

Relate Service Providers Ltd

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## 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

Relate Service providers is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service was providing personal care to 3 older people. 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 felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. People received their medicines as prescribed. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons to protect people from the risk of cross infection.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. Staff told us they were supported by the registered manager to perform in their roles. There was a procedure for reporting incidents and accidents in the service and learning lessons from them to prevent re-occurrence. 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.

Staff were kind and caring. People and relatives praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. People and relatives were actively involved in their care planning and delivery.

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met.

People achieved good outcomes from their care. People, relatives and staff all spoke highly of the support they received from the management team. The registered manager, nominated individual, managing director and care co-ordinator all maintained daily oversight of people's care. The management team also took on caring roles, this ensured they built and maintained a close relationship with people and their relatives.

The provider promoted a positive culture and person-centred service. Feedback from people and relatives was received. There were quality assurance systems in place for the provider to continuously improve the service.

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 16 June 2021 and this is the first inspection.

#### 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?

The service was safe.

Details are in our safe findings.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings.

Good ●

# Relate Service Providers 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

The inspection was carried out by 2 inspectors.

#### 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 the service 48 hours' 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 in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We used this information to plan our inspection.

#### During the inspection

We spent one day in the office location reviewing documentation and discussing this with the registered manager and the compliance manager. We reviewed 2 people's care records (including medicine records), 2 staff files, policies relating to the running of the service and governance records. We spoke with 1 person about their experiences of the care provided and 2 care staff.

# 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

- People were protected from the risk of abuse.
- There was a safeguarding policy in place that was in line with local procedures.
- Staff told us they understood potential signs of abuse and would feel confident to report these to the registered manager. Staff completed training in safeguarding.
- There had been no safeguarding concerns raised since the service started.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to help ensure people received safe care.
- Risk assessments included areas such as medicines management and personal care.
- Assessments identified risks to people and provided instructions to staff about how to lessen risk or what to do should they occur.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- One person told us "They do a good job here. Majority of the staff are very good."
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were being managed safely.
- Medicines administration records (MARs) we reviewed were all signed with no gaps, which showed medicines were being administered as prescribed.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy. A member of staff told us "Yes, I completed my medicines training."

Preventing and controlling infection

- People were protected as much as possible from the risk of infection.

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. One Person told us "Yes, they wear gloves and apron."

Learning lessons when things go wrong

- The management team ensured there was a culture of learning within the service.
- There had been no incidents or accidents at the service which was confirmed by the registered manager. The provider had a policy for accident and incident, reporting policy, and a root cause analysis policy and procedure for staff to follow should things go wrong.
- The registered manager told us any learning from any incident, accident or complaint would be shared widely with the staff through staff meetings or supervision meetings. The staff member we spoke to said, "If it [ an incident happens], we will contact the office and document the incident."

# 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

- People's needs were assessed before using the service. This was so the provider could find out whether they could meet people's needs or not.
- These assessments included information obtained from people and their relatives about their needs and preferences and how they would like to be supported. The care plans reflected people's needs, including aspects of their life which were important to them.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people.
- Staff were supported and completed a programme of on-line training sessions to effectively perform their roles. Staff confirmed they completed the online training and named a few training sessions that they had completed. These included health and safety, moving handling and medicines management training.
- The provider had a clear overview of the training needs of all staff. They had a training matrix which detailed the training staff had received and when re-training was due. This meant they could monitor if staff were up to date with their training.
- Staff received regular one-to-one supervision as well as spot checks by the registered manager so they could monitor the staff's performance and offer support where this was identified. A staff member told us, "[compliance manager] is supportive, they do an amazing job, bless her."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- The provider ensured people's health and wellbeing was regularly assessed.
- People were supported to access healthcare services to maintain their health and receive the treatment they needed. Contact details of the relevant professionals involved in people's care were available in their care plans.

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

- If required, people were supported with food and drink to maintain their health and a balanced diet.
- Staff told us they understood people's needs and their preferences for their food and drink.
- Information about how staff should support people to maintain and manage people's nutritional requirements were included in their care plan.
- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals.

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.

- Staff sought people's consent before carrying out any tasks for example when assisting them with personal care.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- A service user told us the staff sought their consent before providing any care or support and that they were involved with the decision making.

# 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 were treated with kindness and respect by staff.
- A staff member told us, "Before going in, knock and wait for their response. Meet and greet and offer them what they want to do. If they want a wash or shower. SU can choose their clothes, try and promote their independence, close the door and respect their dignity."
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I always make sure I read the care plan from front to back and always take on board what my clients says, what [they] like and dis like, I have great communication with them [people using the service]."

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

- People were involved in decisions about their care. Care plans were signed by people to confirm they had agreed with the support planned for them.
- Care plans included detailed background information of each person and their goals and objectives. This helped to ensure staff had a good understanding about the individual so they could provide person centred care to the person.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular communication with the registered manager. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the provider sought direct feedback regularly from the service users and through regular spot checks. We saw evidence of a spot check form which had been completed by the compliance manager and covered checks of infection control, medication, personal care, eating and drinking and communication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us they explained what they were doing and sought people's consent when offering support. A person told us that staff always asked for consent before providing personal care.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Staff completed training on privacy and dignity.

# 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 received person-centred care.
- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The registered manager assessed people's care needs. This included what they would like to gain from the service and their desired goals and objectives. A person-centred care plan was devised from the assessment of people's needs when they started to use the service and agreed with people, and their relatives where appropriate.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

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.

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- People were supported to go about their daily lives as much as possible by the service. Staff supported them to follow interests that were socially and culturally relevant to them, such as going to places of worship so they could practice their religion.

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 ensured people's communication needs were met.
- Care plans covered people's communication needs from a person-centred perspective.
- They highlighted how staff were able to communicate with people. For example, where people required hearing aids to communicate, staff knew how to communicate with them. Care plans explained that staff should check that hearing aids were working correctly, that they had the person's attention before starting to talk and to keep eye contact as they spoke using a gentle, relaxed tone of voice and friendly facial

expressions.

Improving care quality in response to complaints or concerns

- At the time of this inspection the service had not received any complaints. People and their relatives were aware how to make complaints.
- The registered manager told us they would follow their policy should they receive a complaint and any learning from a complaint would be shared within team meetings and individual supervisions.

End of life care and support

- There was a policy for end of life care. The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained to support people with their end of life care needs.

# 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 management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service and found staff meetings to be useful. One member of staff said "Team meetings were useful] because we can talk about issues, concerns, and see other colleagues."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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 was aware of the duty of candour.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely and to support the delivery of care to people. For example a complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- There is a root cause analysis policy and procedure for staff to follow should things go wrong, so they could thoroughly investigate incidents to find out what went wrong and put things right.
- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and was aware of events and incidents that they are required to notify the CQC of.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight of the quality and safety of the service.

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

- The provider had systems in place for people and professionals to give feedback about their experiences of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.
- The compliance manager was in regular contact with people to gain feedback and suggestions regarding the service.

- Staff received regular supervision meetings and supervision forms were completed and there were staff meetings which covered priorities.
- Staff told us they were happy working at the service. Records confirmed that staff regularly completed supervision forms that allowed them the opportunity to input suggestions regarding the service. One member of staff told us that they feel comfortable to raise any issues and suggestions and felt confident that management would take it on board.
- The registered manager advised that team meetings took place quarterly due to the team being small and that this gave staff opportunity to raise suggestions and also for management to share any learning.
- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regard to equality and diversity.

#### Continuous learning and improving care

- There was a culture of continuous learning and improvements.
- There were quality assurance processes in place. Various audits were carried out by the registered manager, including audits of care plans and risk assessments, health and safety and staff training.
- The registered manager held team meetings quarterly to share learning and to seek their views about how the service could improve.
- The registered manager told us that they plan to become a trainer to provide all inhouse training and will be taking a course in the future to provide this to the staff. This was to ensure that staff were receiving regular training and targeted to the needs of the people using the service.

#### Working in partnership with others

- The provider was open to working in partnership with others. The service was small and the provider planned to liaise with local authorities.
- The registered manager followed good practice standards to help develop the service and ensure people received safe care.