

**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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1AG

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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

**Staffing** ✓ 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

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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 11 October 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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People's independence and personal choices were actively promoted and supported by the use of personalised care planning. One person told us 'I am treated with respect by the carers'. Another told us 'I am very happy with the care I am given'.

Staff told us they received both mandatory and specialist training in order to deliver safe and effective care and support to people who used their services. People told us that staff were 'excellent' and that they 'felt safe' when they received care and support.

Staff were trained in safeguarding and knew where to find the safeguarding policy. Staff we spoke to were able to recognise different types of abuse. This meant their safeguarding training had been effective.

We saw there were sufficient numbers of staff with the right competencies, training and knowledge to provide safe, effective care. The manager told us they had systems in place to be able to respond to changing circumstances within the service.

We saw evidence that the provider regularly monitored the quality of the service provided. Staff told us that home visits were undertaken by care management staff to observe care and ensure it was given appropriately. We noted that risk and needs assessments were updated and reviewed on a regular basis. This meant that people received safe and effective care in a safe environment.

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We found that the provider's care management team ensured people expressed their views and were involved in making decisions about their care and treatment. People we spoke to told us they were happy with the care that was being provided and confirmed they were involved in their care. The manager told us the service ensured they had a full understanding of people's preferences and needs before care was delivered. We saw checklists in people's care plans that were signed by both manager and people who used the service. The checklists confirmed they had received a service user guide and individualised care plans had been explained and agreed by people.

The care management team were responsible for assessing people's needs and drawing up suitable care plans. We saw people's preferences had been documented and agreed and both parties had signed the personalised care plan. People we spoke to confirmed staff treated them with respect and received care and support according to their needs. One person said 'I feel supported by my carers.' Staff told us that where possible, relatives and friends of people who used the service were consulted and involved in planning the care if appropriate.

Staff spoke about people who used their service in a respectful and professional manner. Staff took into account people's religious, cultural and sexual preferences which were documented in care plans. The manager told us that they took care in placing the right care worker with the right person and kept people's preferences in mind. Privacy and dignity was maintained by involving people in their care and individuality was respected by all staff we spoke to. One person who used the service said 'my carer is absolutely excellent. I can find no fault at all.'

Staff told us that people's views and opinions were sought via a Home Carer Audit Form. This was completed by a field supervisor who visited people in their homes and filled out a questionnaire with them. We saw evidence of these feedback forms with comments from

people who used the service. Comments we read were positive. We spoke to the field supervisor who told us that they visited people in their homes every three months. These visits enabled a review of people's satisfaction with the care they received and to assess whether care needs had changed.

**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.

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

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**Reasons for our judgement**

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We saw four people's care plans which indicated people's needs had been fully assessed. Care and treatment was then planned and delivered in line with their individual care plans. We saw that people needed care and support in relation to performing some activities of daily living. We were told by the manager and staff the care management team visited people in their homes to complete personalised care plans and perform needs and risk assessments. We saw personalised care plans for four people who used the service. 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 and staff we spoke to were aware of them. 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 field supervisor told us they visited people in their homes every three months to ensure care needs were being met and were updated appropriately. We saw care plans had been reviewed and were signed and dated by the person who reviewed them. We were told that spot checks were made on the care givers 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 and we saw evidence of this on the computer core monitoring system.

We spoke with care workers who demonstrated that they understood and knew people's individual care needs. People told us care workers turned up on time and had time to deliver the care required.

We were told by staff that a daily hand-over by care workers occurred at the end of the each day shift, which helped manage risk to people who used the service. We were told by the manager and staff, and saw in people's care plans, that care was evaluated weekly via progress notes sent from the care worker to a care manager. One person who used the service told us 'my carer is excellent. I don't ever want her taken away.'

The manager and staff told us the care management team held weekly meetings regarding

the care and welfare of the people who used their service. We were told by staff they 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. We were shown by staff the computer core monitoring system which automatically flagged up reminders when a review of needs and risk assessments were due.

The manager told us there were systems in place for dealing with emergencies. To ensure the provision of services were not affected, the manager had an on call system with a minimum of fifteen care workers that could be called upon to deliver care. The manager told us that they were always available in the event of an emergency. One person who used the service told us they knew they could call the manager in the event of an emergency. We saw care plans documented key holding consent forms which allowed care workers to access people's homes in an emergency and had been signed by people who used the service. We saw policies that told staff what to do in the event of an emergency, such as falls, accidents, loss of consciousness in a domiciliary setting and how to perform cardio-pulmonary resuscitation. 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**

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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 who used the service were protected from the risk of abuse as the provider ensured safeguarding policies and procedures were followed. The field supervisor told us they visited people in their homes on a three monthly basis. Part of the visit was to ensure people and their families had an opportunity to voice any concerns they had about the care they received. If a concern was identified the field supervisor said they would contact the manager immediately and a plan of action would be put into place. A spot check would be organised by the care management team in order to observe and monitor the revised care being delivered.

Two people who used the service told us they were happy with their care workers and felt safe with them. One person told us 'I know who to call if I have a concern.' They told us they would contact the manager if they were concerned about their safety.

We were told by one member of staff that the manager who was also part of the care management team was 'a good leader and an excellent communicator' and was the safeguarding lead. The manager facilitated training sessions on safeguarding vulnerable adults and ensured all staff were up to date with their training. We saw evidence of this training in four staff training 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 spoke to four members of staff who were aware of where to find the safeguarding policy. We saw the safeguarding policy and procedure had been reviewed and updated within the last month. One care worker was able to identify the different types of abuse and confirmed that they regularly received safeguarding training. Another staff member told us they had received Mental Capacity Act 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, for example, they were aware of external agencies, such as the local authority safeguarding teams.

## Staffing

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

We found that the care management team ensured the same members of care staff supported and delivered care to the people who used the service on a regular basis. Each person who used the service also, where possible, had the same back-up care worker to deliver care when the regular care worker was not available. We spoke to one person who used the service who confirmed they had the same care worker on a regular basis.

The manager told us that if a care worker called in sick, was absent or otherwise failed to attend a care appointment, the agency had a system in place to ensure alternative cover was provided. Care workers logged in by telephone on arrival to people's homes and logged out on departure. If the care worker had not arrived at the arranged time supervisors would be alerted by the computerised system in the agency office. We were shown the computerised core monitoring system and how the alert system worked.

Staff told us cover would be arranged by care management staff and the back-up care worker would be contacted. We were told that there was an on call system with a minimum of fifteen care workers to deliver care to people who used the service in an emergency situation. The care co-ordinator would contact the person who used the service to notify the change of care worker for that day. This meant that people still received the care they required despite a change of care worker and were involved in the change of circumstances.

We were told by the manager that four of the five care management team were registered nurses or registered mental nurses. We saw four care workers personnel folders which held information about care workers skills and experience and previously completed training. We saw evidence that training was provided in any areas that needed to be completed or updated in staff training folders. We were told by one care worker they had always felt supported by the manager and had the time and knowledge to deliver the required level of care to people. This meant that the provider had checked if staff were skilled, knowledgeable and experienced.

The provider had enough suitably qualified and skilled staff to manage the service safely and effectively. The manager told us that they oversaw the delivery of the service and care provided. We saw there were senior care staff to support care workers in the delivery

of care if needed. This meant that the provider made sure there were enough experienced care staff to meet people's need in a safe and effective manner.

## 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 to regularly assess and monitor the quality of service that people receive. 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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The manager along with the care management team 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. We saw systems in place for assessing quality of care. One system was the electronic call monitoring system which produced statistics on service reliability and punctuality of care workers. 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 field supervisor told us they and the manager carried out spot checks in people's homes to monitor and assess quality. We spoke with one care worker and one person who used the service who confirmed that spot checks were carried out. Another person who used the service told us that the manager had visited him twice 'to make sure all was well.' We were told by staff that weekly team meetings were held in order to monitor quality of care delivered.

The provider used a home carer audit form to monitor the quality of care and to record comments and views from people who used the service. We saw the survey results and noted that comments received were positive. The manager told us that there was an 'open door policy' for any issues that related to quality of service provision for both staff and people who used the service. We were told people were encouraged to contact the manager personally if they had an area of concern.

We were shown the staff incident reporting form and were informed there had been no incidents or adverse events since their last inspection in March 2013. The manager told us that any incidents would be discussed at the time of the incident with the staff and it would also be discussed at the weekly team meeting.

The manager told us the service received an annual monitoring visit from the local

authority contract monitoring team last year. We were told that Age Concern also monitored the service provided on a regular basis. This meant that external agencies also assessed and monitored the quality of service provided.

The provider had an effective complaints procedure. We were shown the complaints and compliments folder and saw that complaints were recorded and responded to appropriately. We were told the operational director was the dedicated complaints lead. We saw the provider had received letters of compliment from satisfied people who used the service.

## 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.

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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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