

Reliant Care Limited

Reliant Care Ltd

Inspection report

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27 August 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Reliant Care Ltd provides support to people living in their own homes and in supported living settings. The supported living houses are designed to support between three and 11 people with shared communal facilities such as kitchens, lounges and bathrooms. Offices and staff 'sleep-in' rooms, as required, were provided at each location. Most people receiving support have mental health needs. The provider also supports people with learning disabilities and autistic spectrum conditions. At the time of our inspection the service was supporting four people with personal care needs.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of Safe and Well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The service did not effectively support people in relation to recognised models of care for people with a learning disability, and people with autism. Staff had not received training in understanding learning disabilities and autism

Right care: The privacy and dignity of people at one supported living house was compromised as there were no curtains or blinds to their bedrooms and communal areas which were overlooked from the street and neighbours gardens.

Right culture: Staff and managers had not explored the use of communication tools to fully engage people in making decisions. The absence of communication plans and strategies to ensure the environment was predictable to people increased people's dependence on staff for their basic needs.

Staff had not received regular supervision to support their practice. The provider had recently recommenced staff supervision sessions. However, some staff had not yet had a recent supervision session with their line manager. Staff working with people with specific conditions had not received training in relation to these.

People's prescribed medicines were not always safely stored. A medicine requiring refrigeration was stored in a communal fridge and could be accessible to people, staff and visitors at the house. Following our inspection, the provider purchased a lockable medicines fridge.

Although the provider had undertaken some quality assurance monitoring, these had focused on health and

safety, and had not identified concerns identified during this inspection. The registered manager had developed a more detailed quality assurance recording template. However, this had not yet been introduced.

People told us they were satisfied with the service. We observed positive interactions between people and staff.

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

Rating at last inspection

The last rating for this service was Good (published 29 May 2019).

Why we inspected

We received concerns in relation to staffing, medicines and management. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reliant Care Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have found evidence that the provider needs to make improvement. We identified breaches of regulation in relation to safe care and treatment, staffing and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow-up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Reliant Care Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 unannounced. We gave a short period notice of our return visits to ensure people living at the supported living services we visited were aware we were coming.

Inspection activity started on 19 August 2021 and ended on 27 August 2021. We visited the office location on 26 August 2021.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including two directors, the registered manager, human resources manager, two supported living service managers and three support workers. We observed interactions between staff and people living at the three supported living houses we visited.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at ten staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing records. We spoke with three staff members.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have a system for ensuring people's monies were managed safely and securely. Staff looked after small sums of money for a person with a learning disability. We found this was kept loose in a folder in an un-locked cupboard. Although receipts for purchases had been kept, there was no daily expenditure record and no balance of the person's monies. The management of people's monies was not audited. The failure to maintain an effective record of a person's monies meant people were put at risk of potential financial abuse.

This demonstrated a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had reported and recording safeguarding issues and concerns relating to people's safety. However, the registered manager had not notified the Care Quality Commission of these as required. We discussed this with the registered manager who subsequently ensured notifications of safeguarding issues were provided.
- The provider had policies and procedures on safeguarding adults. Staff had received safeguarding training and demonstrated they understood their roles and responsibilities in relation to ensuring people were safe from avoidable harm or abuse.

Using medicines safely

- People's medicines were not always safely stored. We found prescribed insulin was kept in a domestic fridge in a communal kitchen that could have been accessed by people living at the house. There were no records showing that daily fridge temperature readings had taken place, so we could not be sure the medicine was stored at a safe temperature.

This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager told us that a small lockable medicines fridge had been purchased and this would be used for any medicines requiring refrigeration.
- Other people's prescribed medicines were safely stored. Medicines administration records were completed correctly by staff. A person said, "They look after my medicines for me, and I always get them on time."
- People had medicines risk assessments.

- Some people were working towards managing their medicines independently. A supported living manager showed us how this was taking place. We saw there were procedures for ensuring people who were managing their own medicines did so in a step-by-step way. Staff checked to ensure people took their medicines regularly and this was recorded.

Assessing risk, safety monitoring and management

- Information about fire safety was not available at one of the supported living houses we visited. A staff member told us they had not been involved in any fire drills and had not been told what the fire evacuation procedure was. Although people had personal emergency evacuation plans, these were kept in their care files and were not easily accessed in an emergency. This meant people were at risk should there be a need for immediate evacuation of the house.

This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager subsequently provided information showing that monthly fire safety checks and fire drills and environmental safety had been undertaken by the provider's health and safety officer. They advised they would ensure all staff were made aware of evacuation procedures for each supported living house.

- The provider had failed to ensure curtains or blinds were provided the windows at one supported living house. This meant people could be seen from the street or the neighbouring houses when in their bedrooms or the communal areas. This demonstrated a risk to people's privacy and dignity. The registered manager told us the landlord was responsible for providing curtains or blinds. However, we were not shown evidence this had been identified as a risk, nor that the provider had requested window coverings to be provided. The registered manager said they would ensure curtains were provided to the house as a matter of priority.

We recommend the provider undertakes an assessment of risk to people's privacy and dignity at their supported living services and takes appropriate action to address any shortfalls found.

- We looked at risk assessments for four people and found these had been recently updated. These provided information about people's personal and cultural preferences along with guidance for staff on managing people's assessed risks.

Staffing and recruitment

- The service carried out recruitment checks before support workers could commence work at the service. This was to ensure support workers were suitable to provide people's care.

- The provider's pre-employment checks included two references and proof of identity. However, the provider did not have a system for ensuring criminal records checks of staff members were up to date. We saw evidence of Disclosure and Barring checks (DBS) on each file that we looked at. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, the majority of these had been obtained by previous employers and not by the service, and some were more than a year old prior to the staff member being employed by Reliant Care. There was no system in place for renewal of DBS checks, nor for seeking regular declarations from staff regarding their status. Following our inspection, the human resources manager provided a copy of a criminal records declaration form to be completed by all staff.

We recommend the provider develops a system for ensuring that criminal records checks of staff are satisfactory and up to date.

- During our inspection there were sufficient numbers of staff to meet the needs of people using the service. One to one support was provided to people who required this.

Preventing and controlling infection

- There was an inconsistent approach to ensuring visitors were prevented from catching and spreading infections. At two supported living houses and the provider's office inspectors were asked about our COVID-19 status and had our temperatures taken on entry. However, this procedure was not followed at another supported living house we visited.
- A staff member told us that, although they had access to lateral flow tests (LFT) for COVID-19, they had not been asked to take a polymerase chain reaction test (PCR). During our inspection the registered manager told us they were visiting services to undertake PCR tests for staff on shift. However, there was no recorded system for ensuring staff who were not on shift at the time PCR tests were taken to receive these. This meant we were not assured all staff members were regularly tested for COVID-19 in accordance with Government guidelines that were in place at the time of this inspection.

This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were observed ensuring social distancing was maintained wherever possible. However, we recognised social distancing was difficult in one of the supported living houses we visited due to the size of the communal area and the number of people who used it to eat and interact with each other. Staff had arranged furniture as much as possible to ensure social distancing.
- The provider maintained sufficient supplies of PPE at each supported living house and this was confirmed by staff. We observed staff wearing masks when engaging with people who used the service. The supported living houses we visited were clean and well-decorated. Hand sanitising products were available in bathrooms and other communal areas.
- The provider had policies and procedures in place in respect of COVID-19 and infection control and prevention. We asked the registered manager about procedures if there should be an outbreak of COVID-19 at one of the houses. They advised us that they would encourage and support people to isolate in their rooms and regularly test them for the required period. However, since most people had capacity and their own tenancies, staff would not be able to prevent them from going out if this was as they wished. People had risk assessments in relation to this. However, at the time of our inspection there had been no incidents of COVID-19.

Learning lessons when things go wrong

- People's care records showed that support and direction was sought and obtained from relevant professionals following incidents. People's care plans and risk assessments were updated to reflect their guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had failed to ensure people's views were fully addressed. Although the service had made efforts to engage with people via meetings and surveys, there was limited evidence that responses had been evaluated.
- People with specific communication needs were not always provided with alternative communication methods to support their understanding. We observed staff showing a person their timetable to enable them to understand what was happening next. However, although picture assisted information had been developed for another person, this was kept in an office and a staff member told us it was rarely used. Easy to read care plans and other information were not available at a supported living house where people with learning disabilities lived.
- Staff working with people with learning disabilities and with autism had not received condition-specific training to support their knowledge and understanding of people's needs.
- Although people had behavioural plans and risk assessments the service had failed to fully record and monitor people's behaviours to identify patterns, triggers and causes. Behaviours that challenged staff were recorded as incidents and actions to reduce risk were taken in relation to each incident. However, there was no system for monitoring and analysing recurring behaviours to develop longer term supports.
- All this meant the service was at risk of creating a 'closed culture'. This is a poor culture that can lead to harm, including human rights breaches such as abuse. The absence of systems to evaluate and understand people's behaviours and to facilitate participation meant people were not being fully supported in accordance with the Regulations of the Health and Social Act 2018 (Regulated Activities) and Right support, right care, right culture, which is statutory guidance for service supporting people with learning disabilities and autism issued by CQC. We expect providers of learning disabilities services to have regard to this, in order to maximise choice, control and independence of people using their services. Although we saw no evidence of human rights breaches or abuse during our inspection, there was no evidence of actions by the provider to reduce any potential risk of these occurring.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Staff had not always received regular supervision from a line manager and this was confirmed by two staff members we spoke with. We looked at the supervision records for ten staff members. The human resources manager provided evidence showing most staff had participated in a recent supervision session. However, there were significant gaps. For example, six staff members had not received a recorded supervision for at least a year prior to 2021.
- The provider had failed to ensure staff working with people with learning disabilities, autism and specific health conditions had received training in these areas to support them in their roles.

This demonstrates a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged that staff supervision sessions had not always taken place during the COVID-19 pandemic, but these had now recommenced. The human resource manager showed us an on-line matrix designed to track regular monthly supervisions going forward.
- Staff did not have access to a computer at one supported living house and were using their personal mobile phones to complete electronic daily care and support logs via the provider's secure portal. A staff member told us the house's computer had been broken for a couple of weeks and they were not aware if or when it would be replaced. When we visited the service's office, a director showed us electronic tablets that were being 'rolled out' to staff, but they did not provide a date for this.

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

- The service had not carried out regular quality assurance monitoring across the supported living service. Although monthly health and safety risk assessments had been carried out there was limited evidence of any other quality assurance monitoring having taken place, for example, monitoring of people's records and staff practice. The registered manager showed us a template they had developed to use for quality monitoring, but this was not yet in use across the service.
- Health and safety risk assessments had failed to identify risks to people's privacy and in relation to the unsafe storage of refrigerated medicines.
- The provider had no system for evaluating the quality of people's care records or the outcomes of the care people received. Although care plans and risk assessments had been recently updated, there were no records of regular reviews of care plans having taken place. People's behaviours had been recorded and reactive actions had been put in place, but there was no evidence of a systematic approach to monitoring behaviours and developing an understanding of patterns over time.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had failed to provide notifications to CQC in relation to reportable incidents and concerns. However, following this inspection, the registered manager submitted notifications as required.
- The provider had reported incidents to other bodies such as local authority safeguarding teams and the police in a timely and appropriate way.

Working in partnership with others

- Staff engaged with other professionals in supporting people's needs. People's care records included information and guidance provided by specialist professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g). The provider had failed to ensure all risks to people were fully assessed and mitigated. The provider had failed to ensure people's monies and medicines were safely managed. The provider had failed to ensure staff were fully aware of fire safety procedures.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b (d)) (f). The provider had failed to use quality assurance processes to fully assess the quality of the service. The provider had failed to ensure people's monies were safely managed. The provider had failed to ensure systems were in place to monitor and improve the quality of support provided to people with learning disabilities and people with autism.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) (2) (a) The provider had failed to ensure staff received regular supervision to enable them to carry out their roles.</p>

