

Rely Care Agency Limited

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Inspection report

33A Himbleton Road
St Johns
Worcester
Worcestershire
WR2 6BA

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Tel: 01905339331

Website: www.relycareagency.co.uk

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:

Rely Care Agency is a domiciliary care provider that provides care and support to people in Worcester and the surrounding area. Not everyone supported by Rely Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection one person was being supported with personal care.

People's experience of using this service:

People received personalised support from support workers who knew them well. Rotas were arranged so the same workers supported the person with a backup worker to cover times when the main worker could not attend.

People were encouraged to remain as independent as possible. Care records emphasised that support workers should encourage and support people to be independent.

Support workers told us they felt proud to work for the service and felt the small nature of the service helped develop a family feel both with colleagues and people they supported.

People were encouraged to speak up when they had concerns or felt things could be done better. Support workers we spoke with told us they felt listened to by the management team.

The service was selective in accepting referrals from the local authority and only accepted referrals where they felt they could offer the person a distinctive, personalised service.

Regular reviews ensured the support people received continued to meet their needs.

Rating at last inspection:

At the last inspection the service was rated good (published 4 August 2016).

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

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

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 ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Rely Care Agency is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides support to adults, including people with dementia.

Not everyone supported by Rely Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

We gave the service 48 hours' notice of the inspection visit because the registered manager is also the registered manager at other locations and we needed to be sure that they would be in.

Inspection site visit activity took place on 19 February. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the home, information from other stakeholders, for

example the local authority and members of the public. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with the person using the service, two members of staff, the liaison consultant and the registered manager. We reviewed care records and quality assurance audits completed by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Support workers underwent training so they were able to recognise signs of abuse and identify people who may be at risk of abuse.
- Support workers told us they were able to speak up and were confident any issues raised would be dealt with by the management.
- The registered manager and liaison consultant had undergone safeguarding for managers training.
- A whistle-blowing policy was in place to allow staff to raise concerns.

Assessing risk, safety monitoring and management

- People's care records identified risks and guidance was in place to help manage and reduce these risks.
- Support plans were stored electronically which allowed the management team to update them as required and ensured up to date information was available to support workers.
- The registered manager told us, "We are very discerning about what packages we take on. We won't take a gamble if we don't think it's safe."

Staffing and recruitment

- The service arranged its staffing so each person had a regular support worker with an additional support worker to cover the visits the regular worker couldn't do.
- The registered manager explained, "With the packages we have, two staff works. We have to have the right staff for the person; it's important they get on. We give people the opportunity to meet with the support workers before they start and if we have a worker the person gets on with but needs more training then we will give them the training rather than send someone who is already trained but may not get on so well."
- People's care records identified any specialist training care staff might need in order to support them safely.
- The service had recruitment policies in place to ensure checks on the background and character of the person were completed before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Using medicines safely

- At the time of our inspection nobody was receiving support with their medicines however the service had processes in place to support people if required.
- Support workers received training in supporting people with their medicines and received updates to ensure they were aware of current best practice.
- People's care records included details of what medicines people were prescribed so this information could

be shared with other healthcare professionals in an emergency.

Preventing and controlling infection

- Support workers told us they were aware of when to use personal protective equipment (PPE) such as disposable gloves and aprons.
- Support workers underwent training in infection control and food hygiene to ensure they understood the importance of protecting people from infection.

Learning lessons when things go wrong

- Support workers we spoke with told us, "If anything needs looking into or altering then we can speak up. If people aren't getting the right support we say. Your ideas are listened to."
- The service made regular contact with people using the service and staff to review how their support was going and try to identify how it could be improved.

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.

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

- Support plans were based around what the person wanted to achieve and how staff could support them to do so.
- Regular reviews were undertaken with people to ensure the support was continuing to meet their needs. The registered manager explained, "We have changed our review process so people are reviewed more regularly and we can see if there is a better way of supporting them if they feel it isn't."

Staff support: induction, training, skills and experience

- Support workers told us they had the training they needed to support people safely and could request extra training if they wanted. One support worker said, "Any training we want we just ask. Although I don't need it for the person I support I was interested in drug and alcohol abuse training and within two weeks it was there." The registered manager explained, "The training is done to meet the needs of the person but if something interests a support worker we will help them find the training. We ask them if there is any more specialist training they want."
- Support workers said they felt very supported by the management team. One support worker told us, "We always get the support we need. Any time 24/7. We're always thanked too which means a lot."
- All staff we spoke with commented on the family feel of the service. The registered manager told us, "We are all a family really. Because staff retention is good we get to know each other so well. We get texts from the support workers asking how we are which are lovely to get."

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

- People's care records contained details of people's preferred food and meal patterns, including meals that they weren't supporting the person with. A support worker explained, "We can go and make a breakfast and check the person is eating ok [with the information in the care plan.]"
- The registered manager told us, "To get to know the person you need to know about what the person's day looks like, including meals."

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

- The service worked well with other services run by the same provider and external organisations to identify other services people may benefit from.
- People were encouraged and supported to attend appointments with other care providers such as GPs and hospital appointments.
- The management team had a good knowledge of other local care providers. The registered manager explained, "If we assess someone but don't feel we can offer the right amount of support we can signpost

them to other services who may be better able to help."

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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA.
- People's capacity to make decisions were assessed and if people needed support to make decisions this would be provided.
- People's care records contained information about any Lasting Power of Attorneys (LPAs) that were in place should the person lose the capacity to make decisions for themselves.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well treated by support workers who knew them well. People using the service told us, "They are very helpful and very kind. I wouldn't want to be without them, they are like friends."
- Comments from support workers included, "When you've finished work you miss it. I look forward to visiting and [people using the service] look forward to it too." The registered manager told us, "We know the support workers very well so we know who will fit in. We always ask ourselves what the worker is going to add to the visit rather than just sending anyone. Our starting point is who is the best person then think about what training they may need."
- Support workers we spoke with demonstrated they knew the people they supported very well. People's care records contained detailed information about their life history and interests, including any choices or interests relating to their culture or background.

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

- People were regularly asked for their views on the support they received and this information was collated and fed-back to the support workers. The registered manager told us, "We like to do our telephone reviews in the afternoon when the support worker isn't there so it breaks up the person's day and they have someone else to chat to."
- Relatives and friends were involved in the person's care when the person wanted them to be. People's care records identified who these people were and what involvement the person being supported wanted them to have.
- Any communication needs a person had was identified and recorded in their support plan. This information could be shared with other healthcare professionals when needed to ensure the person received information in ways they could understand. The registered manager explained, "If people need bigger fonts we can do that. We can also make audio versions of care plans or do braille versions if required."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible. Care records we looked at emphasised that people could do things for themselves and that support workers should provide reassurance and encouragement for people to do the things they could."
- Care records emphasised the importance of giving people choice in the support they received and support workers we spoke with told us, "We do what people want to do. Sometimes we will sit in and chat, sometimes we will go for a walk to the end of the garden depending on what the person wants."
- The service kept electronic records which were encrypted and backed up every week. This helped protect people's privacy as only authorised people could access them and in the event of equipment being stolen, no confidential information could be accessed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

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

- People were involved in planning the support they received. People important to the person were identified in care records along with an explanation of the involvement the person being supported wanted them to have.
- The service considered how they could meet people's needs before accepting support packages. The registered manager explained, "We don't take packages on unless we can offer something that will be personal. We have to think what we can do for the person."
- If people chose, the service would support them to participate in activities in the local community. The registered manager said, "We ask whether people would like to do anything in the local community while we are with them. We ask them what they would like to do and see what's on that might interest them."
- We saw people and relatives were involved in deciding how they wanted to be supported. Regular conversations were held with people to see if their needs continued to be met. The liaison consultant told us, "The reviews are more of a chat to see how things are going rather than a formal conversation so people are more relaxed and happy to talk."

Improving care quality in response to complaints or concerns

- The management team were welcoming of suggestions to improve the service. The registered manager told us, "I'm always grateful when someone tells me there is a better way we can do things or we can do something better."
- The service had a complaints policy in place and shared learning across all the services it provided where improvements had been identified.

End of life care and support

- At the time of our inspection no-one was receiving support as they neared the end of their life, however the service had procedures in place to provide support if people needed it.
- The registered manager told us they had access to a variety of training from other organisations which they could use if support workers needed particular skills to support someone at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear vision of wishing to provide high quality care with a family feel. They told us, "We're small, we're consistent and we have a good reputation."
- Support workers told us they also felt the service had a family feel. One support worker told us, "I'm very proud of the people I work with, they are a lovely bunch of people. We are a family."
- Support workers told us the management team were approachable and would listen to any suggestions made by staff. The registered manager told us, "We don't just shut the door at the end of the day, we're always here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. When events happened that needed to be reported to CQC or other organisations this was done appropriately.
- The registered manager told us, "When people using the service or relatives give us feedback we pass it on to the workers. It's important that we tell workers when things they have done are appreciated as well as if things can be done better."
- The management team had a good oversight of quality in the service and worked hard to maintain the standards of care.

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

- The service sought the views of people using the service and staff to help develop the service.
- The views of people using the service were sought about the service as well as the support given to them.
- Support workers told us, "We can suggest anything. If see something could be done better we can say." The registered manager told us, "The staff know they are listened to. We are a small team so we can address things straight away."
- The management team provided other services in the area and used knowledge gained from across their services to identify where they could provide services the local authority and other commissioners of care needed.

Continuous learning and improving care

- The registered manager used a variety of information to keep up to date with developments in care provision and best practice, using guidance from nationally recognised organisations such as the National

Institute for Health and Care Excellence, Skills for Care and CQC.

- The registered manager also showed us changes they had made to their care planning process as a result of learning from local provider meetings.