

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Renaissance Personnel Ltd (Kentish Town)

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Renaissance Personnel Limited
Registered Manager	Mr Dennis Mawadzi
Overview of the service	Renaissance Personnel Ltd is a domiciliary care agency providing community health service and care at peoples' homes and supported living. The agency provides home care services to all London Boroughs and beyond.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

One inspector visited the location and gathered evidence against the outcomes inspected to help answer the five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, relatives and the staff told us.

If you want to see the evidence that supports our summary please read the full report.

During our inspection we spoke with the registered manager, a field supervisor, two compliance administrators, three care workers, two relatives, one advocate and four people who used the service. The service currently provides care and support to twenty five people.

Is the service safe?

People who used the service were protected from the risk of abuse. People we spoke with told us they felt safe. The provider followed safeguarding procedures when incidents took place and they contacted the correct authorities in a timely manner in the event of safeguarding incidents. One person we spoke with told us, "the quality of care is really good." Another told us, "I feel safe with my care worker." Relatives we spoke with did not raise any areas of concern regarding safety.

The manager and training director ensured staff received safeguarding training as part of their mandatory training. Staff we spoke with confirmed they were trained in safeguarding people and were able to discuss with us the different forms of abuse. People told us they were treated with dignity and respect and their rights were respected.

Is the service effective?

People's needs were assessed and care and support was planned and delivered in line

with their individual care plan. We looked at four people's care and support folders and found people's care needs had been assessed effectively. We found people had risk assessments in place which were reviewed regularly by the service. We spoke with a relative who told us, "care is reviewed monthly." A person who used the service told us, "the quality of the care is really good."

Is the service caring?

Relatives and people who used the service we spoke with were positive about the care provided by their care workers. A relative we spoke with told us, "The care worker is respectful and kind." One person who used the service told us, "everybody is kind and I feel safe." Another person said their care worker was, "terrific, very caring."

Staff at all levels told us how they cared for people who used the service and demonstrated they understood and knew people's individual care needs.

Is the service responsive?

People and their relatives we spoke with knew how to raise a concern or make a complaint. We looked at the investigations carried out by the provider for two complaints received since our last inspection which confirmed they had been completed to a satisfactory conclusion. Learning from incidents or investigations had been documented. The provider held regular team meetings and staff we spoke with confirmed they had attended staff meetings. This meant that people were benefiting from a service that was taking on board lessons learnt and reviewing and analysing adverse events.

Is the service well-led?

The service had a quality assurance system. The manager told us and we saw evidence of monthly staff meetings which covered areas which affected both people who used the service and staff. The staff received regular supervision and training which focussed on their development to encourage good practice.

Staff told us they were supported in their job which helped to ensure people who used the service received a good standard of care and support. They felt they could raise issues or concerns with the manager and these would be acted upon. One care worker told us their manager, "was a good boss, very supportive."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People we spoke with told us they were happy with the care that was being provided and confirmed they were involved in their care. A relative we spoke with confirmed they had been involved in making decisions about care provided and told us, 'I am involved with care provided and receive weekly email updates.' Staff confirmed that where possible, relatives and advocates of people who used the service were consulted and involved in planning the care if appropriate. We saw checklists in people's care folders which confirmed they had received a service user guide and individualised care plans had been explained and agreed by people. A field supervisor told us the service ensured they had a full understanding of people's preferences and needs before care was delivered.

We saw people's preferences had been documented in their care folders. For example, people were able to choose whether they wanted a male or female care worker to attend to them. People we spoke with confirmed staff treated them with respect and received care and support according to their needs. One person told us, 'my care worker makes me feel safe and I trust them.'

Privacy and dignity was maintained by involving people in their care and individuality was respected by all staff we spoke with. Two care workers we spoke with talked about people who used their service in a respectful and professional manner. One person who used the service said, 'my care worker understands my needs and I am listened to.'

The manager and field supervisor told us people's views and opinions were sought via a placement feedback questionnaire. This was completed by a field supervisor who visited people in their homes and filled out a questionnaire with them. We spoke to the field supervisor who told us they visited people in their homes every six months. These visits enabled a review of people's satisfaction with the care they received and to assess whether care needs had changed. We saw evidence of these feedback forms with comments from people who used the service. Comments we read were positive.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw four people's care plans which indicated people's needs had been fully assessed. Care and treatment was planned and delivered in line with their individual care plans. We were told by the manager and field supervisor people were visited in their homes to complete personalised care plans and perform needs and risk assessments. We found that appropriate needs and risk assessments such as moving and handling, environmental, falls and individualised health and social care risk and needs assessments had been carried out. These care plan records had been regularly reviewed and updated as necessary which meant that people's needs were appropriately assessed and planned for. The provider may wish to note that although people had signed and dated the initial care plans the updated plans had been signed by the assessor, but not by the person who used the service. We were informed by the field supervisor that all care plan folders were currently under review and being updated and computerised.

We were told that spot checks were made on the care workers to ensure the care and welfare of people who used the service were maintained. A care worker we spoke to confirmed they had received spot checks. We spoke with care workers who demonstrated they understood and knew people's individual care needs. People we spoke with told us care workers turned up on time and had time to deliver the care required. We saw evidence on the computerised call monitoring system that this was audited by the compliance administrator.

The manager and field supervisor told us a daily hand-over by care workers occurred at the end of the each day shift, which helped manage risk to people. The manager explained that if a person who used the service had high risk needs the care workers would hand over observations and care given after each shift and would be recorded in people's daily progress notes. The field supervisor told us they intended to introduce a system where one staff member was made responsible for the collation of people's daily progress notes to ensure records were kept as up to date as possible.

The manager and staff told us the management team held weekly meetings regarding the care and welfare of the people who used their service. Staff liaised with external professionals and the local authorities and held joint meetings where necessary, this

ensured a high level of communication between all care providers. On the day of our inspection the manager was involved in a multi-disciplinary team meeting regarding a person who had high support and care needs.

There were systems in place for dealing with emergencies. We saw care plans documented key holding consent forms which allowed care workers access to people's homes in an emergency and had been signed by people who used the service. The manager had an on call system with a minimum of 15 care workers that could be called upon to deliver care in the event of an emergency. This helped ensure the provision of services were not affected. The manager told us that they were always available in the event of an emergency. This meant there were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse as the provider ensured safeguarding policies and procedures were followed. The safeguarding policy was last reviewed by the manager in August 2014. The field supervisor told us they visited people in their homes on a six monthly basis or as the need arose. People who used the service told us they were happy with their care workers and felt safe with them. One person told us "I can find no fault, I know who to call if I had a concern." They told us they would contact the manager or the field supervisor if they were concerned about anything. Family members of people who used the service did not raise any issues about the safety of their family members with us. They knew who to speak with to raise a concern if they had one.

The service's training director facilitated training sessions on safeguarding vulnerable people and ensured all staff were up to date with their training. We saw evidence of this training in four staff folders. The manager informed us that if it was identified that a member of staff needed further training it would be organised on a one to one basis. We noted in the office there was a board which stated as a visual reminder which member of staff needed update training.

Care workers we spoke with were able to identify the different types of abuse and confirmed they regularly received safeguarding training. Staff were able to demonstrate they would act appropriately in the event of a safeguarding concern. Staff we spoke with knew who to contact and report their concerns to. The registered manager was the safeguarding lead who had an 'open door' policy and was always available to give support and advice. Staff members we spoke with confirmed the manager was very supportive.

We saw evidence that a recent safeguarding incident had been reported, investigated and managed to a satisfactory outcome. CQC had received notification about this safeguarding concern.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at four staff personal folders and saw appropriate checks were undertaken before staff began work. All staff had a Disclosure and Barring Service (DBS) check prior to employment. This helped to ensure that those people who had been judged as being unsuitable to work with people who used the service were prevented from doing so. We noted that two references had been obtained and whether the staff member had a right to work within the United Kingdom. Their previous work experience and qualifications were checked. Staff completed a health check form prior to employment to ensure they were fit for the intended roles.

All staff folders we looked at contained photographic identification for the individual staff members. We saw the pre-interview document and the manager confirmed that work was only allocated to care workers when all pre-employment checks had been completed and were satisfactory.

There was an induction and mandatory training process following appointment. We saw the training programme's policy and the induction programme. Staff we spoke with confirmed they had received induction and mandatory training and we saw certificates in their personal folders confirming this. There was active supervision of staff with support and training. A new care worker we spoke with confirmed she had received appropriate training and felt suitably qualified in order to fulfil her role safely and effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager along with the field supervisors monitored and assessed the quality of care provided by performing regular risk and needs assessments. We saw people's care plans had been reviewed with updated needs and risk assessments. The management team confirmed they visited people who used the service in their homes every six months, or as and when the need arose and assessed and monitored care that had been given. Telephone calls and spot checks of staff were also used as a method of assessing and monitoring the quality of service provision. A care worker we spoke with confirmed they had received spot checks from their field supervisor.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found the last satisfaction survey had been completed in July 2014. We saw the results of the survey had been reviewed and analysed by the registered manager.

A compliance administrator showed us the services' electronic call monitoring system which produced statistics on service reliability and punctuality of care workers. The manager explained that if any care worker's training had lapsed, the system would not allocate them work. The electronic call monitoring system also flagged up when risk and needs assessments needed to be reviewed and updated.

The manager told us weekly drop-in sessions for care workers were held in order to monitor and discuss quality of care delivered. Weekly teleconference calls were also held in order to discuss common issues amongst care workers. Another member of staff we spoke with confirmed this happened. All people we spoke with knew who to contact if they had any worries or areas of concern. We saw minutes of the last monthly management meeting which covered all areas of service provision which affected both people who used the service and staff.

The manager had an effective complaints procedure. We were told the operational manager was the dedicated complaints lead. We noted the complaints policy and procedure was last reviewed in August 2014. We were shown the compliments and

complaints folder. We saw complaints were recorded and responded to appropriately and were discussed at team meetings in order for lessons to be learnt. People we spoke with knew how and whom to complain to if they needed to. One person we spoke with told us, "I know who to speak with if I have any problems at all." We spoke to an advocate who confirmed they would feel comfortable raising a concern if they had one informing us, "the manager is accommodating."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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