

Resjes Ltd

Resjes Ltd

Inspection report

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Date of inspection visit:
29 April 2021

Date of publication:
11 June 2021

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

Resjes Ltd is a domiciliary care agency. People received support in their own homes. The provider informed us they were also providing personal care to people in a supported living setting. Following the inspection, the provider put in an application to add supported living to their service type.

At the time of the inspection, the service was supporting one person in the community and two people in a supported living setting. All were in receipt of the regulated activity of 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

The provider had day to day oversight of the service but lacked robust governance systems which would provide them with assurances that people's care needs were being delivered safely and effectively.

Risks to people had been identified but the appropriate risk assessments and guidance for staff had not been put in place to ensure people's care needs were safely and consistently met. Risks in relation the medicine administration had not been assessed. Recruitment of staff was not always robust.

People were supported by a consistent group of staff. Relatives were highly complimentary of the service and the care and support their loved ones received. Relatives told us the provider was approachable and were confident if they raised any concerns, they would be dealt with appropriately.

Staff had access to Personal Protective Equipment (PPE) and relatives confirmed it was worn when caring for their loved ones, in line with the latest government guidance. Staff understood the importance of this and felt supported and valued by the provider.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The supported living service looked like a family home and was decorated to reflect

this. People were supported to access local amenities. The provider was working to ensure people had personalised care plans which reflected their needs and preferences. The provider was signposted to further guidance regarding supported living services including information on tenancy agreements and ensuring contracts for care demonstrated a clear separation between the delivery of care and the accommodation.

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

This service was registered with us on 20 August 2019.

Why we inspected

This was the first rating inspection for the service.

We found evidence the provider needs to make improvements. The overall rating for the service is requires improvement. This is based on findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

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.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Resjes Ltd

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 who visited the office on 29 April 2021 and made telephone calls on 4 May 2021.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider was also providing care and support to people in a supported living setting.

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We did not ask for a 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, two care staff and a professional who worked with the service. We spoke with

two relatives of people [who could not talk with us] who use the service about their experience of the care provided. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. We also looked at daily records and records relating to the management and quality assurance of the service. Following the inspection, the provider supplied us with additional information that we requested.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Care records did not consistently hold the same level of detail regarding the risks to people and how to support them safely. Two out of three care plans held detailed information, but another file did not hold the same level of information. However, all staff spoken with knew how to support this person with their care.
- One person had been identified at risk of choking. Staff were aware of the risk and were able to describe the actions they took to reduce to risk of choking, but there was no risk assessment or care plan to advise staff on how to support the person safely at mealtimes. Immediately after the inspection, the provider contacted the Speech and Language Therapy team (SALT) to ensure they were supporting the person correctly at mealtimes. Following the inspection, we received confirmation that the SALT team were satisfied with the current arrangements in place to support the person at mealtimes.
- Although staff knew how to support a person with the risks associated to a particular medical condition, there was no information on the person's file to ensure all staff were following the same guidance. This meant the person was at potential risk of not being supported safely.

Staffing and recruitment

- The provider's recruitment processes were not robust and staff files did not contain copies of references, staff application forms or work history.
- Staff spoken with confirmed they had provided two references prior to being appointed. We discussed this with the provider who advised they had taken references over the phone but had not recorded what they had been told.
- Staff confirmed that other safety checks including Disclosure and Barring Service (DBS) checks had been carried out prior to commencing in post. These are checks to ensure staff are suitable to work with people. One member of staff told us, "I had to wait a month before I could start."
- Relatives told us their loved ones received the support they needed from staff at the right time. One relative commented, "They [care staff] know how important it is to arrive on time and they are always a little early or on time so that [person] does not get upset."

Using medicines safely

- Two people were supported with their medicines. A Medication Administration Record (MAR) was in place for one person, which demonstrated staff had signed and administered all medicines as prescribed. However, a MAR was not in place for the other person. The provider explained that despite several calls to the pharmacy, they had not received a copy of the MAR and were unsure how to proceed. Following the inspection, the provider created their own MAR chart to record when the person's medicines were administered.

- Two people were prescribed medicine that had to administered on an 'as required' basis (PRN). Staff were aware of the circumstances in which to administer this medication, but there was no information on file to confirm this or how the usage should be monitored. Following the inspection, the provider informed us this work had been completed.
- A relative told us they had no concerns regarding the support their loved ones received with the medicines and confirmed there had been no instances of missed medication.

Preventing and controlling infection

- The provider had ensured staff had received guidance and training in how to don and doff PPE in line with the latest government guidance.
- Staff confirmed they had access to supplies of PPE and relatives spoken with confirm staff wore PPE when supported loved ones.
- The provider had in place a robust cleaning schedule to ensure the vehicle used to transport people to different activities was thoroughly cleaned after each use.
- The provider had accessed COVID-19 testing for staff every two weeks. We informed the provider the frequency of this testing should be weekly and signposted them to resources to develop their approach and ensuring all guidelines are consistently followed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the types of abuse people would be at risk of and were aware of their responsibilities to report and act on these concerns. One member of staff told us, "I would report to the manager any concerns – I can always get hold of them, and I would contact the person's social worker."
- Relatives spoken with told us they felt their loved ones were safe. One relative said, "I feel [person] is 100% safe because [manager's name] selects the best people to look after them."

Learning lessons when things go wrong

- Staff were aware of their responsibilities to report any accidents or incidents. We were told to date, there had been no incidents to report. We discussed with the provider the need to ensure a system was in place to capture this information and analyse it for any lessons to be learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to the service providing care. Relatives spoke highly of the comprehensive assessment that took place. One relative said, "I was very impressed, it was a very thorough assessment. We went through all [person's] history, never had that experience with previous placements. With Resjes, right from the start I have been amazed with how much they asked and looked at and what they have been doing for [person]."
- Relatives told us they were very happy with the care and support their loved ones received. One relative said, "It's a dream to have this service for [person], they can finally enjoy life."
- From our conversations with staff it was clear they had a good understanding of people's needs, their preferences and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff told us they felt fully supported by the provider and had regular supervision meetings with her which were helpful and supportive. One member of staff said, "Only last week we had a meeting; the manager is very approachable."
- Staff told us they had not received any formal additional training in the last 12 months due to COVID-19. However, they told us the provider had ensured they had the appropriate guidance and support needed and where classroom training was not available, the provider had put on training herself, for example with regard to the wearing of PPE.
- Relatives spoke highly of the staff who supported their loved ones. One relative commented, "Getting the right people with the right experience and knowledge of autism is so vital and they have those people, they have turned [person's] life around and I've never seen them so happy."

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

- Relatives spoken with confirmed they had no concerns regarding their loved one's diet and the support provided. A member of staff spoke positively regarding the improvements in one person's appetite since they had been supported by the service.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and staff worked closely with other professionals to ensure people received the most appropriate care and support. Relatives confirmed their involvement in these meetings and the positive outcomes for their loved ones.
- A social worker told us, "I have been out and visited [person] and it was all very positive. This is the old [person's name] we know. They [care staff] have done a very good job in terms of supporting them."

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

- Staff were aware of people's healthcare needs and we saw evidence of action taken to report any concerns to the appropriate healthcare professionals.
- Staff were aware of the actions they should take should a person become ill. A member of staff told us they did not have direct access to the GP phone number for one individual but would contact the provider if they needed it or ring 111. We spoke with the provider regarding this and following the inspection they ensured staff had access to this information.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- At the time of our inspection, no one was being deprived of their liberty.
- Staff understood the importance of gaining people's consent before providing them with care and support. Relatives spoken with confirmed this to be the case.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- Relatives told us staff were kind and caring. One relative told us, "The [care staff] genuinely do care. I didn't think it was possible to have that [good care] and their life would end with this happy ending and something wonderful." Another relative described the efforts made by the provider and staff to ensure their loved one and family members were able to celebrate a special birthday. They told us, "I was so surprised they decorated the house and balloons were everywhere, they had a BBQ for them. I was so impressed I did not expect that. They even got presents for them and they bought them some nice things."
- The provider worked alongside care staff to support people and knew people well. Relatives commented positively on this and told us they and their loved one had a good relationship with both the provider and the care staff.

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

- Staff spoke positively and provided a number of examples of how they communicated with people and supported them in making their own decisions, for example, where they would like to go, what they would like to eat and what they wished to wear that day.
- Relatives confirmed loved ones were supported to make their own decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- One relative told us, "They [care staff] treat [person] with dignity and respect, I only wish other parents knew that there are good services like this out there." Both the provider and staff spoke in a caring manner of the people they supported and took a pride in people's achievements.
- People were supported to develop and maintain their independence. One member of staff described how a person had been supported to buy their own lunch and what a wonderful achievement this was for them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans held personalised information regarding how they wished to be supported. A relative told us, "Everything that is important to [person] was considered [in the care plan] and there are regularly reviews." Another relative said, "They [care staff] understand the importance of time keeping and keeping [person] informed."
- Relatives told us the provider spent time with them and their loved one, pulling together information to build up a picture of what was important to them and how they wished to be supported. One relative told us, "I was impressed it was a very thorough assessment, went all through [person's] history and previous placements."
- The provider was aware of the need to ensure people were involved in the decision-making process about new people coming to live at their home.

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 was not fully aware of AIS, but they were able to describe how they and their staff were meeting people's communication needs. Relatives spoken with confirmed this and spoke positively of the impact of this. One relative told us how picture cards were successfully used to help communicate successfully with their loved one.

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

- People were supported to maintain contact with their loved ones. The provider had worked to ensure each person maintained contact with the people who were important to them.
- People were supported to access the community and outdoor spaces such as local parks on a daily basis.

Improving care quality in response to complaints or concerns

- At the time of the inspection the service had not received any complaints.
- Relatives told us they were happy with the service and were confident if they raised a complaint, they would be listened to and it would be dealt with appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Governance systems in place had failed to identify issues raised on inspection and this posed a potential risk to people's safety.
- Governance systems had failed to identify care plans did not consistently hold information which would provide staff with guidance on how to meet people's needs. Risks were identified and staff were provided with information on how to manage the risk, but this was not documented on people's files.
- Governance systems had failed to identify staff files were incomplete and did not hold the necessary information including references and work history.
- Governance systems had failed to identify medication care plans and PRN 'as required' protocols were not in place which would provide staff with information on how to administer medication safely.
- The provider was not aware of the need to register to add supported living as a service type to their registration and their statement of purpose did not reflect this.

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

- Following the inspection, the provider submitted an application to register supported living as part of their registration. They told us they commenced work to address the concerns raised on inspection and provided us with a number of examples to evidence this.

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

- Relatives spoke highly of the service and told us they would not hesitate to recommend it. One relative told us, "I would definitely recommend. It's a dream to have this service for my son."
- Daily records provided a comprehensive picture of each person's day, including their feedback on activities and how they wished to spend their time. This information was reviewed by the manager to ensure people were receiving a quality service that met their needs.
- Relatives told us they were regularly involved in reviews of their loved one's care and kept fully informed of any changes in their care needs. One relative told us, "I have full confidence [in the service] as soon as I call [the provider] she always answers, even if she missed a call she rings straight back. She keeps me informed and always lets me know even little things." However, care files seen did not reflect this information.

- Relatives told us they had no concerns regarding the service and found the provider to be approachable and supportive. One relative described how receptive the provider had been to any suggestions they had put forward, which they found very reassuring. They told us, "Any small thing I raised, they made sure they addressed and I noticed pretty quickly that I didn't have to worry, as the more time [person] spent with care staff the more confident they became."

- Staff told us they received regular supervision and felt well supported by the provider and their colleagues. They told us the provider was accessible and approachable and listened to their suggestions and took them on board.

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; Continuous learning and improving care

- The provider was open and honest throughout the inspection and took on board the findings of the inspection. They were keen to address the issues raised and commenced this work immediately following the inspection.

- We suggested to the provider they familiarise themselves with the relevant guidance regarding supported living services. We advised they consider the relevant guidance including Right Support, Right Care, Right Culture, The Real Tenancy Test and Reach standards and to update their statement of purpose accordingly. The provider advised this work would be completed soon after the inspection.

- The provider worked alongside care staff to deliver care. The provider had a good relationship with service users, relatives and staff and was highly thought of.

- The provider advised the former registered manager had left the service and documentation had been lost during this period. The provider had taken on the role of manager and had worked hard to replace this paperwork and ensure staff were aware of people's needs.

- The provider had a clear vision for the service and was passionate about the support and care both she and her staff provided. Staff were on board with the provider's vision to support people to live full, independent lives.

Working in partnership with others

- We spoke with other professionals and agencies regarding the service who confirmed they had no concerns regarding the service. One professional praised the service for the support they had provided to one of the service users, they told us, "They [care staff] have done a very good job in terms of supporting [person]." We saw correspondence from other professionals reflecting on the positive impact the service had had on the life of a particular service user.

- We saw the service worked closely with a variety of professionals in order to meet the needs of the people they supported. The provider told us, "I intend to improve to learn and produced something so good for our community."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Processes in place to monitor, audit and assess the quality of the service were not robust enough to identify all areas requiring improvement that were found on inspection.</p>