

***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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2013

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

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

## Details about this location

Registered Provider	Renaissance Personnel Limited
Registered Manager	Mr. Dennis Mawadzi
Overview of the service	<p>Renaissance Personnel Ltd is a domiciliary care agency providing community health service and care at peoples' home and supported living.</p> <p>The agency provides services to people who live in the London Borough of Camden and the London Borough of Haringey.</p>
Type of services	<p>Community health care services - Nurses Agency only</p> <p>Domiciliary care service</p>
Regulated activities	<p>Personal care</p> <p>Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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During our inspection we found that people were satisfied with the care and treatment they received from Renaissance Personnel.

People indicated that care workers were "friendly" and one person told us that they "do what I ask them to do". Another person said that "staff listen to me and take directions". People also told us that staff treated them with respect and dignity.

Relatives of the people supported by the agency told us that they were involved and consulted whenever there was a need.

People felt that safe practice was followed and we saw that, where incidents took place, the provider followed safeguarding procedures.

People told us that staff were competent and able to complete tasks as required.

The provider had effective recruitment procedures in place. There were sufficient numbers of staff with the right knowledge and competencies in order to meet peoples' care needs and respond to changing circumstances in the service.

People told us that the provider occasionally visits their home to check if staff were there on time and to observe the practice. We saw that the provider monitored the quality of the service received by people.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People we spoke with were satisfied with the care and treatment they received. They told us staff treated them well and they felt that their needs were met. One person said: "I am involved [in my own care]". They said staff visited them and explained things to them in a way they understood. People told us they had information that enabled them to make decisions about their care.

We noted that the manager visited people at their homes to complete assessment of needs and care plans. Staff told us that care plans for each person using the service were developed from their assessment of needs. Staff informed us that each person using the service had a risk assessment to ensure that their care was provided in a safe environment.

People indicated that care workers were "friendly", one person told us that they "do what I ask them to do". They told us care workers treated them with respect and dignity. Staff we spoke with had cultural, spiritual and dietary needs awareness and they talked about people supported by the agency in a professional and respectful manner. Both staff and people supported said that the agency had assigned care workers according to people's needs and wishes.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People we spoke with felt that their needs were being met. They said "staff listen to me and take directions". They confirmed that staff were on time.

Relatives of the people supported by the agency told us that they were involved and consulted if there was a need.

We saw that people, when consulted by the provider, indicated that their health needs were always met. People also told us that staff took instructions from other professionals in order to meet their needs.

We saw that staff completed a variety of training in line with peoples' care needs, this included specialist training on how to support people with spinal injuries, dementia, and people with mental health needs. A member of staff told us that they were also offered training to improve their knowledge of autism.

We saw individual risk assessments and staff we spoke with were aware of them. Staff spoke about one person's involvement in managing their own care, they were also aware of how to support a person who had difficulties with communicating their needs.

We saw that peoples' changing care needs were reviewed in cooperation with the local authority. A member of the social work team we spoke to confirmed that staff liaised with them frequently and that they held joint meetings with the agency. This meant the provider involved external professionals in planning and delivering peoples' care.

The provider might find it useful to note that some of the care plans and risk assessments we saw were not recently updated, many of them were not dated and we were unable to tell if they were recent. This meant that they could not always reflect changes in peoples' care needs.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People told us that they felt safe when supported by the agency. One person told us that staff used safe manual handling practices, we were told "they always check if everything is OK, they know what they do".

We saw that where incidents took place the provider followed safeguarding procedures as directed by their policies and the local authority. Incidents were notified to the Commission as required; this meant that when it was suspected that abuse had occurred procedures were followed appropriately.

Staff told us that they received safeguarding training and they were aware of who to report to if they suspected abuse taking place. We also saw records of safeguarding training taking place and the manager told us that the training was organised internally.

The manager was aware of the local authorities' safeguarding procedure and had a copy of their policy accessible to all staff.

We saw that risk was assessed when required and copies of individual risk assessments were kept in the files. Staff told us that they had completed manual handling training and that they were aware of safe practices.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People told us that they felt staff were competent and able to complete tasks as required. One person told us that "staff were far better than a lot", another said that "they did what I asked them to do".

We spoke with other professionals involved in peoples' care, one person told us "staff had the knowledge and they were competent".

We looked at records of five staff and we saw that the provider had suitable procedures in place to ensure all staff were suitably assessed before they commenced employment with the agency.

The provider checked staff's identity documents, confirmed the address they lived at and checked if they were entitled to work in the UK. We saw that copies of the Criminal Record Bureau checks were kept in individual files. The manager told us that Criminal Record Bureau checks were renewed every year.

We saw that the provider had requested for two professional references for each of the staff, this meant that the provider checked if staff were reliable and trustworthy. We saw records of previously completed training, this meant that the employer checked if staff were qualified and competent to carry out their role and to meet peoples' care needs.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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One person told us that Renaissance Personnel's staff came on time. Another person said that staff consulted them on when to take breaks. This meant that they were able to meet individual care needs at the time suitable to them.

We saw that questionnaires completed by people at the end of 2012 indicated that staff were mostly on time and visited people at the times suitable for them.

The manager told us that staff were required to call-in once they arrived at the location and then call-out before they left people's homes. There was a system in place to raise an alert if staff had not arrived at the location so suitable cover could be arranged if this was required. The provider told us that during the time when the agency was closed an automatic alarm was raised with the on-call manager, this meant that the risk to people was minimised.

Staff told us that rotas were arranged flexibly, they said that they had enough time to travel from one location to another. Staff also told us that the provider consulted them before rotas were published to ensure this was well planned. This meant that any disruptions to the people who use the service linked to staff not being able to attend were minimised.

The provider might find it useful to note that relatives told us that rota changes were not always communicated in advance. This meant that on occasions people were not informed of which staff were going to support them on the day.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People told us that the provider occasionally visited their home to check if staff were there on time and to observe the practice.

We saw that the provider monitored the quality of the service received by people. A survey was conducted by the agency in September 2012 and we saw that most comments received were positive. We were told by the manager that an independent person was supporting the agency with audits and occasional spot checks on staff.

An external professional told us that the provider communicated with the local authority regularly in order to gather feedback on staff performance and to check if there were any problems.

Staff told us that after they supported people for the first time the provider talked to them in order to check if they were happy and if they would like for the staff to continue providing the support to them.

We were told by the manager that regular contract monitoring visits were organised by the local authority in order to check if the agency met required standards.

We saw that the provider had a complaints procedure in place and people told us they were aware of it. We saw that complaints were recorded and that the provider responded formally to each of the complaints raised. We saw that, where appropriate, the provider investigated and took suitable actions in order to prevent escalation and minimise risks to people. This indicated that it was used effectively.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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