Rely Care Agency Limited

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Inspection report

33A Himbleton Road
St Johns
Worcester
Worcestershire
WR2 6BA

Tel: 01905339331
Website: www.relycareagency.co.uk

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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

This inspection took place on 13 July 2016 and was announced.

Rely Care Agency provides personal care for people in their own home. There were six people using the service when we inspected and there was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

The provider had appointed a Liaison Consultant to manage the agency. Staff and relatives we spoke with referred to this person as the manager, which is reflected in the report.

All relatives felt the staff provided care that was safe and had no concerns about their family member's welfare. Care staff knew what they would do if they felt a person was at risk of potential abuse and felt confident that any report incidents would be addressed. People had their individual risks assessed and care staff knew how to monitor, respond and manage them. There were enough care staff when people needed them in their home at the arranged times.

People's relatives we spoke with felt that the care staff were knowledgeable about their roles and responsibilities. Care staff told us they received regular training and supervisions that help them provide care to people they supported.

People were involved in making decisions about their care and their consent was appropriately obtained by care staff. Care plans detailed what support people needed and provided guidance for care staff on how best to meet the care people wished to receive. People were supported with preparing their meals or care staff prepared them while including people in their choice of food.

People's relatives told us their family member liked the care staff and their care needs were supported well. They also felt encouraged to be involved in their lives and choices and were happy that their dignity and privacy was respected.

People's needs were assessed, staff understood people's individual needs and were able to respond appropriately if they changed. Care plans were detailed and showed that relatives had been consulted if a person was not able to communicate their wishes and choices.

The management team were available to talk with and would listen and act of any feedback provided about the service. The management team had kept their knowledge up to date with support from the provider and external professionals. The staffing team felt the provider and management team led by example and that

they regularly checked on the quality of the care that people received and addressed any identified shortfalls.

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.

People received care and treatment from staff who understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet the care and social needs and manage risks. People managed their own medicines.

Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support. People were supported to maintain a healthy balanced diet and fluids to keep them healthy.

Is the service caring?

Good

The service was caring.

People's relatives were happy that they received care that met their needs. The care provided reflected individual preferences and maintained people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People's relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good

The service was well-led.

People's relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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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 was planned to check 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 13 July 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority who did not have any concerns about the service provision.

People who used the service were not able to talk to us directly so we spoke with four relatives by telephone. We spoke with three care staff, the liaison consultant who was responsible for the day to day running of the service and the registered manager.

We looked at three records about people's care, which included the daily notes, care reviews and staff observations. We reviewed minutes from staff and people's meetings and feedback questionnaires, one complaint and three compliments and quality audits that the liaison consultant and provider had competed.

Good

Is the service safe?

Our findings

People's relatives told us that care staff made their loved ones feel safe when they were providing care for them. Relatives were also happy to leave care staff in their home whilst they went out. Care staff told us they were respectful of people's homes and possessions and understood their responsibility to provide support in a way that kept people safe while in their home.

Care staff knew the signs and types of abuse that people were at risk from and told us they knew what they would do if they suspected any abuse or concerns. They provided examples of some of the signs people may display. For example, if as person's changed their behaviour or had unexplained bruising. They were assured their manager would take action to deal with any reported incidents or concerns.

We saw that the provider had a safeguarding procedure in place. This was designed to ensure that any problems were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC].

Relatives told us that care staff supported their family members both in the home and out in the community. Certain aspects of risk in people's daily lives had been reviewed and plans were in place to minimise the risk of harm. For example, supporting people on activities, cooking their meals or support with personal care. Care staff told us these provided them with the information needed to help reduce the risk of harm to people. Care staff also told us they worked closely with people and, where appropriate, their Family or health care professionals to keep people safe. People's risks were reviewed regularly by the registered manager and care staff told us they would also record and report any changes to a person risks.

People were able to purchase the amount of hours of care they needed and people's relatives told us that the care staff were always on time and stayed for the agreed amount of time. Relatives told us that care staff were consistent and cover for holidays and sickness were covered by care staff their family knew and trusted. The care staff and registered manager told us they ensured that people received care from staff with the right skills. For example, people who had a particular care need.

All care staff we spoke with said they worked as a team to ensure that the correct number of staff were on shift. They told us they worked with the same people and there were no shortage of care staff. Care staff told us the registered manager set clear expectations about meeting the care and safety needs of the people they supported. All the care staff we spoke with told us they were clearly instructed to spend as much time with people as required to make sure their safety and care needs were made. Care staff gave us examples of times when they had been supported to spend more time with people if this was needed to meet people's safety needs.

People looked after and administered their own medicines. However, care staff told us and records showed that people medicines were recorded. Care staff we spoke with told us this helped in case there were any side effects to look out for and keep track of any changes. Care staff told us they had received training in

administering medicines and were confident in doing this should the need arise. There were also records available for care staff to record any medicines they administered.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge, skills and regular training in how to support them. One family member that we spoke with said, "They [care staff] know what to do, very experienced". All care staff we spoke with were happy that the training gave them the skills to provide people with the care they needed to meet their needs. One care staff said, "The training is a great way to learn about things and then putting them into practice".

All care staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. Care staff said that the supervisions linked with family feedback about the care provided to ensure they were happy and aware of anything they needed to do differently. The manager carried out observations of care staff and any feedback from these were also discussed at supervision for learning and development opportunities.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded in their care plans. Records showed the involvement of the person wishes and needs.

All relatives we spoke with told us care staff listened to their family members and did what they wanted and respected their choices. All care we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

People's support with their meals was individual to the person. Relatives told us they would prepare the meals and care staff would then ensure the person received them. Where needed care staff told us they were aware of any additional needs such as making sure they reduced the risk of a person by cutting up their food. Care staff also told us they made sure people had drinks available to ensure they had enough fluid to keep them healthy.

All care staff we spoke told us that us that where people needed help with meal preparation they followed the person choice and offered encouragement for people to do as much as they were able. They said this amount of support varied from person to person and the type of meals prepared.

People were not currently supported to contact or have care staff attend any external health care

appointments. Care staff said that they worked alongside other health care professional on occasions, such as district nurses. Relatives told us that care staff would also tell them if they felt a person was unwell and suggest arranging appointments with their GP or consultants which was in line with the person's consent. Care staff told us that in an emergency situation they would contact out of hours or the emergency services.

Good

Is the service caring?

Our findings

People had key members of care staff that provided their care. All relatives we spoke with said that continuity of care staff was very important to them. They were happy that the service provided this and felt it provided positive relationships with their family member and care staff.

People's care staff were part of their day to day lives and provided support, knew them well and what was happening in their daily lives. All people currently lived with relatives who were also included in conversations with care staff. One relative said that the staff were, "Alright in [person's name] eyes and that's the main thing". One staff member said, "I'm not in control, they [people] are".

Care staff felt it was easy to get to know the people they cared for as the majority of their time was spent chatting and socialising with them and felt they had formed positive relationships with them. Care staff also referred to care plans or relatives if they needed information about the person and topics that may interest them. One relative told us that, "I know [the person's name] very fond of them". One member of care staff said, "It's making their day special that counts".

Care staff explained that it was expected and important to involve people in decisions about their care. For example, one care staff told us how they had involved them in decisions about what personal care goals they could achieve without the support of care staff. This has allowed the person to make decisions and promote their independence. One care staff said, "I'm supporting them with what they want". All relatives that we spoke to confirmed that care staff were good at supporting their family members. On relative felt they were involved and that all the care staff were, "Friendly and have a joke" with them.

All people were supported by care staff that provided them with the opportunity or encouragement to ensure they remained as independent as possible. People were given the choice to spend time in their home or out in the community. One person was being encouraged and supported to enhance their independent living skills as part of their care. One relative told us they were pleased that their family member was improving their independence.

Relatives told us that care staff were respectful and were careful to ensure their privacy and dignity was respected. They said they family members were comfortable with the care staff providing their personal care. Care staff provided us with examples of how they respected people's wishes and treated them with dignity. Care staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained.

Care staff were also considerate to people's dignity when out in the community. They told us they would not wear uniform and one member of care staff said, "I don't make things obvious when we are out". Care staff also considered where they were going and ensured that the facilities needed would be available.

Good

Is the service responsive?

Our findings

Relatives told us that the person's care was reviewed every six to eight weeks and that they would be happy to discuss any changes with care staff as they happened. One relative said, "[manager name] visits us and we discuss the care and make any changes to risk assessments". Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain diagnosis such as autism, they knew how the person would react to certain situations or requests. Care staff also felt they recognised any changes in people's day to day health needs. For example, infections or illness.

The care people received had been recorded and these were used to support each person when their care needs were reviewed. This information included any changes to people's care or support needs and any immediate changes were communicated to care staff. Care staff we spoke with confirmed that information was shared and they would share information between them.

We looked at three people's care records which had been updated regularly or when a change had been identified. The records showed people's choices and decisions and the care and support they needed. The care staff knew each person well and responded appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Where people had an individual social plan and trips they were supported by care staff where needed. For example, people were supported to go out for lunch, shopping or leisure clubs. Care staff told us they supported people with deciding where they would like to go or what they would like to do.

Relatives we spoke told us that they were happy with the care and support provided to their family member. Where they had made a compliant they told us they were comfortable to approach the care staff or registered manager. One relative said they would, "Certainly call [manager name] if I needed to". Relative's told us they had confidence when they raised some small concerns they had been dealt with immediately. One relative said, "I am never ignored".

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. We saw that where a complaint had been raised, lessons had been learnt and an apology offered. For example, a new process for staff to follow had been implemented when arriving at a person's home.

Good

Is the service well-led?

Our findings

Relatives spoke highly of the provider and liaison consultant and said that care staff listened to them. One relative said, "Far superior to other agencies we have used". Our discussions with relatives, the provider, the liaison consultant and care staff showed us there was an open and positive culture that focused on positive outcome for people's care. The agency had a culture of fairness and openness, and care staff were listened to and encouraged to share their ideas.

The provider and manager were familiar with their responsibilities and conditions of registration. The provider kept CQC informed of formal notifications and other changes. The provider and registered manager had managed the agency for a number of years and spoke passionately about ensuring people were looked after to the best of their ability. The provider had checked with people and relatives by sending questionnaires and they had been asked for their views about their care when visited in their home by the manager. The responses were positive about the care and support provided.

Care staff told us they had input into how the agency was run, and were confident in the leadership. Members of staff commented, "There is always someone there and I am taken seriously". Care staff told us the morale was excellent and that they were kept informed about matters that affected the service. They found that suggestions were warmly welcomed and used, to assist them constantly review and improve the service.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that care staff were providing care and support to an appropriate standard. The manager we spoke with confirmed this and said, "I do staff supervision and observe staff at work." Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written about the care provided. These had been checked and signed by the manager each time they were returned to the office each month. They said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

The manager felt supported by the provider to keep their knowledge and skills up to date. The provider also referred to Social Care Institute for Excellence, the CQC and Skills for Care for support and guidance about best practice and any changes within the care industry. They also worked with specialist within the local area to promote positive working relationships. For example the local authority commissioners and people's social workers. In addition the registered manager was involved in provider's forums and meetings with the providers other service's registered manager. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes.

In order to continue improvements and a proactive culture, the provider had supported staff to study professional development training courses. The manager had undertaken undertaking further development training. For example, end of life care and a National vocational Qualification (NVQ) Level 3. Therefore, people were supported by a management team that continually strived to improve people's quality of care

by completing training and keeping their knowledge updated.