

Reliable Personnel 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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 4 September 2015 and was announced. We told the registered manager two days before our visit that we would be coming to ensure they would be available. The last Care Quality Commission (CQC) inspection of the service was carried out on 4 February 2014, where we found the service was meeting all the regulations we looked at.

Reliable Personnel Limited provides personal care and support to people living in their own homes. There were

six people receiving domiciliary care services from this agency when we inspected. This included older people, one of whom was living with dementia, and younger adults with learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were risks that people's needs may not always be met because staff were not always suitably trained or supported by the provider to carry out the roles they were employed to perform. We also found the provider's staff recruitment procedures were not operated effectively. This was because the registered manager had not undertaken all the relevant pre-employment checks on new staff. This meant people using the service were at risk of receiving care and support from staff who might not be fit to work in this sector. Furthermore, the provider had not established good governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. This included having no formal processes in place to seek and act on the feedback received about the agency from people using the service, those acting on their behalf and staff. This meant the provider could not continually evaluate their service, and where required, drive improvement.

We identified three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Despite these breaches people using the service and their relatives told us they were happy with the staff who worked for the agency and the standards of the care and support they provided. They said their carer's always turned up on time, stayed for the agreed length of time and completed all the personal care and support tasks as agreed. People also said staff were always kind and caring and never failed to respect their privacy and dignity.

People told us they felt comfortable and safe when staff from the agency visited them in their own home. The registered manager and staff knew how and when to

report abuse or neglect if they suspected people were at risk. Where risks to people had been identified staff had been provided with guidance about how to manage them in order to keep people safe.

People were supported to keep healthy and well. Risks to people's health, safety and wellbeing had been identified and steps were taken to minimise these without restricting people's choice. Care workers were given guidance on how to minimise identified risks to people and to keep them safe from harm or injury in their own home. People were encouraged to drink and eat sufficient amounts to reduce the risks to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew when to prompt people to take them.

People were involved in making decisions about their care and had care plans that focused on their needs and preferences. People had agreed to the level of support they needed and how they wished to be supported. These plans provided staff with guidance about how people's needs and preferences should be met. When people's needs changed, the registered manager responded and reviewed the care provided.

People told us they felt comfortable raising any issues they might have about the agency with the registered manager. The service had arrangements in place to deal with people's concerns and complaints appropriately.

Enough staff were employed by the agency to care and support the people using the service. The registered manager matched people with care workers who were able to meet their specific needs and preferences. Staff had a good understanding and awareness of people's needs and how these should be met.

Summary of findings

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.

People were at risk of receiving inappropriate care and support from staff who might not be fit to care for them. This was because the registered manager had failed to always carry out all the necessary recruitment checks on new staff before they started working for the agency.

People told us they felt safe using the agency. There were robust safeguarding procedures in place and staff understood these and what abuse was and knew how to report it. Plans were in place to minimise known risks to people to keep them safe from injury and harm.

There were enough staff to meet the needs of people using the agency.

People were prompted to take their prescribed medicines at times they needed them.

Requires improvement



Is the service effective?

The service was not always effective.

People's needs may not be fully met because staff were not suitably trained or supported by the provider to effectively carry out the duties they were employed to perform.

The registered manager was aware of their responsibilities in relation to obtaining people's consent. They ensured people had capacity to make decisions about specific aspects of their care and support.

Staff supported people to stay healthy and well by monitoring that they ate and drank sufficient amounts.

Requires improvement



Is the service caring?

The service was caring.

People said staff were kind and supportive, and always respected their privacy and dignity.

Care was focused on what was important to people and how they wanted to be supported.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans set out how these needs should be met by staff.

Care plans reflected people's individual choices and preferences and were regularly reviewed and updated to ensure they remained current.

Good



Summary of findings

The service had systems in place to deal with people's concerns and complaints in an appropriate way. People felt able to raise their concerns with staff and were confident they would be listened to.

Is the service well-led?

The service was not always well-led.

The provider had not established effective governance systems to routinely assess, monitor, and where required, improve the quality and safety of the service people received. This included not seeking and acting upon the view of people using the service, their relatives and staff. This meant the provider could not continually evaluate their service, and where required, drive improvement

The registered manager was aware they had a legal obligation to notify us about important events that affect the people using the service.

Requires improvement



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 September 2015 and was announced. We told the registered manager two days before our visit that we would be coming to ensure they would be available. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service such as notifications they are required to submit to Care Quality Commission.

During our inspection we telephoned two people who received services from the agency and four other people's relatives. We visited the agency's offices and spoke in person with the registered manager, who is also the owner of Reliable Personnel Ltd, the new quality assurance manager, two care workers and a member of business support staff. We also looked at various records that related to people's care, staff and the overall management of the agency. This included six people's care plans and eight staff files.

Is the service safe?

Our findings

Staff's suitability and fitness to work for the agency was not always robustly checked by the provider. Three staff files we looked at did not contain enough information about these individuals' character or previous work experience. This was because the provider had failed to always obtain two employment references from staff's previous employers' before they started working for the agency. We also received mixed comments from staff about the way they were recruited. While one member of staff told us they had been asked to provide the agency with references from their former employers, another member of staff said they had started working before the agency had seen their previous employment references. The registered manager acknowledged that they had allowed some staff to commence working for the agency before they had obtained two employment or character references in respect of them. This meant people using the service were at risk of receiving care and support from staff who might not be suitable to work in this sector. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these issues other records showed the provider had undertaken other relevant employment checks they were legally required to carry out on all new staff. This included seeking evidence of a candidate's identity, eligibility to work in the UK, criminal records checks and qualifications.

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe receiving services from this agency. One person told us, "I'm very happy with the staff who visit me in my house." Another person's relative said, "We have the same staff come here so I'm really familiar with them. I have every confidence my [family member] is safe in their hands." The provider had a policy and procedure in place which set out the action staff should take to report a concern. We saw contact numbers for local authority safeguarding adult's team's the registered manager or staff could report any concerns they might have too. Other records showed us staff had received up to date safeguarding adults training. It was clear from discussions we had with the registered manager and staff that they knew what constituted abuse and neglect, how to recognise these signs and who they should report them to.

The provider identified and managed risks appropriately. People's care plan each included a personalised set of risk assessments that identified the potential hazards they might face. This included a risk assessment associated with people's home environment, moving and handling and eating and drinking. Staff demonstrated a good understanding of the risks people faced and how they could support them to stay safe. One member of staff was able to give us a good example of how an individual's moving and handling risk assessment provided them with all the guidance they needed to meet this person's mobility needs. Where new risks had been identified, people's records were updated electronically so that staff had access to up to date information about how to ensure people were appropriately protected.

The agency employed sufficient numbers of staff to keep people using the service safe. The comments we received from people using the service and their relatives about the agency were positive. Typical feedback included, "The staff who come to my house always turn up on time", "I have the same staff come to my house on a regular basis; who are all excellent by the way" and "My carer's always complete what they are meant to and more often than not will do that little bit extra for me if I ask them nicely". We saw the staff rota for the service was planned in advance and took account of the level of care and support people required in their home. Staff told us the registered manager coordinated their visits well, which ensured they usually arrived on time and completed all the tasks agreed as part of the care package. The registered manager told us staffing levels could be adjusted accordingly to meet people's needs.

People received their prescribed medicines on time. We saw care plans each contained a medicines management risk assessment. Care plans we looked indicated whether or not a person needed any staff support to take their medicines safely. The registered manager told us staff were required to read the agency's medicines policies and procedures as part of their induction. Staff we talked with confirmed they had read these policies and received medicines training, which they all said had given them enough knowledge about this aspect of their work.

Is the service effective?

Our findings

Staff had not been appropriately trained to carry out the care duties they were employed to perform. Although people using the service and their relatives typically described staff as being competent and good at their jobs; staff records indicated that not all staff who worked with people with learning disabilities or who were living with dementia had received any training in these key aspect of their role. This was confirmed by discussions we had with the registered manager and two members of staff. Records also showed that most staff had not received up to date moving and handling or Mental Capacity Act (2005) training, which the registered manager and quality assurance manager both confirmed. One member of staff told us, “The induction I received was excellent, but I think we could have more opportunities to update our training though”. This meant people using the service might not have their needs met because some staff had not received key training in some aspects of their role. We discussed these gaps in staff training with the managers who agreed to develop a time specific action plan to ensure all staff were suitably trained to carry out the duties they were employed to perform.

Staff did not always receive the right levels of support and supervision from the provider and had not had their overall work performance appraised annually. Records showed staff had not attended any formal one to one supervision meetings with the registered manager or had their overall work performance appraised in the past 12 months. This was confirmed by staff we spoke with. The registered manager acknowledged they had not arranged for any staff to attend an individual or group meeting with him since 2014 and nor had anyone’s work performance been appraised for some time. This meant staff did not have enough opportunities to review their working practices or look at their personal development. We discussed this lack

of support for staff with the registered manager and the quality assurance manager who both agreed to ensure staff had greater opportunities to review their working practices and professional development. These shortfalls in relation to staff training, support and work performance appraisal were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had received training in relation to the Mental Capacity Act 2005 (MCA), although they acknowledged none of their staff team had. The registered manager was aware of their role and responsibilities in relation to obtaining people’s consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support. Records showed there was clear involvement and discussions with people about the care and support they wanted and the decisions people made about this were documented. People’s care and support plans reiterated the need for staff to ensure they sought people’s consent before they provided any care or support.

There were arrangements in place to ensure people using the service were supported to eat and drink sufficient amounts. People were supported to access food and drink of their choice. Much of the food preparation at mealtimes was done by family members, and staff were required to ensure meals and drinks were either heated up or accessible to people using the service. Staff also told us that if they had any concerns about a person’s fluid or food intake they would report it to the registered manager.

People were supported to remain in good health. We saw staff documented in people daily records their observations and notes about people’s general health and well-being. They noted any concerns they had about people’s current health and the action they had taken as a result such as notifying the registered manager.

Is the service caring?

Our findings

People using the service and their relatives told us they were happy with the standard of care provided by the staff who worked for this domiciliary care agency. People described staff as kind and caring. Typical feedback we received included, “This is an outstanding agency”, “All the staff who visit us are lovely” and, “I would recommend this agency to anyone who asked. I would give them ten out of ten”.

People told us the registered manager and staff treated them well and always respected their privacy and dignity. One person’s relative said, “The staff are always so polite and pleasant when they call.” People also told us staff asked for permission before they carried out any care and when they provided this, it was done respectfully. In our conversations with staff they spoke about the people they regularly supported in a respectful and affectionate way.

Staff understood and responded to people’s diverse cultural and spiritual needs in an appropriate way. One person’s relative told us how the agency respected their [family member’s] cultural and spiritual needs and were able to give us good examples of how staff prepared meals that reflected their cultural and religious heritage. Records showed staff had received equality and diversity training, which helped them understand the importance of

respecting people’s needs. Staff we spoke with demonstrated a good understanding of the various cultural backgrounds and religious needs of people using the service. For example, one member of staff was clear about the dietary needs of some people from a particular ethnic background. The registered manager told us they always considered the communication needs and cultural heritage of the people using the service when deciding which members of staff would have the right mix of knowledge and skills to provide their support. The registered manager was able to give us an example of how they had matched one member of staff with someone using the service with a similar cultural heritage.

Prior to using the service, people were provided with detailed information about the service, which included the different support packages that were available to them if they chose to use this agency. One person’s relative told us, “The manager came to see us at home to assess my [family member] and to explain what domiciliary packages of care they could offer us.” It was clear from comments we received from people using the service and their relative’s that they felt involved in making decisions about the care and support they received. This was because the registered manager had listened to what they had said and had given people enough information to help them understand what the agency could offer them.

Is the service responsive?

Our findings

People received care and support in a person centred way. We saw care plans had been developed for everyone using the service. People we talked with said they had been given a copy of their care plan, which they kept in their own home. The registered manager gathered information about people's life histories, strengths, wishes and needs during the initial assessment process which they used to develop a person centred care plan with them. People's views and preferences for how care and support should be provided were respected. For example, people told us their care workers respected their wishes and delivered their support at the times requested by them.

Staff were knowledgeable about the people they supported. People using the service and their relatives told us they usually had the same carer's which meant staff were familiar with their needs, preferences and daily routines. Staff we talked with told us care plans were always available in people's homes and provided them with all the information they required to meet their needs. One member of staff said, "I think the new care plans are much easier to use and understand compared to the old format we had."

People's care and support needs were reviewed with them regularly. People were able to discuss with staff whether the care and support they received continued to meet their specific goals and aspirations. Where any changes were identified to people's health care needs, their records were

updated promptly so that staff had access to up to date information about how to support them. It was also clear from discussions we had with staff they were aware that if a person's needs had changed they had to update the individual's care plan to ensure it remained current and relevant to the needs of that person. The registered manager gave us an example of recent amendments they had made to a person's moving and handling assessment so it continued to accurately reflect changes in this individual's mobility needs.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People said they knew how to make a complaint and were confident the registered manager would take their concerns seriously and deal with it quickly. One person's relative said, "No complaints at all about the care provided by this agency, and if I did, I'm sure the manager would try and resolve my concerns as quickly as he could." Information about how people could make a complaint was detailed in their "service user guide", which people were given a copy of when they first started using the agency. The procedure set out how people's complaints would be dealt with and by whom. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording all actions taken to resolve these.

Is the service well-led?

Our findings

The provider had not established effective governance systems or processes to routinely monitor and improve the quality and safety of the service people received from the agency. We found no recorded evidence to demonstrate the provider regularly audited the service to assess, monitor and improve the quality of care and support people received. For example, no formal processes had been established to routinely spot check and observe staff working practices or assess the effectiveness of the agency's staff recruitment procedures, staff record keeping or the training and support they received. The registered manager and office based staff also had difficulty locating some of the records we requested during our inspection. This was because this information was either missing or had been misfiled. For example, some staff's criminal records and Disclosure and Barring Service (DBS) checks could not always be accessed quickly by the registered manager because of the way this information was kept in various folders and filing cabinets in the office. We discussed these issues with the registered manager who acknowledged the agency's informal governance systems were ineffective. They told us they had recently recruited a quality assurance manager to establish and operate effective governance and auditing processes.

The provider had also not established formal processes to obtain the views of people using the service and their relatives about what the agency did well and what they could do better to improve. People using the service and their relatives we spoke with told us the registered manager had not asked them for their views about the service they received and how the agency might be improved. We discussed this matter with the registered manager and the newly appointed quality assurance manager who both agreed that to continually evaluate the service, and where required, drive improvement, they would need to establish more formal systems to ascertain and act upon views and suggestions.

Furthermore, staff did not have enough opportunities to express their views about the agency or learn lessons from incidents that took place. Records showed the registered manager did not arrange group meetings for staff to attend with their colleagues. No other systems were in place for gathering staff views. This was confirmed by discussions we had with staff and the registered manager. The registered manager and quality assurance manager both told us they felt staff would benefit from attending regular group meetings with their colleagues where they could discuss the care and support people received, incidents and what they did well to ensure everyone was aware what was happening at the agency and the improvements that were needed.

These issues represent a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the issues we identified in relation to the providers governance systems people typically described the staff and registered manager as "approachable". People spoke positively about the registered manager's approach to running the agency and about how accessible they were. One person's relative said, "The manager is always at the end of the phone if you need to speak with him." Staff also said they felt able to raise any concerns about the agency with the registered manager who they felt ran the agency well.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the service. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People using the service were at risk of receiving care and support from staff who might not be suitable to work with them. This was because the registered person had failed to undertake all the relevant recruitment checks on new applicants before they were employed to work for the agency. Regulation 19(3)(a)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People using the service were at risk of not always having their needs fully met. This was because staff had not received the support, training, supervision and work performance appraisal they needed to enable them to carry out the duties they were employed to perform safely and to the relevant standard. Regulation 18(2)(a)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not established good governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. The provider also did not formally seek and act on feedback from people using the service, those acting on their behalf and staff regarding their experience of the agency. Regulation 17(2)(a)(e)