, we found examples of where the administration of medicines were not being recorded on MARs that were in place.
- Where MARs were not completed this had not been identified and addressed by the management team. The registered manager had not completed checks to ensure these people were receiving their medicines as prescribed. We confirmed during our inspection that medicines were administered, and people were safe, however the registered manager had not taken this action prior to our intervention.
- Where medicines administration was recorded there was no clear record of the individual medicines each person needed, or the individual medicines being administered. People's care plans did not detail how they

preferred to be supported with their medications and did not identify what medications people were prescribed to take.

The improvements needed to the safe management of medicines formed part of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse;

- The provider did not have adequate systems and processes in place to safeguard people.
- Our last inspection found staff had completed safeguarding training but did not always recognise when people could be at risk of harm. We found while the provider had implemented new processes to keep people safe since our last inspection there were further improvements required. For example, risk assessments remained insufficient to protect people from the risk of abuse.
- Three of the seven staff we spoke with did not fully understand safeguarding and their responsibilities in keeping people safe from potential abuse.

Staffing and recruitment

- We saw that staff recruitment continued to be completed safely through the requirement of references and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- People we spoke with told us staff arrived on time and we found there were sufficient staff to ensure calls were completed on time and they were not rushed.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE). Spot checks were periodically completed to ensure staff practice promoted good hygiene standards.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

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

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

- Systems were in place to assess people's needs and choices
- We saw people's needs and choices were assessed by the registered manager prior to receiving the service, though these needs were not clearly communicated to staff in people's care plans.
- People's preferences and choices were promoted by staff including those linked to protected characteristics as identified in the Equality Act 2010. For example, people were supported in line with their wishes based on their culture and religion.

Staff support: induction, training, skills and experience

- Staff told us they received an induction period when they commenced their employment to support them in their role.
- One staff member told us, "Induction was two weeks and had training and shadowing."
- We found that most staff had completed up to date training, we saw a training schedule was in place to ensure staff had access to refresher training.

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

- Staff told us they worked with the district nurse to support people's health conditions. One relative told us, "The district nurse has now discharged [relative] because the carers were very supportive and positive."
- The carers supported the person to follow care advised by the district nurse in relation to leg care which facilitated the persons progress, resulting in the district nurse no longer needing to provide care.
- We saw staff had supported people to access healthcare services by contacting appropriate professionals such as doctors when required.

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.

- People told us and we confirmed from daily records that people were offered choices and were supported to make decisions.
- Our last inspection identified improvement was required regarding consent and clarity around how decisions were made. During this inspection we found the staff and care manager were knowledgeable about the MCA. While people using the service had capacity to make their own decisions at the time of inspection, we saw staff received training had the knowledge to support anyone who may be lacking capacity in the future.

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

- Some people receiving the service received support from staff to eat a healthy diet. This included supporting some people to prepare meals they had chosen to eat.

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.

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

- Staff told us they discuss people's care with them each day to ensure people are happy with the care they are receiving. One staff member told us, "I always ask if the [person] is happy with what I'm doing and ask them if there is anything else they need."
- People told us staff recognised when they needed support and allowed people time to express their views and make decisions about their care. One person told us, "[care staff name] always makes time to talk with me."
- People were able to express their views about the care they received, although this was not always well documented.

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

- People we spoke with told us staff knew them well and understood their needs. One person we spoke with told us, "The staff are excellent, I have two carers and they are superb." Another person told us, "[Staff member] is here when I need them; [staff member] knows me very well."
- The relatives we spoke with told us they knew the staff and that staff supported their family members with respect. One relative told us, "They [staff] bend over backward to support and appease my [family member], they go over and above."
- People receiving the service were referred to with respect and their preferences met in regard to the staff supporting them. For example, people were provided with carers of the same gender or ethnicity as them if they preferred.
- People told us they knew the staff that came into their homes and they felt safe with them. One person receiving the service told us, "I have nothing to worry about [staff member] goes the extra mile and always does what I need." A relative told us, "They seem to be able to employ staff that genuinely care."

Respecting and promoting people's privacy, dignity and independence

- People receiving the service told us the staff supported and encouraged their independence. One person told us, "[Care staff name] is very patient, [care staff name] needs an A star from me."
- A relative told us, "[Care staff name] gives [person's name] privacy and support without infringing on my [family member's] pride. The carer gives the time required even if it takes longer than [they are] paid for."
- Information held both electronically and also at the provider's office was stored securely and confidentially.

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 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

- Staff were responsive to people's changing needs though this was not always well documented. For example, staff told us one person now required staff to support them differently when using their mobility aid. All staff knew this and responded positively to the change in need however this change was not clearly detailed in the persons care plan.
- We read in daily records staff supported people to express their views and be involved in making decisions for themselves when receiving care on a day to day basis however. People told us they were aware of their care plans.
- While people told us they made decisions about their care, the care plans we read were not consistently detailed with people's views and it was not always evident people were involved in making decisions about their care.

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 provider ensured people who did not speak English were receiving care from staff who spoke their preferred language.
- Information in other formats was not currently required, people who could not speak English could however read English and preferred information in this format. The care manager told us they have previously produced information in other formats that people could understand when required.

Improving care quality in response to complaints or concerns

- Complaints made regarding the service were investigated and the outcome was formally communicated to the complainant.
- One relative told us, "When we raise anything with the management team they are highly responsive to us."

End of life care and support

- End of life care was being provided to one person at the time of inspection. The end of life care plan was detailed with and delivered in line with the persons needs and wishes.

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

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

At our last inspection published December 2018, we found the provider was not meeting legal requirements in relation to records, monitoring and improving the quality and safety of the service. At this inspection we found the provider had not made sufficient improvement and they were still in breach of this regulation.

- We found improvements to quality and monitoring systems were required. For example, daily record audits were not completed in a timely way.
- Medicine recording was not consistent and audit systems in place had not identified this. The provider had failed to identify errors and gaps in the recording of medicines administration. As a result, they had failed to take action to ensure people had received their medicines as prescribed and were protected from the risk of harm.
- The provider had not ensured there was a clear record in place to provide guidance to staff around how to protect people from specific risks, including falls, skin integrity and catheter care. The provider's governance systems had not identified this gap in recording and documentation.
- The provider had not developed systems to ensure that care plans were up to date and accurate, clearly outlining the needs of people receiving the service and care being provided by staff.
- Systems were also not in place to ensure regular reviews of people's care needs and their care records were taking place. The provider's governance systems had also failed to identify these concerns. For example, the support one person needed with their continence care had changed although this had not been updated in their care plan.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked with people and their families to provide a person-centred approach to the care delivered, however this was not consistently recorded in people's care plans.
- The quality compliance manager told us they use people surveys to involve and engage people. We saw

the response to the last survey was 81% positive with none of the returned surveys highlighted any actions required.

- Staff told us they felt supported in their roles, one staff member told us, "They do take care of us." Another staff member told us, "If I'm stuck with something or we need support, the management are very supportive."
- One person told us, "Yes I like the manager I have no problem with the manager they are really nice to me." A relative told us, "Management is very good and keeps good contact with me. Very helpful."

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

- The duty of candour places a legal responsibility on organisations to be open and honest when things go wrong. The care manager and quality compliance manager were open and transparent, being fully receptive to feedback throughout the inspection process.
- The care manager and quality compliance manager told us they understood their responsibility to apologise to people when things go wrong.

Working in partnership with others

- The provider worked in partnership with professionals involved in people's care including district nurses and doctors.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and mitigate known risk to people. Regulation 12 (1) (2) (a) (b)</p> <p>The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective and robust monitoring systems in place. Regulation 17 (1)

The enforcement action we took:

Issued Warning Notice