

Renaissance Personnel Limited

# Renaissance Personnel Ltd (Kentish Town)

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Renaissance Personnel Ltd (Kentish Town) provides personal care and support to people living in their own home. There were 18 people using the service and receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service and relatives who we spoke with expressed a good degree of satisfaction and confidence with how the service was run, and not least the caring nature of staff.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service. Medicines were managed safely, management of medicines was risk assessed and there was training and guidance provided for care workers.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe. There was evidence of on-going and relevant staff training. People's nutritional needs were met. 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.

There were methods of monitoring the quality of the service in place and this had improved since our previous comprehensive inspection. Regular checks and audits had been carried out, for example, in areas related to health and safety, medicines management, infection control and management of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection - The last rating for this service was Requires Improvement (Report published 29 March 2019).

### Why we inspected

We carried out a short notice announced focused inspection of this service on 15 December 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 HSCA RA Regulations 2014 Safe care and treatment and Regulation 17 HSCA RA Regulations 2014 Good governance.

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

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led which contain those requirements and recommendations contained in the previous comprehensive inspection report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection as the service had addressed the areas of improvement that had previously been required.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Renaissance Personnel on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

The service was effective.

Details are in our effective findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Renaissance Personnel Ltd (Kentish Town)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this focused 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 comprised of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They conducted telephone interviews with a selection of people using the service and relatives.

#### Service and service type:

This service is a domiciliary care agency. It provides support to adults living in their own homes in the community. At the time of inspection 18 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection, but due to a suspected Covid 19 among a member of the service's office staff team the inspection visit was then re-arranged for two weeks later than originally planned. The reason for giving the service notice of the inspection was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with sixteen members of staff including the registered manager, assistant manager and care workers. We also contacted the local authority that commissions the service.

We reviewed a range of records. This included five care and medication records. We looked at four staff records in relation to recruitment and staff supervision.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At our previous inspection we had found that the service 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 were currently prescribed, and the medicines administration charts were not always accurate or clear.
- At this inspection we found that this situation had improved. Medicines administration recording now showed that people's medicines were now managed safely.
- Some people who used the service were assisted by care workers with their medicines. We saw that care workers had received training in how to support people with their medicines and following the training their competency was assessed. This ensured only care workers with the right skill and knowledge assisted people with their medicines and one person told us that care staff did help them with their medicines.

### Staffing and recruitment

- Care workers had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service, which included at least two references, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The provider followed government guidance in ensuring that care workers and staff who were from the Black, Asian minority ethnic (BAME) community had a separate COVID19 risk assessment carried out. This was to ensure that risk was minimised for staff who were exposed to the virus.
- At our previous inspection some staff told us that they did not have enough time to travel between visits to people. Staff rotas now showed that care worker visits were better planned with space between bookings to allow for travel time. No staff we had contact with raised any concern about reaching calls on time or having enough time to meet people's needs. People using the service and relatives did not have any concern about staff visiting at the time they were expected to arrive.

### 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, "I only have females visit, one carer each time. My regular care worker washes me every single time and prepares evening meals, leaving me snacks during the day too. she looks after me very well." A relative said, "For me, its peace of mind knowing that [relative] is being seen by another human being at least once a day. Having that trust making sure they know what they're doing to support [relative]."
- There were systems in place to guide staff on what action to take if they thought a person was at risk of

harm. These included safeguarding training and safeguarding policy outlining staff responsibilities around protecting people from harm from others.

- When required, the service had raised safeguarding concerns with the local authority and worked with them to ensure people were protected from harm. Safeguarding concerns that had arisen had been reported to CQC, although we note that since our previous inspection none of these concerns were about care provided by the service.

#### 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, or sooner if a change to a person's needs had required their risk assessment to be reviewed and updated.
- 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 that required use of a specialist equipment, such as a wheelchair or hoist, instructions on how to use the equipment safely was available for staff.

#### Preventing and controlling infection

- Staff received infection control training, including Covid 19 training, and they followed appropriate infection control measures when supporting people. PPE (Personal Protective Equipment), such as disposable face masks, gloves and aprons had been made available for staff to use. Staff told us that they had been supplied with all of the PPE they needed, not least during the pandemic, and that the service ensured that they had a continuous supply.
- People's care records showed the level of PPE people usually required, although during the pandemic this had been extended to cover what staff were required to wear to minimise the risk of virus transmission. The feedback we received from staff demonstrated a high degree of confidence by staff that the service was doing all that they could to mitigate against the risks of Covid 19 infection.
- One person specifically told us "I don't like having different people due to the COVID-19 situation, but all care staff are regular. Staff do wear appropriate clothing at all times."
- A relative told us, "It's luck with carers and we've got a really good person that we like, there's nothing that bugs me about Renaissance Personnel and social distancing is good."
- A care worker told us in detail that "The way the branch manager had worked and is still working tremendously with us during the unexpected COVID-19 pandemic. It is amazing to witness and there has been a solid strategy from the very start with a clear, accurate and updated information that guaranteed the safety of all carers was put first and we were well protected."



# 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.

- During our last inspection we found that care plans did not always provide information in respect of decisions people who use the service can make on their own. We asked the provider to seek further training, based on current best practice, on how to work with the principles of the MCA.
- During this inspection we saw that the service had updated their care records and provided care workers with more detailed information in respect of the decisions people were able to make independently.
- We saw that mental capacity assessments had been carried out and if required best interests discussions were held. These discussions took place with relatives, and other professionals if required, to decide what should be done in people's best interests to support them.

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

- Care records showed that people's needs were assessed at the start of the care package. People were involved and consulted with during the assessment process. People's care needs and preferences had been discussed with them before they started receiving care from the service.
- Information gathered during the assessment was used to formulate individual care and support plans for people.
- Care and support plan's included information about people's needs and their goals as well as action required by care workers to help support meeting people's needs.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were consistently recorded. As an example, if

someone required a member of staff who had the ability to speak a person's first language the registered manager told us this would be accommodated if at all possible, although at present this was not needed.

- Care workers completed detailed progress notes for each visit, recording the care and support provided to help the service track and review people's progress.

Staff support: induction, training, skills and experience

- Care workers had knowledge of people's care and treatment needs and were skilled and confident in their practice. Training was comprehensive and up to date, which we saw from records we viewed. Training included, moving and handling, medicines management, safeguarding and Mental Capacity Act 2005 (MCA). Staff had also received training and guidance to support them in their work during the Covid 19 pandemic.
- New care workers had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New care workers shadowed experienced members of staff until they felt confident to provide care on their own.

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

- Some people required assistance to eat and drink, although this was usually heating up pre-prepared meals and assistance for people to have a drink. This had been recorded in people's care records and progress notes which showed clearly when people had received support for their care worker to do this.
- At our previous inspection we had noted that people's individual daily fluid intake goals had not been provided on monitoring charts when this was needed. This had improved and records were kept of food and fluid intake if particular service users needed this as a part of monitoring their day to day well-being.

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

- The service worked closely with local commissioning groups, GP's and other relevant health care professionals. We saw in records that the service responded to peoples changing needs, by contacting the social worker and asking for a reassessment to ensure people received the correct care package.
- 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 from such things as minimising the risk of pressure ulcers developing and ensuring that people's toileting needs were attended to.

# 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

- The senior management team was aware of their regulatory responsibilities. At our previous inspection we had identified that the services's monitoring system had not always ensured the high quality of care as required by the regulations. This has improved and the monitoring systems in place demonstrated that oversight of service was being maintained.
- Quality audits had improved since our previous inspection. The previous shortfalls 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 had all been addressed.
- The registered manager had informed the Commission about all relevant events related to the operation of the service.
- We had, at our previous inspection, identified issues with the storage of documentation related to people's care. Documentation in staff and people's care files was now well organised and readily accessible.

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

- The people using the service and relatives who we spoke with confirmed that the service had regularly sought their feedback and opinion about the care provided.
- One person told us about their experience in detail and said, " I would recommend this service to others, it's very important to treat staff well, it's a tough job. Having good member of staff is a godsend. I wouldn't know what to do without them. I have nobody else so I'm very appreciative that somebody visits me, not to mention the social interaction otherwise isolation would be terrible."
- Records we looked at showed the agency asked people about their feedback, which confirmed what people had told us. This was achieved by periodic 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, although did not give us an example, "Yes, I have been asked for feedback and suggestion. Some of what I have suggested has been implemented. The managers listen a lot."
- Comments that people and relatives made to us referred to how readily they were able to get in touch with

the service and they had received a suitable response to whatever they had raised.

#### Continuous learning and improving care

- The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place.
- A formal spot check system was in place although visits to see people in their own homes had not been possible due to the Covid 19 safety measures the service had established. There was a live monitoring system to ensure that calls were being made at the correct time, not missed and if any delay to a visit was occurring that the individual situation could be quickly responded to.
- Phone calls to people using the service and relatives had continued and we were shown evidence of what people had fed back to the service and any subsequent action taken as a result. Almost all feedback that had been provided was positive, aside from minor issues, and almost entirely highly complementary about the caring attitude of staff.

#### Working in partnership with others

- A local authority told us about how flexible the service had been when requested to provide services to new people and continuing to support longer term people during the pandemic.
- The service liaised effectively with other health and social care professionals to ensure that people's needs were met.
- Care staff were provided with advice and guidance by the registered manager. The service was clear about the expectation that care staff would make contact if there were any matters that needed to be raised in order to continue to care for people safely and well.
- Care workers we had contact with all told us that the systems in place enabled them to easily get in touch with the service and received support. They also told us that they were contacted regularly by senior managers at the service to check how they were managing, not least during the pandemic. A member of staff told us "The service is safe, and clients are well supported. I feel supported by the office team as an employee. Safety and standard of care for my clients is good."