Care Quality Commission

Recruitcare Professionals Ltd

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Recruitcare Professionals Limited was registered with CQC in August 2014. This was the service's first inspection. The service is currently providing personal care to three people. There is a registered manager is post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when receiving care from the service. People had robust risk assessments in place to mitigate against identified risks and staff had a good understanding of safeguarding adults processes. Staff knew how to raise concerns and the registered manager understood their responsibilities.

Staff recruitment practices ensured that suitable staff were employed, however records of staff recruitment were not always clear.

Where the service supported people with their medicines this was managed safely.

Staff received a thorough induction and had ongoing training provided. People said that staff were experienced

Summary of findings

and good at their jobs. Staff had received training in the Mental Capacity Act (MCA) 2005 and demonstrated they understood its application. The MCA is a law that protects people who lack capacity to make decisions for themselves.

Records showed that people were consenting to their care and involved in planning and reviewing their care packages. Peoples preferences regarding their care, including their health nutrition and hydration needs were clearly recorded. Where the service was responsible people were supported to access healthcare services as required.

Staff demonstrated a caring attitude and people told us they thought staff were caring. Supporting people to maintain their dignity and respect of their privacy was integral to care plans. People's beliefs, values and religious needs were clearly recorded and supported.

People received person-centred care and support was adapted to suit their changing needs. There was a complaints policy in place and people told us they knew how to complain.

The registered manager was supportive of staff who told us they felt valued by the organisation. People told us the registered manager was approachable. There were appropriate systems in place to monitior the quality of the service.

Summary of findings

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.

Safeguarding procedures were robust and well understood by staff. People felt safe.

Staff recruitment practices ensured that suitable staff were employed, however records of staff recruitment were not always clear.

People had risk assessments which were robust and addressed all identified risks. Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received a thorough induction and on-going training to ensure they had the knowledge and skills required.

People were consenting to their care and staff understood legislation around consent and capacity.

People were supported to eat and drink enough to maintain a healthy, balanced diet. Where needed people were supported to access relevant health professionals.

Good

Is the service caring?
The service was caring.

Staff demonstrated a caring attitude towards the people they supported.

People told us the staff were caring.

People and their relatives were able to express their views and were involved in making decisions about their care. People's dignity was upheld.

Good

Is the service responsive?
The service was responsive.

Care plans were personalised and contained good information on people's preferences and dislikes.

Care plans were updated quickly when people's needs changed.

People knew how to complain and there was a robust complaints policy in place.

Good

Is the service well-led?
The service was well led.

The culture of the service was positive and person centred.

There were effective management systems in place to ensure staff were supported and quality was assessed.

Good

Recruitcare Professionals Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was conducted by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted local commissioning teams and reviewed information we held about the service such as notifications. We spoke with five members of staff including the registered manager, training manager and three healthcare assistants. We spoke with one person who used the service. Three care files and seven staff files were viewed. Various records and policies including the safeguarding policy, incidents, complaints, quality assurance, recruitment policy, training records, team meeting minutes and feedback forms were viewed.

Good

Is the service safe?

Our findings

A person who used the service told us they felt safe using the service. The provider had a robust policy regarding safeguarding adults which included local contact details. Information on safeguarding was included in the service user guide and the local safeguarding process was displayed on the wall of the office. Records showed staff had attended training on safeguarding adults and the course included the completion of follow up work which nine out of ten staff had completed. The reasons why the other member of staff had not completed the follow up work were clearly recorded. The registered manager and staff demonstrated a good understanding of safeguarding adults and were able to identify different types of abuse. Staff told us they would record any concerns and report them on to their manager. The registered manager described the procedure for reporting safeguarding concerns. The service had effective mechanisms in place to protect people from bullying, harassment, avoidable harm and abuse. The service had not had to raise any safeguarding concerns since it has been operational.

Care files contained a range of individualised risk assessments relating to various risks faced by people. These included moving and handling, nutrition, medicines, environmental, falls, eating and drinking and skin integrity. These contained an assessment and identification of risk factors and measures in place to mitigate the risks. Staff told us, and records confirmed, that they would tell the registered manager if they identified a risk that was not covered by the risk assessments in place and the registered manager would update the documentation. For example, staff told us and records confirmed a rug had become loose at the top of a person's stairs and this was identified as a trip hazard. The rug was moved and the person and their family informed.

People had regular staff who worked with them on a rota system. Staff were emailed the rota a week in advance and informed the registered manager by telephone or email if they were unable to work a shift. The service is currently small, and so the registered manager provides cover if staff are unable to work. One person told us, "With other agencies in the past, cover was a problem, but not with recruitcare it's always OK." Records showed how new staff were introduced to people over a series of shadowed shifts so that people had time to get to know new staff before they started working with them.

The registered manager told us the service is building up a pool of workers to ensure that there are always enough staff to work with people. This means that some staff had been offered a contract with the service before work was available. Records showed that appropriate checks had been made to ensure that staff were suitable to work in a care setting. The service had collected references, checked identity documents and conducted disclosure and barring service (DBS) checks to ensure that people were not barred from working with people who are vulnerable. However, records showed that there were time delays between staff being interviewed, references being checked and DBS checks being completed. The registered manager explained that this was because they had been unable to offer people work at the time they had been offered a contract so had not completed the DBS check until they were able offer work. The registered manager provided confirmation that staff had not worked until after their DBS had been completed.

Most people who used the service were able to self-administer their medicines. Staff responsibilities were clearly documented in people's care plans. For example, one person required assistance in using their dosset box due to a physical disability. It was clearly recorded what medicines this person was taking, how often and at what time and the instructions for staff where to position the medicines for the person to take when they were ready. Staff recorded what medicines had been taken and any reasons they had not been administered. For example, if pain relief was not required because the person stated they were not in pain. In addition, staff told us that if this person was prescribed additional temporary medicines this was written on a board in their home so that all staff were aware of the change. This was in addition to amending the medicines records. This means that people's medicines were managed so they received them safely.

Good

Is the service effective?

Our findings

One person told us they thought the staff "Know what they are doing." Staff told us they received a comprehensive induction and detailed training. One staff member said they'd found training useful and told us, "I've done care for a long time, it [training] has enhanced my skills."

Records confirmed the staff induction included classroom theory and practical sessions on medicines, moving and handling, health and safety, infection control, nutrition, pressure care as well as organisational structure and line management arrangements. Records showed and staff confirmed a period of shadowing more experienced staff over a range of shifts then followed. Staff confirmed they received feedback and guidance after shadow sessions to help improve their practice. All staff were working towards completing the Care Certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. Records also showed that staff had received specific training in order to be able to work with people with specific health conditions. For example, staff had received training on the specific equipment used by people.

Records showed that staff received regular supervision and this was used to discuss specific issues relating to people's support, training, work requirements and annual leave. In addition, staff were provided with telephone supervision and managers conducted spot checks on performance. Records showed that supervision was also used to advise staff of changes to work practices and to ensure that they understood the requirements of their role. Staff told us they found supervision useful and it helped them to develop in their role. One staff member said, "It is useful, I feel confident that I'm doing the right things."

Care files showed that people had been involved in writing and had consented to their care. Staff had received training in the Mental Capacity Act (MCA) 2005. 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. Staff and the registered manager demonstrated a sound understanding of the principles of the MCA telling us how they ensure that the correct assessments are completed if they have concerns about capacity. All people using the service were assessed as having capacity.

Care files clearly recorded people's preferences for food and drink and captured how people should be offered choices regarding their meal preparation. Records of care delivered showed that people were offered choices and supported to eat and drink enough to maintain a balanced diet. For example, it was clearly recorded that one person liked to have two glasses of water left in reach at the end of call visits so they could drink them before the next call. Another person was occasionally reluctant to eat and drink sufficient amounts of food and drink. The measures in place to encourage this person were clearly recorded as were the reporting processes if staff were concerned. One member of staff told us, "[person] never used to want to eat, now he says he's ready to eat and invites me to sit with him."

People who used the service were either independent or supported by family members with their health needs. However, the service still maintained a record of any health conditions that people had and care plans contained contact details for relevant health professionals. Care plans also contained details of when people might require additional support to access health professionals. For example, one person's plan detailed that staff should monitor the person's toe-nails and make arrangements for podiatry if required. Records showed where people were supported to access health professionals such as the GP and the district nurses. Records also showed liaison with family members where there were concerns around people's health.

Good

Is the service caring?

Our findings

One person told us the support they received from the service was, "The first time I've felt completely comfortable with care." They went on to say, "For me, it's fantastic, just the way I want it. It just clicks." In relation to staff the person told us, "It's not just a job, they care about people." Care plans contained a brief life story which gave staff information on peoples' lives before they received a service and named key people in their lives. It also contained brief details of people's likes and dislikes which were expanded on later in the plan. This gave staff a basis to develop relationships from. One member of staff told us how they built up relationships, they said, "I introduce myself, why I'm there. I try to be polite and friendly. I think how they are like me and how I would like to be supported. I haven't felt rushed, we have time to built a rapport."

Care plans contained detail about people's preferences and records of care delivered clearly recorded what choices were offered on a daily basis. People had signed their care plans which indicated their involvement in them. There were monthly review forms in people's files which were signed by people. One person told us that it would be better if someone independent assisted them to complete these forms. The monthly review forms recorded feedback about the service received and comments included, "All is the best" and "Excellent and I am happy." The registered manager conducted additional visits to people to ensure that their preferences and life stories were captured and updated in their files. Records showed that people's choices were respected. For example, one person had the timing of their visits changed in winter to being an hour earlier.

People's dignity and privacy was promoted through care planning. Care plans incorporated dignity into the daily tasks, providing staff with details of how to maintain people's dignity throughout. For example, one person's plan gave clear instructions regarding drawing and closing curtains in different rooms and another detailed the precise preferences of how a person liked to remain covered during personal care. One staff member told us, "Privacy is paramount" and explained how they respected this and supported the person to maintain their independence. Staff talked about the people they supported with affection. One staff member told us, "She was like a mother to us."

Care plans contained details regarding people's religious beliefs and staff described how they respected people's religions. One person had the timing of one of their visits changed so they could pray. The service did not support anyone who identified as lesbian, gay, bisexual or transgender at the time of our inspection.

One person who used the service had recently died and the service had supported them to live their last days as they wanted. Records showed that when the person had refused hospital treatment the service had liaised with the GP and ensured that the right support was in place. Staff told us that when they had been working with this person they had been provided with additional training in end of life care. One staff member said, "That was helpful to us, most of the things we never knew." The same staff member told us, "We all need someone to make us comfortable in our last days."

Good

Is the service responsive?

Our findings

Care plans were personalised and records showed that support was adapted in light of changing needs. Staff told us how they provided support differently to the different people they worked with. Care plans were detailed and meant that staff had enough information to provide good support. One member of staff told us, "Without them [care plans] I wouldn't know what to do or what was expected of me." The registered manager told us that care plans were detailed because, "My aim is to not get the staff stranded. They can't support people if they are on the phone to find out what people's support needs are."

Records showed that people and their relatives provided feedback on the care they were receiving and this was used to change the support provided. For example, regarding the timing and length of visits and how to encourage one person to eat more. The registered manager told us, and staff confirmed, that in addition to the detailed record in people's homes, staff phoned the registered manager when they finished their shift to provide updates and alert them to any concerns. Records showed that people received support from a consistent team of staff in line with the preferences expressed in their care plans.

Care plans were reviewed monthly and updated as required. Each care file contained both monthly quality assurance questionnaires completed over the telephone and a monthly review form. The registered manager explained how they involved social services and health professionals when required for the review process. People told us they were involved in reviewing and updating their support. One person told us reviews were "Really good." They went on to explain how the service had supported them with their benefits as a result of a review meeting.

The service had a robust complaints policy which detailed the expected timescales for response and how to escalate concerns. They had not received any formal complaints about the service, but had used the complaints procedure to address issues of non-payment of invoices. They had also used the formal complaints process to address concerns from one person regarding the introduction of new carers to their team. Records showed that the registered manager had met with the person to explain the need for additional staff to cover planned and unplanned absences and the issue had been resolved within the timescales set by the policy.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person told us "They are wonderful and amazing." This person told us they thought the registered manager "Looks after the staff, you can hear her smiling. She is a good soul."

Staff described the registered manager as approachable and said they found contact with the management team "easy". Another member of staff described how the registered manager contacts them regularly. They said, "She gets in touch quite often, just to express appreciation and ask after the service users. I feel valued." The registered manager explained that they thought it was important that they were visible to staff. They said, "Staff need to have confidence in me by seeing that I know what they are doing." In addition to regular spot checks on staff performance the registered manager would provide welfare visits to check on people, particularly if they had been unwell. All the staff we spoke with talked about the people they supported in terms of their abilities rather than their needs. This demonstrated a positive, person centred culture.

Records showed that there were monthly staff and management meetings. The staff meetings were scheduled to coincide with staff training in order to maximise the number of staff who were able to attend. Topics discussed in the staff meetings included working hours, pay, changes to care packages, training needs, provision of personal protective equipment such as gloves and generating ideas for how to increase the number of people they worked with. The management meetings included discussions around recruitment, training planning, and management and quality assurance systems.

The service had only been operational for six months at the time of inspection. There were systems for annual audit of care files and staff records with dates set for their completion but these had not yet been completed. The registered manager was currently conducting regular interviews with people who received a service and completing monthly checks of care files and care records in order to check the quality of the service delivered. The registered manager had subscribed to a service which provided them with updates on policy and good practice. Records confirmed that these were shared with staff where appropriate and local policies were updated. If the registered manager was absent then cover was provided by the field care supervisor and training consultant. There were effective management and quality assurance systems in place.