

Care Relief Team Limited

# Care Relief Team - Rotherham

## Inspection report

Unit C14, Taylors Court  
Parkgate  
Rotherham  
S62 6NU

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07 April 2022

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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

Care Relief Team – Rotherham is a domiciliary care agency providing support for people in their own homes. The service was supporting around 150 people at the time of the inspection.

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

People spoke highly of the staff who offered support to them. They told us staff were kind, caring, helpful and patient. Staff notified relatives groceries were running low or would stop off at the shops if people asked them to. One person's relative told us staff treated their relative like an individual person.

The registered manager and members of senior staff carried out regular audits of the service, and these identified where there were any shortfalls so that there was continuous improvement. The staff we spoke with told us the management team were accessible and supportive.

Medicines were managed safely, with regular reviews of people's medication taking place, as well as management audits. People using the service told us staff managed their medicines well.

The provider took steps to involve people in their care, and we saw evidence of this within people's care records. One person said: "When I first had carers, I did meet with the office staff to talk about what care I needed and everything I asked for has been agreed. I'm very happy with it."

Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented.

People told us they felt safe when receiving care, and said they felt confident to raise concerns. Where concerns had been raised, the provider had conducted appropriate investigations.

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 in July 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with CQC's inspection programme.

### Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

# Care Relief Team - Rotherham

## **Detailed findings**

### Background to this inspection

The inspection [http://crmlive/epublicsector\\_oui\\_enu/images/oui\\_icons/cqc-expand-icon.png](http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png)  
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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 6 April 2022 and ended on 19 April 2022. We visited the office location on 7 April 2022 and made telephone calls to people using the service, their relatives and staff after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, five members of staff and ten people using the service or their relatives.

We reviewed a range of records. This included six people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained and these were regularly audited to ensure their accuracy.
- People told us they felt their medicines were safely managed. One person's relative said: "[my relative] is given his medication four times per day by carers, who give him his tablets in a pot and watch him take them."

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when receiving care. One person said: "I do feel safe with the carers I have...I know I am safe with them."
- Staff knew the procedures for reporting any concerns, and had a good knowledge of safeguarding procedures. The training records we checked confirmed staff were trained in this area.
- Where suspected safeguarding incidents had occurred, the provider had taken appropriate action.

### Assessing risk, safety monitoring and management

- Risks, such as falls, malnutrition and personal safety were assessed when people's care was initially planned, and these risk assessments were regularly reviewed to ensure they remained suitable.
- The registered manager kept records of risk and safety incidents which were monitored to ensure people's ongoing safety.

### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies.
- The provider's records showed staff had received training regarding infection control
- People using the service told us staff always used PPE when providing care. One said: "Every time staff visit this home, they come in and go straight to the kitchen and put on their PPE of mask, gloves and apron. They also wear foot protectors to keep my bungalow clean. I really appreciate that."

### Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work, including references and identity checks as well as Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were provided with relevant training, with one staff member describing the training as "really good, it

covers everything." Relatives we spoke with confirmed staff appeared to have the right skills for the job.

#### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager, and said they would feel confident to do so.
- One person's relative described a time when they had contacted the office with some concerns over their relative's care. They told us the registered manager apologised and changes were implemented.
- Records showed changes were implemented following incidents or accidents.

# 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.

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 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. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests.
- People and their relatives told us staff sought verbal consent when carrying out care tasks.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.

Staff support: induction, training, skills and experience

- Staff told us their inductions had been thorough and described the process as useful. They said training was relevant to their roles and gave them confidence to carry out their duties safely.
- Staff we spoke with told us they found the support they received to be good, and described management to be accessible and supportive.
- The provider's training records showed a wide range of training was offered across relevant areas.

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

- Assessments of people's needs were undertaken before they began to receive care. People's relatives told us they had been involved in these assessments, which meant the provider understood people's needs and preferences.
- Records showed the management team monitored care, by way of spot checks and audits, to ensure it was in line with current guidance and meeting people's needs.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, it reflected their personal preferences.

One person's relative said: "[my relative] chooses what he wants to eat and the carer prepares it for him. They sort out drinks for the day too."

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

- Where external professionals were involved in people's care, their guidance and advice was incorporated into people's care plans.
- Staff told us they knew when to contact other agencies, and gave examples of contacting healthcare providers on people's behalf.

# 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.

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

- People had been involved in planning their care, and care plans we checked evidenced this. One person said: "When I first had carers, I did meet with the office staff to talk about what care I needed and everything I asked for has been agreed. I'm very happy with it."
- People's views were regularly sought, and they were encouraged to make decisions about their care. One person's relative described how care staff encouraged their relative to be as independent as possible.

Ensuring people are well treated and supported; equality and diversity

- People using the service, and their relatives, told us staff treated them well. One person's relative said: "Staff are very kind and caring. [My relative] won't have anything to do with them when they are here and doesn't want to talk to them, but they remain patient and kind."
- Care assessments we checked showed information about people's cultural needs.
- Staff told us they prided themselves in treating people with respect and dignity. One staff member said: "I think about them as if it was my grandparents [receiving care]" A relative said: "When [my relative] is taken from the bedroom to the bathroom for a wash, the carers always shut the door to ensure her privacy. They also take her back to her bedroom to get her dressed and make sure the curtains are closed beforehand."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them, and people's relatives confirmed staff's approach to people was underpinned by an emphasis on dignity.
- Care records contained information about how people's privacy and dignity should be upheld.
- When managers carried out spot checks of care, they assessed whether staff were treating people respectfully.

# 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.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had copies available of their service user guide in an easy read format.
- People using the service and their relatives told us information was provided to them in accessible formats so they understood it easily.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held information about people's preferences and interests.
- Staff told us they checked people's preferences each time they provided care. One staff member said: "I usually have the same people anyway so I know them well, but we still always check with people what they want because everyone can change their mind."
- One person's relative said their relative "says the carers treat him like a person. He's very pleased with them." One person said: "Care staff help me shower and wash me because I can't do it for myself. They do it well and always tell me what they are going to do before they do it."

Improving care quality in response to complaints or concerns

- People using the service told us they would feel confident to complain if they needed to. One person's relative told us they had recently complained and the issue was rectified quickly with no recurrences.
- The provider's policies and procedures relating to the receiving and management of complaints were clear.
- Where complaints had been received, the provider took appropriate action and, where required, made changes to ensure there was no recurrence.

# 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.

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

- Governance arrangements within the service were robust enough to ensure good quality care.
- People and their relatives told us they thought the service was well managed. They said care calls were rarely late, and explanations were always given if they were. They described the management team as approachable.
- Care notes showed care was delivered to a good standard and met regulatory requirements.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.

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

- People we spoke with told us their care met their needs, with more than one relative telling us about how empowering care staff were,
- Staff told us the culture within the service was supportive and open

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

- Staff told us they felt involved in decisions about how care was provided, and we saw evidence of staff giving feedback which resulted in changes being made.
- People's feedback was regularly sought, via a system of regular reviews, spot checks and formal surveys. One person's relative said: "We have just started to use this company and we have met with them to talk about the care [my relative] needs and it is much better than the previous company we were with."