

Relatives Relief Limited

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Inspection report

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08 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

- People and relatives told us they felt safe.
- Staff had a good knowledge of how to keep people safe from harm although risk assessments weren't always in place to provide them with written guidance.
- People were supported to take their medicines in a safe way.
- Staff were recruited safely and appropriate checks were carried out before they started work at the service.
- Although not all staff had received updated training, people felt staff knew what they were doing and were competent.
- Staff lacked a comprehensive understanding of the Mental Capacity Act 2005 and when it should be applied
- Where lessons were learned, feedback was provided to staff to ensure continuous improvement.
- Quality assurance processes required improvement to ensure sufficient oversight of the service.
- People received care and support based on their individual needs and preferences.
- People told us they felt well cared for by staff who treated them with respect and dignity.
- People felt encouraged to maintain their independence.
- Systems were in place for people to raise complaints and concerns.
- Staff liaised with other health care professionals to ensure their health needs were met
- Staff and people spoke positively about the registered manager. They felt well supported and were confident any concerns would be acted on promptly.

Rating at last inspection: Good (03 March 2016)

About the service: Relatives Relief is a domiciliary care agency registered to provide personal care. Relatives Relief supports people within and around Clacton on Sea. At the time of our inspection, the service was supporting 43 people and employed 36 members of staff.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

.The service was not always well-led

Details are in our Well-Led findings below.

Relatives Relief 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 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.

Inspection team:

One inspector and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Relatives Relief is a domiciliary care agency. It provides personal care to older people living in their own homes, flats and specialist housing.

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity started on 03 January 2019 and ended 08 January 2019 and included telephone calls to people using the service. We visited the office location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection.

During the inspection, we spoke with five people and five relatives of people who use the service to ask about their experience of the care provided.

We spoke to seven members of staff including the registered manager, deputy manager, senior on call workers, care co-ordinator and care workers.

We reviewed a range of records. These included four people's care and medication records. We also looked at three staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe. One person said, "My relative does feel very safe with her carers. They are very nice and she's got to know them all. She can trust them and in fact, I can trust them - they're a lovely bunch. A relative told us, "We as a family are well impressed with the care. They are very friendly and nothing is ever too much to ask."
- Risks to people's safety and well-being were assessed and understood by staff. This included risks associated with diabetes, choking and other health conditions. Some assessments lacked detail although this did not impact on people being supported safely as staff knew them well. negative

Using medicines safely

- Medicines were safely administered and people told us that staff supported them as needed. One person said, "Staff do my medication. They go through it with me and write everything down. They double sign when the medication has been given. I think it's very efficient." However, there were some missing signatures on the Medicines Administration Records which had not been identified by the registered manager. The deputy manager showed us that the medicine had been administered and that the missing signatures were an administrative error. Where errors had been found previously, the registered manager had investigated and acted to prevent re-occurrence.
- People received medicines 'as and when required'. There was no guidance in place for staff to follow to ensure the safe administration of 'as and when required' medicines. However, we found no impact on people as staff knew people and their needs well. One member of staff told us, "I offer the medication to the person and see if they want it. All the people I support would be able to tell me if they needed it."

We recommend that the service consider current best practice guidance on 'as and when required' medicines.

Systems and processes

- Effective safeguarding systems were in place. Not all staff had received updated training in safeguarding but had a good understanding of how to keep people safe from abuse. One staff member said, "I had to raise a safeguard once about medication. I was talked through how to do it and then sent it off. I would definitely feel confident doing it again."
- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed. One staff member told us, "I filled out an application form. I had an interview which was scenario

based and using examples. I had to have a proof of address and references. They did an enhanced Disclosure Barring Service check before I started. I only did online training before this came back."

Staffing levels

- People told us there were enough staff to meet their needs. One person told us, "I've never had a problem with no staff being available. I haven't had any missed calls." Staff also felt there was enough staff on call to support people. One staff member told us, "There are always enough staff. Today we had a few staff go on sick but we have already had new rotas and these have been covered by on call staff."

Preventing and controlling infection

- People and their relatives told us staff understood and followed infection control procedures. Staff had access to personal protective equipment including gloves and aprons. One relative said, "My relative has an infection so staff now wear double aprons and gloves, they're very strict on this."
- Not all staff had received appropriate training in infection control but knew how to prevent the spread of healthcare related infections. One staff member told us, "I would scrub my hands, dry them properly, wear gloves and an apron. I change my gloves and apron after giving medicines out, touching food or giving personal care."

Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. For example, there had been a recent safeguarding concern in the service and the registered manager had sent emails to staff reminding them of policies and procedures relating to this. At a team meeting these policies and procedures had been further discussed to ensure improvement and prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental capacity assessments had not been undertaken to confirm and demonstrate if people could make day to day decisions. Where people were thought to lack capacity, the registered manager was unable to show that decisions had been made in people's best interests.
- Some staff had not received updated MCA training and lacked knowledge of the principles of this legislation. One staff member showed a lack of understanding that people can make unwise decisions. When asked how they would support a person with medicines, they told us, "For some people, we hide the medication from them. They forget that they have taken it so they may have an overdose so we hide it so that they can't take it." We spoke to the registered manager who confirmed that this person's capacity to make decisions relating to their medicines had not been assessed. The registered manager said that this would be addressed immediately.

Staff skills, knowledge and experience

- People told us they felt staff were trained and knew what they were doing. One person told us, "The staff are competent. They know my legs go into spasms and if this happens, they massage them and know exactly what to do."
- Staff had a clear understanding of their role and what was expected of them. Training was a combination of face to face and e-learning in areas including medication administration and manual handling.
- Some staff had their competency assessed in areas such as medicines administration. However, this was inconsistent and not all staff had their competency assessed. The registered manager could not demonstrate how staff had the knowledge through training to carry out their roles and responsibilities safely and in line with current best practice. The registered manager recognised this and was taking action to make improvements.
- Staff without prior care experience or qualifications had not completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. One staff member told us, "This is my first job in care. I haven't done any of the Care Certificate." The registered manager confirmed that training would be arranged to ensure that staff completed the Care Certificate.
- Not all staff had received regular supervision or had an annual appraisal. Despite this, staff told us they felt well supported in their role. One said, "I've only had one supervision in the time I have worked here but any concerns I have, I would go up to the office." Another told us, "I've had 2 supervisions recently. They are

helpful as I talk and ask lots of questions." The registered manager told us they planned to hold supervisions more regularly. Do you know what the policy said in relation to frequency?

- A comprehensive induction was completed by staff. One staff member said, "The induction gave me an insight into care and what the company does. It showed what we do day to day and what is and isn't allowed. It also showed me what people like and don't like. A few days later, I did some shadowing." I would put this bullet point underneath the one about the care certificate

Staff providing consistent, effective, timely care

- People told us they received consistent and timely care from staff. One person told us, "I normally have the same staff who come to see me. It makes such a difference to know them." Another person told us, "When they have been running late, staff usually ring me and say we are coming, just a bit later. I know they will always be here, it would be horrid to think you are going to be left. I've not had any missed calls."
- Procedures and systems to check when care staff arrived at people's homes were not in place. The registered manager told us a new monitoring system was being introduced. They told us, "We have had missed visits but they are normally down to staff issues where the rota has changed. The new system will mean staff must log in and out. They won't be able to move on to the next call until they have."
- The service had had a small number of missed visits. These had been logged and investigated by the service. There had been no impact on those whose visits were missed.

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

- Assessments of people's needs were detailed and included expected outcomes. Care plans were developed from these assessments. One staff member told us, "Someone in the office usually writes them. People are usually involved in the care plan as it's done with them when they first join the service."

Supporting people to eat and drink enough with choice in a balanced diet

- People and their relatives told us they received a choice of food and drink. - this would only be people who needed support with this? One relative told us, "They always let my relative chose their breakfast and lunch. [Relative] tends to have the same every morning but staff still ask. At lunch time, they show a range of the ready meals and they choose which one they want." Staff also said, "We have a person we support who has high anxiety about their food. We need to give them set meals at set times. This is in their care plan but they will tell you what they want"
- People were supported with their nutritional needs. Where one person had a medical condition, this was recorded in their care plan to give information to staff on how to support them.
- People and their relatives told us they were supported to maintain good health and were referred to appropriate health professionals as needed. Staff told us how they would identify any health concerns and action they would take. One relative told us, "It was staff that spotted a urine infection recently. One of them saw the colour of my relative's urine was darker than usual in the catheter. Staff recommended we call out the doctor and we were told it was an infection." One staff member told us, "A person was complaining of chest pain to me so I called the office as it was quite normal for them. I followed normal procedure of supporting this person to take medication in this circumstance. It took the pain away for the person but we weren't sure if it had worked so I called the ambulance and the family to let them know what had happened."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us that staff knew their preferences and used this knowledge to care for them in the way they liked. One relative told us, "They absolutely know what my relative likes. They have taken the time to get to know them, they know bits about our family through looking at photos together and they know my relative likes doing this."
- People had detailed personal profiles which provided a life history to staff which helped staff to build meaningful relationships. One staff member told us, "It tells you what people used to do as a job. Staff often have a common interest with people. I had a care call and it was the first time I had met the person. The information told me what they had worked as so I spoke to her about this. They opened up to me after this."
- People, their relatives and staff were positive about the caring attitude of the staff team. One relative told us, "They are respectful and treat me like a human being. When they give personal care, they make sure [relative's] dignity and privacy is maintained." One staff member said, "I would be happy for a family member to receive support from the agency because I think all the staff are caring and I am really happy with the staff of this company."

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

- People and their relatives told us they were involved in making decisions about their care. One relative told us, "I've got Power of Attorney. We always explain to [relative] what is happening but I make the final decisions. The manager came out and we discussed the whole thing, it's worked very well." A person said, "I've got a copy of the care plan in the folder, I signed the plan when we did it."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity and independence. One person told us, "I do as much as I can and staff expect that. If I wobble in the shower or going to the bedroom they'll step in and help." Another person told us, "I wash what I can then I ask them to do my back. I like the fact they don't automatically do everything for me." Feedback from one professional was, "Staff were gentle and kind and ensured that they gave time to even carry out small things for this person to give them dignity and respect the whole of my visit."
- The service recognised people's diversity and their protected characteristics. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care and support specific to their needs and preferences. Each person was treated as an individual, with their own social and cultural diversity, values and beliefs respected.
- People's care plans were detailed and had clear information about their personal preferences, routines and how staff should best support them. Some care plans had not been regularly reviewed, however this had not impacted on the care provided. One staff member told us, "A lot of the calls we do, we go into regularly, so we know the care plans and person front to back."
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. At the time of inspection, no one required any information in another format, however, if it was needed, this could be provided.

Improving care quality in response to complaints or concerns

- People could raise complaints or concerns. One person told us, "I did have one issue lately with the way a member of staff talked to me. I raised this and it got changed straight away." Complaints were logged, investigated and an outcome provided to the person. Where people had complained, they were satisfied with the outcome.
- People said that they felt able to speak to the registered manager at any time. One person told us, "I've had a couple of issues where I have spoken to the manager. It doesn't happen often but on both occasions, the manager responded straight away. I was left very satisfied." Another person told us, "I haven't made any complaints but if I was really worried about a carer, I would ring and speak to the manager."
- Compliments had been received by the service from professionals and relatives thanking them for the support given. One professional said, "[Care staff] showed great compassion and empathy to this person and showed true caring that I have not seen in a long time."

End of life care and support

- People were supported in their end of life care. Staff had clear information about care routines and the support people needed towards the end of life. However, care plans didn't reflect people's last wishes and how they wanted to be supported in the final hours of their life.
- Staff told us they had received training in end of life care. One member of staff told us, "Good end of life is giving people the care and dignity they want and need, supporting them and making them happy. For one person, I take an ice cream whenever I visit as I know it makes them happy." Another member of staff told us, "When someone is at the end of their life, we need to look for pain, if it's being controlled and specifically for

pressure sores. Staff talk with each other a lot so we know people's current needs."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The ratings from the previous inspection were not displayed on the provider's website. The registered manager was not aware that this was a requirement and took immediate action to ensure the rating was displayed.
- Quality assurance processes were not in place to identify shortfalls within the service. The registered manager provided care alongside their management role and this impacted on their oversight and monitoring. Issues raised during inspection had not been identified. We discussed our concerns with the registered manager who assured us they will be implementing an action plan to make improvements.

Engaging and involving people using the service, the public and staff

- The service involved people and their relatives in discussions about their care in a meaningful way. One person told us, "My care is reviewed about every two months when a staff member comes out and we go through everything." Another person told us, "I am involved in my care. Clearly, it's very much me who says what I want and how I want it."
- People and their relatives had completed a survey of their views but it wasn't clear how feedback had been used to improve the service and what actions had been taken. Why wasn't it clear. Who wasn't it clear to?

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff were well supported by the registered manager and had a good understanding of day to day care. One staff member told us, "The registered manager is brilliant. I have never had a manager so good. They have done what we do and understand what we are trying to do. The manager is always at the end of the phone."
- The registered manager showed a commitment to provide person-centred, high-quality care by engaging with everyone using the service. They told us, "I know the people using the service. If we are short, I will go out and give care to people."
- The registered manager positively encouraged feedback and acted on it to continuously improve the service. They told us, "I had a local authority audit a couple of years ago and there was lots of feedback from that. I made changes to care plans and after I had done that, I saw the difference it had made."

- People would recommend the service to others. One person told us, "I would recommend them, they are kind and caring. I feel happy with the care and never feel embarrassed. It gives you your confidence back, I never feel disabled."

Continuous learning and improving care

- There was a culture of continuous improvement. The registered manager and the staff team reflected on areas where the service could be developed. However, the action taken to evidence continuous improvement was not always recorded.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision and service development. For example, the registered manager provided us with examples of working with health services to people with their health.