

Rendezvous Care Services Limited

# Rendezvous Care Services Limited

## Inspection report

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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

### About the service

Rendezvous is a domiciliary care provider. The service provides the regulated activity of personal care to people living in their own homes. At the time of the inspection the service was supporting 11 people. Not everyone 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 and what we found

People were protected from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. Risks to people's safety had been assessed, monitored, and managed.

People received support from a consistent team of staff who knew them well. People benefitted from having support from staff who had a good understanding of their individual needs. There were enough staff to ensure people did not feel rushed and people received their support on time.

People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives spoke positively about staff and the care they received. People were treated with dignity and respect by a kind, caring staff. People and relatives told us they could not praise the service highly enough.

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.

The culture of the service was positive, and people and staff were complementary of the registered manager and provider. Systems and processes were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 7 January 2022, and this is the first inspection. The last rating for the service under the previous provider was good (published 25 March 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The provider for this service changed on 7 January 2022. This was the first inspection for this newly registered 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Rendezvous Care Services 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. 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 undertaken by an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care 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 a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be able to support the inspection.

Inspection activity started on 1 May 2023 and ended on 9 May 2023. We visited the service on 4 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We sought feedback from people and their relatives about their experience of care provided. We spoke with a relative of a person who was unable to speak with us about the care they received. We spoke with 2 members of staff including the registered manager.

We reviewed a range of records relating to the management of the service, including staff training records and support plans and risk assessments. We sought feedback about the service from health and social care professionals.

# 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; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems and processes protected people from the risk of abuse. Information about safeguarding processes were available to staff. Staff had completed safeguarding training and had access to the safeguarding policy. Staff knew how to identify and raise concerns.
- Accidents and incidents were investigated, and outcomes used to drive service improvements. Staff told us they had the opportunity to discuss their experiences and learn from incidents.
- Feedback from relatives and professionals informed us people were safe and any concerns were reported and investigated appropriately.
- Risks to people were identified and assessed to enable people to receive care safely. Risk assessments provided clear guidelines on how risks could be reduced, and these were reviewed regularly. People were supported in the least restrictive way to safely meet their needs. Staff were familiar with people's risk management plan's and worked together to ensure risks to people were mitigated.

Staffing and recruitment

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs consistently and keep people safe. People received support from a core team of staff who had worked at the service for more than five years. People usually received their calls on time. A relative told us staff would always call if they were running late. There was no evidence of missed calls.

Using medicines safely

- Staff had been trained to administer medicines safely. At the time of the inspection there was no one who received the regulated activity that required support with their medicines.

Preventing and controlling infection

- We were assured the provider was ensuring infection outbreaks were effectively prevented or managed. Staff undertook infection control training. There were ample stocks of personal protective equipment including hand gels, aprons, gloves, and aprons available to staff.
- We were assured that the provider was responding effectively to risks and signs of infection. The provider had infection control policies and procedures and kept up to date with government guidelines. Staff were

aware of circumstances that would require enhanced levels of infection control and PPE, and these had been implemented appropriately when required.

# 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.

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

- People had comprehensive assessments prior to receiving a service. This ensured people's needs could be met. People and their representatives were involved in the assessment process.
- Information gathered included people's preferences, backgrounds, and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- People received appropriate support to ensure their nutritional requirements were met. Support plans identified the levels of support needed to ensure a person maintained a healthy fluid intake and balanced diet. For example, preparing snacks such as sandwiches and microwave meals or providing support with food preparation and shopping. Staff received training in food hygiene and used this knowledge when preparing food for people.

Staff support: induction, training, skills, and experience

- People received care and support from staff who were well trained. Staff had the knowledge and skills to meet people's needs.
- There was an induction programme for new staff. This included mandatory training, time to get to know people and their support needs and shadowing more experienced staff.
- Staff new to care undertook 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 the 15 minimum standards that should form part of a robust induction programme.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals.
- Feedback from health and social care professionals was positive. They told us people were supported appropriately to health appointments and meetings about their wellbeing.

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, and they were.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People were involved in decisions relating to their care. The service was not supporting anyone who required an application to be made to the Court of Protection to authorise a deprivation of their liberty.

# 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity, and independence

- People were supported to have choice and control over their lives. People and their relatives contributed to the development of their plan of care.
- Staff told us that people want to remain living in their own homes and made sure the support they provided encouraged people to be as independent as possible. A healthcare professional told us the service was proactive in supporting people's independence.
- People's privacy and dignity were respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. For example, if a person said they did not want support they would do a welfare check a bit later in the day to ensure they were ok.
- We received positive feedback about staff. They were described as kind and helpful, people did not feel rushed, and staff had the time to talk with them. Staff told us it was important to respect people's choices and feelings, and said they had the time to get to know people.

# 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 experienced personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People had person centred support plans which reflected their needs and wishes.
- People were involved in the planning and review of their care. Support plans were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- Where people had bespoke support needs the service liaised with other agencies to ensure these were met. For example, one person was receiving support from another care provider to meet their leisure and recreational needs.

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.

- People's communication needs were identified, recorded in their support plans. This information was shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- At the time of the inspection no one required any bespoke or additional communication methods, such as information in a different language or format. The relative of one person told us that it was important to their loved one to have call times and appointments written on a notice board within their flat. Staff told us they ensured this was kept up to date and this helped alleviate anxiety for the person.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. Processes were in place to ensure concerns and complaints were appropriately investigated and responded to.
- People knew how to raise a concern or complaint if they were unhappy about anything. Relatives told us they knew how to raise a concern and were confident it would be resolved.

# 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; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- We received positive feedback about how the service was run, and our own observations supported this. There was clear leadership and feedback received about the organisation was positive.
- Effective communication between the provider and staff team enabled people to receive their preferred care and support. We received positive feedback about the registered managers communication and availability. A healthcare professional described the registered manager as having a "Caring manner and skilled in her job".
- Personalised care was central to the providers philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. Staff had a good awareness of people's individual personalities and traits. People had positive experiences of good reliable care by staff who were respectful and compassionate.
- Governance processes were used to drive quality. Quality assurance checks were undertaken regularly by the provider. These included reviewing care and risk management plans and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.

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

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. The provider promoted transparency and honesty. Staff told us communication was good and they were kept up to date.
- The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received regular supervision and support. Staff told us that they felt valued and listened to by the provider and they were encouraged to share ideas. A staff member told us they could not have asked for a more supportive work culture. The staff team worked effectively together and received good leadership and mentoring.
- The service worked in partnership with other agencies. These included healthcare services as well as local

community resources. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.