

Relief Care Agency Ltd

Relief Care Agency

Inspection report

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Date of inspection visit:
16 December 2022

Date of publication:
06 March 2023

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

Relief Care Agency is a small domiciliary care agency registered to provide personal care and other support to people living in their own homes. At the time of this inspection, two people were receiving support with their personal care. The Care Quality Commission (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 service ensured people's safety was fully assessed and managed. Potential risks to people had been identified at their initial assessment and the provider ensured these were regularly reviewed and updated where required. Staff were provided with guidance to ensure potential risks to people were minimised.

The provider had ensured there were enough staff in post to meet people's care and support needs. Pre-employment checks had been carried out to ensure new staff were safe and suitable for the work they were required to undertake.

The provider had systems in place to help protect people from the risk of infection. Staff were provided with personal protective equipment. Staff had received training in infection prevention and control.

People's care needs, wishes and preferences were assessed before they started using the service. Their care plans contained detailed guidance for staff on how they should ensure people's needs were sensitively and effectively met.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests and the policies and systems in the service supported this practice. People's relatives gave positive feedback about the support their family members received from staff.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences. The provider had ensured people were supported by staff who were familiar with their cultural and language needs and preferences.

Staff members had received training to ensure they were provided with the knowledge they required to meet people's needs. All new staff received an induction before they started to support people. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the registered manager to support them in their care practice.

People's nutritional support needs were met. People's care plans included guidance and information for staff on their preferences in relation to meal preparation and preferences.

There was a process in place to report, monitor and learn from accidents and incidents. The service was relatively new and there had been no incidents at the time of our inspection. However, the provider had procedures in place to ensure incidents and accidents were managed and reported effectively.

The provider had systems in place to monitor and assess the quality of the care and support provided to people. Policies and procedures which reflected current best practice were in place to underpin this.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 1 November 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Relief Care Agency

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and practical supports to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed two people's care file, three staff records, policies and procedures and a range of records relating to the management and quality monitoring of the service.

Following our visit to the office, we received feedback from two care staff and two relatives of a person 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of harm or abuse
- Staff had received training in safeguarding adults. They understood their roles and responsibilities should they suspect a person has been abused.
- The provider's policies and procedures reflected best practice in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- People had personalised up to date risk assessments. These included risks associated with their personal safety, mobility, and home environment. People's risk assessments were linked to their care plans which contained guidance for staff on safely managing people's identified risks while ensuring their preferences were respected.
- The registered manager maintained an 'on call service'. This meant people, relatives and staff could contact them at any time if they had questions or concerns.
- Information about health professionals and key contacts were included in people's care records. Staff told us they knew what to do in the event of an emergency.

Staffing and recruitment

- The provider ensured there were enough staff in post to meet people's needs. The registered manager described how they were capacity building to ensure the care and support needs of any new referrals to the service were met.
- People's relatives told us they had no concerns about staff punctuality or reliability.
- The provider's recruitment systems were robust. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Applicants for positions within the service undertook a competency and values-based assessment before a job offer was made.

Using medicines safely

- At the time of our inspection the service was not supporting anyone with medicines. However, the provider's systems, policies and procedures on safe administration of medicines reflected current best practice.
- Staff had received training in safe administration of medicines. The registered manager explained that, should any staff member be involved in medicines administration, a competency assessment would take place.

Preventing and controlling infection

- The provider had systems in place to ensure the risk of infection was prevented and controlled as much as possible. The service's policies and procedures were up-to-date and reflected current government guidance.
- Staff had received training in infection prevention and control.
- Staff were provided with the personal protective equipment (PPE) they required to minimise the risk of infection. The provider maintained a stock of PPE and staff collected new supplies when they visited the office.
- The provider's records of spot checks of staff practice in people's homes, showed there had been checks of staff use of PPE, including whether they were wearing it correctly.

Learning lessons when things go wrong

- This is a relatively new service and there had been no accidents or incidents reported. The registered manager told us that all incidents and concerns would be reviewed, and actions taken to ensure lessons were learnt in order to reduce the likelihood of future occurrences.

Is the service effective?

Our findings

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, choices and preferences were assessed before they started to use the service.
- Personalised care plans and risk assessments developed from the initial assessment included guidance for staff on meeting the persons' needs and preferences. People's dietary, cultural, religious, sensory and health needs were included in the assessment. Care staff told us they had access to the information and guidance they required to provide each person with effective and responsive care and support.
- People's assessments and care plans were regularly reviewed. The registered manager told us these would be immediately updated should there be a change in people's needs or circumstances.

Staff support: induction, training, skills and experience

- New staff received an induction. This included core training, understanding the provider's policies and procedures and other information about the service. Staff members told us they found the induction valuable. The induction training was mapped to the outcomes of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively about their training which provided them with the information and guidance they needed to provide people with personalised, safe care. One staff member told us, "The training enabled me to gain a deeper understanding of different forms of communication with the clients and it helps me with my day to day tasks."
- Staff received ongoing support and supervision in their role. The registered manager met with care staff to review their work and to identify training needs. The registered manager also carried out 'spot check' observations of staff practice whilst they were carrying out care tasks in people's homes.

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

- The provider ensured staff had the information they required to support people with eating and drinking.
- People's care plans contained information about their dietary needs and preferences, including religious and cultural needs, and needs associated with their individual health conditions, such as diabetes
- At the time of our inspection, staff had limited involvement in supporting people with eating and drinking. However, people's care plans included information about people's personal and cultural dietary preferences, along with guidance for staff on meeting these. Staff had received training in nutrition and hydration.

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

- The registered manager told us that, at present, staff had not engaged with healthcare and other professionals on people's behalf as this was done by their family members. However, people's care plans included information about their health needs and professionals involved in their health care and other

support. The registered manager said staff would always work with people to engage with other professionals and attend appointments should this be required.

- Staff knew that if they had concerns about a person's care or well-being, they would report it to management staff who, where appropriate, would communicate with people's relatives and healthcare or other relevant professionals.

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 MCA 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.

- The provider was working within the principles of the MCA. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- People's care plans included information about their capacity and ability to make decisions.
- Staff had received training on the MCA and understood their roles in ensuring people were enabled to make positive choices about their care.

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

- People's care plans included information about how they wished to be supported. Guidance was provided for staff on meeting people's equality and diversity needs, such as cultural and religious needs and specific disability-related needs.
- The registered manager understood the importance of providing a consistent and reliable service. They arranged people's care visits at the times they wished and were flexible in changing the time of visits if this was required, for example, when people needed to attend healthcare appointments.
- The registered manager ensured that when staff changes needed to be made, for example, due to annual leave or other absence, people were informed about these as far in advance as possible.
- The provider's values, policies and procedures promoted an inclusive culture across that respected people's rights, dignity, equality and diversity. The provider's assessment processes considered people's individual wishes and preferences, including cultural and religious needs. Staff had a good understanding of the importance of respecting people's differences and providing care and support with dignity.

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

- Relatives told us they and the person receiving care were fully involved in decisions about their care and support.
- Care staff spoke about involving people in making choices, and respecting these. A staff member told us, "I always tell them what I am doing and check they understand and are happy with this."
- The registered manager-maintained contact with people through telephone calls and visits. This gave people opportunities to discuss and provide feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included guidance for staff on supporting people with dignity and respect. This included information on people's preferred name and how to provide support that was respectful of their religious and cultural needs. The care plans included information about the things people could do for themselves and the tasks they required support with.
- People's relatives told us care staff treated people respectfully and understood their wishes and preferences. One relative said, "[Staff member] respects my relative's dignity and privacy at all times when they are there. She is very professional in her work."
- Staff described how they supported people's privacy and dignity, for example, by ensuring they had privacy when personal care tasks were being carried out and encouraging people to do as much as possible for themselves.
- The provider's spot checks of staff carrying out personal care in people's homes included a review of

whether staff provided care in a professional and respectful manner.

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 and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. People's personal care routines were clearly specified in their care plans. This helped staff deliver care in a way which people were familiar and comfortable with.
- People's care plans included a detailed summary about the person's life, which included information about their childhood, family, hobbies and interests. This helped staff to know and understand the person more fully and helped them to provide good personalised care.
- Staff were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.
- Staff told us they were immediately informed about any changes in people's needs. People's care plans were regularly reviewed to ensure they were always up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the requirements of the Accessible information Standard.
- People's care plans were written in a clear and easy to read format. Information about the service had been translated into the first language of people currently using the service. The registered manager told us they would ensure information was provided in other formats, such as other languages or picture assisted, should this be required by any person using the service in future.
- People's care plans included information about their information and communication needs. The provider had recruited staff who were able to communicate with people in their preferred language.

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's care plans included information about their social and cultural needs and interests. The care plans included guidance for staff on how to support these. For example, reminding people of prayer time and ensuring they had access to preferred cultural television channels.
- The people using the service lived with family members and staff did not have a major role in supporting people socially. The registered manager recognised this may not always be the case for people using the

service in future. They understood the important role care staff play in supporting the social needs of people living alone.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People's relatives told us they had been provided with this when their family members started using the service.
- This is a relatively new service and there had been no complaints at the time of our inspection. The registered manager told us that they would ensure that every complaint would be responded to immediately, actions would be taken to address concerns, and any lessons learnt would be shared with staff.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

End of life care and support

- At the time of this inspection there was no one receiving end of life care. The registered manager told us that, should any person require end of life care and support in future, they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure people received the care they needed.
- People's care plans included information about their end of life wishes and preferences.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems in place to ensure a positive culture was in place. People's care plans were person-centred.
- People's relatives spoke positively about the service. They described how they and their family member had been involved in planning care and support. One relative told us the registered manager was approachable and caring.
- Staff told us they enjoyed their role in providing people with personalised care and support. They spoke highly of the support they received from the registered manager. They confirmed they received the information and guidance they needed to provide people with effective, safe care that met their individual needs.

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

- The registered manager understood the need to report incidents to the local authority and the CQC where appropriate. They described the importance of being open and honest when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and care staff were clear about their roles and responsibilities in meeting regulatory requirements and providing a quality service to people.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their care duties in people's homes were carried out by the registered manager. This helped to monitor the performance and competency of staff and the quality of the service people received.
- Checks of care plans, care records, staff training, and other areas of the service were also carried out. The service is new, so these were limited. However, they included information about how the registered manager addressed concerns or shortfalls. The registered manager showed us how they planned to develop quality assurance monitoring as the service grows. For example, they planned to introduce an electronic call monitoring system in the future.

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

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010 and understood the importance of ensuring people, the public and staff received consistent and equal treatment from the service.
- The service sought verbal feedback from people and those important to them and used the feedback to inform service quality and development. People, relatives and staff thought the service was well run.
- The registered manager gained feedback about the service through regular visits and telephone calls to people. The records we reviewed showed a high level of positive feedback. The service is relatively new, and the provider had not yet carried out a formal satisfaction survey. The registered manager told us they planned to do this in the future.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning and improving care. The service is relatively new, and there had been no incidents or concerns raised. However, the registered manager was able to describe how they would use untoward incidents to develop better practice in the service. This reflected the policies and procedures we reviewed.

Working in partnership with others

- We were provided with evidence the service maintained a good working relationship with people using the service and families. The registered manager and staff demonstrated that they knew when to seek professional health and social care advice and support and how to obtain it.