

Reliable Personnel Limited

Reliable Personnel Limited

Inspection report

32 Crown Lane
Morden
Surrey
SM4 5BL

Tel: 02085408660

Website: www.reliablepersonnel.co.uk

Date of inspection visit:

16 September 2019

17 September 2019

Date of publication:

07 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Reliable Personnel Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection ten people were using the service. Most people using the service were older adults. The service also provided personal care to three younger adults with a learning disability or autism.

Nine out of the ten people 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

People told us they remained happy with the home care service they received from Reliable Personnel Limited. A quote we received from a relative summed up how most people felt about this home care agency, "We get the same carers who always arrive on time and treat my [family member] with the utmost kindness and respect."

Since our last inspection the provider had improved the way they checked the suitability and fitness of their new and existing staff team. People were supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. People received continuity of personal care and support from staff who were usually punctual for their scheduled visits and were familiar with their needs and wishes. People received their medicines as they were prescribed. The services arrangements for controlling infection remained effective.

People continued to receive personal care from staff who had completed training that was relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well.

Staff continued to treat people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. When people were nearing the end of

their life, they had received compassionate and supportive care from this agency.

People spoke positively about the way the registered manager ran the service. Governance systems continued to be operated effectively. Managers recognised the importance of analysing and learning lessons when things went wrong. The provider also promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. This all helped the provider continually improve their service. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection

The last rating for this service was Good (published 14 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reliable Personnel Limited on our website at 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes.

The service had a manager registered with the CQC, who also owned the business. 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 visit because we needed to be sure the registered manager/owner would all be available for us to speak with during our inspection. This two-day inspection started on 16 September and ended on 17 September 2019.

What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection

On the first of our inspection we received feedback about this home care agency from two people using the service, six relatives and two care workers we spoke with over the telephone. On the second day we visited

the providers office's and spoke in-person with the registered manager/owner and the deputy manager/senior administrator.

We also looked at a range of records that included four people's care plans, as well as four staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection

We received email feedback about this home care agency from a community pharmacist who had clients using the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider did not routinely check criminal records for all long-serving members of staff.

At this inspection we found the provider had taken the necessary action they said they would at their last inspection to improve the way they checked the on-going suitability and fitness of new and existing staff.

- We saw the provider now renewed long-serving staff members Disclosure and Barring Services [DBS] checks at three yearly intervals. A DBS is a criminal records check employers undertake to make safer recruitment decisions. In addition, the deputy manager told us they had introduced a new electronic monitoring system that automatically flagged up when staffs DBS check would need renewing in accordance with recognised best staff recruitment practice and the providers own staff policy.
- Staff files also showed us up to date pre-employment checks had been carried out in respect of all new staff that had started working for the service in the last 12 months. This included proof of their identity, full-employment history and health check, satisfactory character and/or references from previous employer/s, and where appropriate, their right to work in the UK, and an up to date Disclosure and Barring Services [DBS] check.
- People told us staff usually arrived on time for their scheduled visits, and when staff were running late, a manager from the office would always ring to let them know staff were on their way. A relative said, "Staff are normally on time for their visits, and on the rare occasions they're late for whatever reason, the agency will always telephone to let you know."
- Staff told us their scheduled visits were well-coordinated by the deputy manager. This ensured they had enough time to complete all the tasks they were supposed to on each scheduled visit and get to the home of their next client on time.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with their regular care workers. One person said, "I know my carers very well and feel safe in the house whenever they visit."
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I've recently refreshed my safeguarding training online and I've always known that I have to let the manager know if I think anyone we look after is being abused."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained detailed risk assessments and management plans which explained clearly what action staff needed to take to prevent or minimise risks people might face. This included, for example risks associated with people falling and their home environment in general, taking their prescribed medicines, not eating and drinking properly, developing pressure ulcers and managing their finances.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow, which helped them reduce these identified risks.
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by the registered manager.
- Managers routinely carried out audits on staffs' medicines handling practices during spot checks people's homes. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors or omissions were found on completed medicines records we looked at. A community Pharmacist told us, "Yes, we work closely with this agency to ensure several our clients receive their medicines safely."

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.
- Practice around infection control and use of PPE was checked by the registered manager when they carried out spot checks of care staff.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, staff had completed up to date awareness training in supporting people living with dementia or who had a learning disability, autism or mental health care needs. This ensured staff had the right levels of knowledge and skills to effectively meet the needs of everyone who was currently or had recently used the service.
- It was also mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant. One member of staff told us, "The training is great and the managers expect us to continually refresh it online." Several staff confirmed they had been given a staff handbook when they first started working for the service. This set out clearly the providers rules and their expectations regarding staff working practices.
- Staff had opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with the registered or deputy manager.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff always asked for their consent before providing any personal care. For example, a relative said, "Staff are very good at asking my [family member] what they would like and respecting her wishes if she says no to a wash for instance."

- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Managers and staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. This ensured external professionals, such as GPs and district nurses, were notified in a timely manner when people's health care needs changed. The deputy manager gave us an example of how staff had supported a person to improve their denture hygiene by seeking advice from an oral hygienist about how this individual could improve their night-time denture cleaning regime.

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.

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

- People continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them or their family members with the utmost respect. One person said, "The staff are wonderful...I would recommend this agency to anyone." A community pharmacist also remarked, "The agency have always delivered the utmost care and attention to our clients and we have never had any concern with them."
- People also told us they received continuity of care and support from the same small group of staff who were familiar with their needs, daily routines and preferences. One person remarked, "I've had the same carer for ages, so I guess you could say we know each other pretty well."
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.
- The deputy manager gave us an example of how they had met the religious needs of a person they supported by ensuring staff visiting times were made more flexible; to ensure staff would always be available to help this person transfer to and from their pray mat when their faith dictated they should pray.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensured people's bathroom, toilet and bedroom doors were kept closed when they were meeting their intimate personal care needs.
- People told us staff supported them to be as independent as they could and wanted to be.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance, such as managing their own medicines or making a cup of tea. The deputy manager gave us an example of how staff encouraged a person to maintain their mobility by ensuring they could always access their walking stick, which they needed to continue moving freely around their home.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted on what they had to say. A relative said, "Staff always ask my [family member] what they would like to eat at mealtimes."
- The provider used people's needs assessments, care planning reviews and quality assurance checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.

- Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.
- People were given a guide about this home care agency which contained information about the standards of care and support they could expect to receive from this provider before they started using them.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had their own person-centred care plan that contained detailed information about their unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make informed choices about the personal care they received. For example, one member of staff told us they always encouraged a person they supported to choose what they wore each day by showing them a selection of clothing for them to choose between each morning.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- The registered manager told us they could provide people with information about the service, including the service users guide and complaints procedure in a variety of formats, such as large print, audio and different language versions.
- People told us staff understood their preferred method of communication. This was confirmed by the deputy manager who told us they had matched several people who preferred to communicate in their first language which was not English, with staff who understood and spoke the same language.
- People's communication needs and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and felt the process was easy to follow.
- People told us they were satisfied with the way the registered manager had dealt with any formal complaints or informal concerns they had made about the service.
- People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with

any concerns they received.

- A process was also in place for the registered manager to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

End of life care and support

- No one currently using the service was receiving any end of life care support.
- There were policies and procedures in place around end of life care.
- The registered manager told us the service would liaise with various external health care professionals, including GPs district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

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 good. At this inspection this key question has remained the same. 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 registered manager, who was also the owner, had remained unchanged since our last inspection.
- There were clear management and staffing structures in place. The registered manager was supported in the day-to-day operation of the service by a deputy manager/senior administrator. People using the service, their relatives and staff all spoke positively about the way the service was managed. One person said, "The manager and his deputy are both lovely people...They're easy to get hold of and speak too when I've ever needed them."
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

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

- We saw the service's latest CQC inspection report and rating were easy to access on the provider's website and a paper copy was clearly displayed on the wall in their offices. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgments.
- The provider had a clear vision and person-centred culture that was shared by the managers and staff.
- The managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives.
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact, and yearly satisfaction surveys.
- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with the registered

manager or deputy manager and group meetings with their fellow co-workers.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality and safety of the service they provided people and had established a range of systems to routinely monitor the quality and safety of the home care service people received. For example, records showed the deputy manager telephoned everyone using the service at least twice a week, in addition to visiting people at home quarterly, to check how they were and observe the working practices of staff. Several staff told us their punctuality, record keeping, and where appropriate, how they managed medicines, were always looked at by the deputy manager during the aforementioned home visits.
- The provider also used a range of electronic systems to monitor the quality of the service they provided. For example, used electronic information technology to alert them when staff employment checks, training and supervision needed reviewing or updating.
- The registered manager told us they routinely analysed the results of the aforementioned spot checks to identify issues, learn lessons and develop action plans to improve the home care service they provided people.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals including GP's, district nurses, and where appropriate, occupational therapists.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.