

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 ●

Summary of findings

Overall summary

This announced inspection took place on 7 September 2018. The service was previously inspected on 10 November 2015 where it was found to be good in all Key Questions and good overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is registered with the CQC to provide a service to older adults some of whom might be living with dementia and younger adults who have learning disabilities or autistic spectrum disorder, physical disability, sensory impairment or mental health and require care and support.

Not everyone using Recruitcare Professionals Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection two people were receiving the regulated activity of personal care.

At this inspection we found that the service remained good in all Key Questions and good overall.

People spoke positively about the service they received describing the staff and the registered manager as kind and friendly. They found the service was flexible and responsive to their changing requirements and described staff as punctual in attending their calls.

The registered manager was very knowledgeable about the people using the service and often worked alongside staff to provide care. They used these opportunities to check people were happy with the service they received and acted as a role model to staff demonstrating good practice.

The registered manager assessed people prior to offering a service to ensure they could meet their support needs and with their involvement produced person centred care plans. They assessed the risks to people and put in place guidance for staff to mitigate those risks.

The provider worked in line with the Mental Capacity Act 2005 and obtained people's consent before providing care. People told us staff respected their decisions.

Staff were recruited in a safe manner and received induction training prior to commencing their role. The provider ensured further training was available to staff to update their knowledge and to encourage them to progress in the field of health and social care.

Staff received medicines administration training and care plans stated what support people required. Staff monitored people's wellbeing and liaised with health services on their behalf. They prepared people's meals to their cultural requirements and reminded people to drink enough to remain hydrated.

The registered manager had an oversight of the service. They monitored records and spoke with people to

ensure that all safeguarding concerns were identified and reported appropriately. They undertook checks and audits to ensure the service provision was of a good quality. When they identified mistakes or near misses they shared their learning with the staff team.

The registered manager and directors of the company had a vision of offering compassionate care to people living in the community. They were passionate about valuing their staff and supporting them to reach their potential. They kept their own learning updated and attended health and social care forums to remain informed about changes of legislation and good practice.

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. Staff described how they would recognise and report signs of abuse and the registered manager monitored records and met with people to identify possible safeguarding adult concerns.

The registered manager assessed staffing levels and supported staff in the field to ensure they could offer a consistent and timely service to people.

Staff had received medicines administration training however, currently people managed their own medicines.

The provider ensured there was adequate personal protective equipment and the registered manager monitored to check staff maintained good infection control.

The registered manager demonstrated that they learnt from mistakes and shared learning from incidents with the staff team to prevent a reoccurrence.

Good 

Is the service effective?

The service was effective. The registered manager undertook assessments of people's needs to ensure they could offer an appropriate service to them.

Staff received supervision and training to support them to undertake their role.

People were supported to eat and drink enough to remain healthy.

The registered manager liaised with health and social care professionals for the benefit of people using the service.

The registered manager and staff worked in line with the Mental Capacity Act 2005 to promote people's legal rights.

Good 

Is the service caring?

The service was caring. People and their relatives told us staff

Good 

were kind and friendly.

Care plans detailed how people communicated and staff gave people choices about their everyday activities.

Care staff supported people in a respectful manner and ensured they promoted people's dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans were detailed and person centred.

People and their relatives told us they knew how to complain and felt comfortable in doing so.

The service was not currently providing end of life care. However, some of the care staff were trained to offer this service and the registered manager had previously supported people in the service who had end of life care needs.

Is the service well-led?

Good ●

The service was well led. People, relatives and staff found the director and the registered manager supportive, inclusive and open in their manner.

The provider had a clear vision to offer a personalised service to people that was tailored to their needs.

The registered manager undertook checks and audits to ensure quality of the service provided.

The provider was embedding good systems to manage the service effectively and to ensure sustainability.

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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 announced inspection took place on 7 September 2018. We gave the service three days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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. Prior to the inspection we checked the information that we held about the service, including any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

One inspector carried out the inspection. During our inspection, we looked at two people's care records. This included their care plans, risk assessments and daily notes. We reviewed two staff personnel files. This included their recruitment, training, and supervision records. We spoke with two care staff, the registered manager, and a director who was involved in the day to day management of the service.

Following the inspection, we spoke with two people who used the service and one health care professional.

Is the service safe?

Our findings

People told us, "I feel safe," and "Oh yes, yes I feel safe." The provider had systems in place to support the registered manager and staff to identify and report safeguarding adult concerns. The registered manager had an oversight of accidents and incidents, daily notes and complaints. They monitored records and checked with people and their relatives to ensure any concern was identified and reported appropriately to the local authority.

Care staff had received safeguarding adults training and demonstrated that they would recognise possible signs of abuse and understood it was their responsibility to report any concerns. Their comments included, "If there was a problem I would speak to, [registered manager]. If you go in and notice something, you can tell the care manager, and they will come," and "If physical abuse, say I see some bruises or if they are crying a lot, I have to tell the Police and the manager to let them know the situation the client is in. I could also call the safeguarding team in the community."

The registered manager assessed risks to people's safety and put in place guidelines for staff to follow where risks were identified. Risks assessed included those related to moving and handling, nutrition, medicines, mental health, smoking and the environment. Specific assessments were undertaken using a recognised assessment tool such as a Waterlow assessment to assess the risk of people developing pressure ulcers. Care plans contained guidance and highlighted specific actions for staff to support them to mitigate the risk of harm. These included, for example, prompts for staff to ensure one person had their personal alarm pendant with them as they were at an increased risk of falls. The registered manager reviewed risk assessments in response to people's changing circumstances. People's care plans contained prompts for staff to report changes to their support needs, "Care staff are to continuously monitor and record and report any changes which may occur to [person's] mobility."

People and relatives told us "This agency are a perfect fit for me, they are punctual and flexible I can even call on the day and they accommodate me," and "They are very good if I have a hospital appointment they come early, they are flexible they come and help me get ready." One person described the registered manager coming to their aid in the small hours of the morning and appreciated their support in an emergency.

Staff told us, "There are enough carers yes," and described how the calls were allocated according to their availability. "They work shifts around what I can do in my local area and yes there is enough time to travel," and "There is enough time to travel, the calls are quite close."

The registered manager explained that as they are a small agency they go and work with people in the field and if a staff member phoned in unwell they would cover. The director told us that they in their separate business train and recruit care staff for other care agencies. They explained they have an agreement with these care agencies that, on occasion, they will share staff members they know to have completed their recruitment checks and undertaken training to an acceptable standard. Therefore, the provider was ensuring they had recourse to staff that they could call on should the sudden need arise.

The registered manager told us that care staff text to confirm they have arrived on time and to show they have finished the call. Care staff told us, "When we arrive at the client's house we send a text to [registered manager] and when we finish we give a feedback about how the person is - if they are unwell you report it to [registered manager] as soon as you finish your call." And "When we go inside you text them to let them know we are here and text when we finish." The registered manager described they monitor calls to ensure no call is missed or is occurring later than scheduled.

The provider had systems in place for the safe recruitment of staff. Prospective staff completed an application form and attended an interview to check their aptitude for a caring role. The provider undertook checks that included, the right to work in the UK, an enhanced criminal record checks and proof of identity. One staff member's references had been followed up with two former employers and there were also personal references. However, the second person who had worked with the provider for several years did not have an employer's reference but instead had what appeared to be personal reference. We brought this to the registered manager's attention. They explained that this was the person's college tutor who had written the reference. They agreed in future it would be clearly documented as to the nature of the reference.

One person told us, "Yes, they have gloves here so they have a supply to use." Care staff had received infection control and food hygiene training. The provider ensured staff were supplied with adequate personal protective equipment (PPE) to ensure safe infection control practices. The registered manager undertook spot checks where they observed to see if staff used PPE appropriately.

The registered manager told us how they learnt from near misses and mistakes. They gave an example of when working with one person they could have taken the person's word at face value that they had eaten. However, they decided to check further and found that they were in fact without food and funds to purchase food. They took appropriate steps to address the situation and used the example for staff training that they must check people circumstances thoroughly. In addition, they gave examples of where there had been a miscommunication between a purchasing authority and themselves because the exchange was verbal. They always now ensure, however good the working relationship is, to confirm what has been said in writing.

Care staff had received medicines training and refresher training to administer and record medicines appropriately. People's care plans and risk assessments clearly stated if support was required to collect or reorder medicines. The registered manager explained staff monitored to check people's well-being and to ask if they were taking their tablets. The registered manager had on one occasion noted a pharmacist's error and had taken appropriate actions to ensure the person had the correct medicines. However, at the time of our inspection people did not require staff to administer their medicines as they either undertook this for themselves or a family member supported them.

Is the service effective?

Our findings

The registered manager assessed people's needs prior to offering a service. They described that they met with the person and their relatives. They undertook a detailed assessment to ensure they understood what support the person required and how that support was to be delivered. When a commissioning authority had requested a service, they read through the professional's assessments and support plan and met the person and carried out an assessment to ensure they could deliver an appropriate service according to the person's needs.

The care workers told us they felt well supported and received regular supervision from the registered manager. One care worker said, "There is supervision each week or always ongoing." The registered manager told us, there is supervision every day, I am always in the field with them, always doing training with them." In addition, the registered manager undertook telephone supervisions and completed supervision records to document staff training needs and ongoing work performance and practice.

Care staff confirmed they found the training provided useful. Their comments included, "Yes, the training is good enough" and "I always find them very helpful. They help us understand what we are doing." One care worker told us, "I am registered for level four [a health and social care qualification] I'm ready to do it, they encourage us a lot."

Staff prior to commencing their work undertook a ten-day induction. Induction topics included relevant policies such as the provider equality and diversity policy, complaints policy and the provider code of conduct. Induction training was undertaken using the Care Certificates, an accredited training programme for use in health and social care. Training included, safeguarding adults, health and safety, medicines, communication, infection control, hand hygiene, fire safety, manual handling, first aid, principles of person centred care, dementia, values and rights and dignity and respect. Staff were observed following induction to assess they were competent in their work.

Staff had received further training that included end of life care, managing diabetes, first aid, taking temperatures, blood pressure and giving Buccal Midazolam a medicine used to treat epileptic seizures. The registered manager explained they had asked a nurse trainer to train staff to monitor the vital signs so they could support people if the need arose. There was also yearly refresher training for all core areas, as identified by the provider.

All people currently being offered a service were either supported by their family members to buy their food for meals or could choose food for themselves. Care plans described what support people required and recorded if they had a specific diet. For example, if they had diabetes that was diet controlled. Care staff described supporting some people by preparing and serving their meals. Care workers recorded at each call what food they had prepared and served. We saw that there was a consistency between what was stated in the person's care plan as their food preferences and what was recorded in the daily log. For example, one person who liked culturally specific foods was supported by staff preparing them daily.

The provider supported people to remain hydrated. Care plans recorded what people liked to drink such as tea or coffee or soft drinks. Daily logs recorded what drinks had been served to people by the care staff. During the hot weather both staff and people using the service had been reminded to keep hydrated and were given a, "Beat the heat" poster for reference. The information on the poster was pictorial to make it accessible for all people to understand and contained advice to, "Drink plenty of water, cut back on alcohol and caffeinated drinks."

A health care professional described the agencies work as, "Really excellent." They told us that the registered manager very knowledgeable about the person and "Communication was quite excellent," describing they would keep them informed and share updates. They explained the person who had complex health needs required full care but their skin was intact due to the good care given by the care staff and registered manager.

We saw evidence that the registered manager had contacted health, social care and housing professionals on behalf of people and updated professionals on people's progress or changing circumstances in a timely manner. They had advocated on behalf of people to ensure they received the health support they required and therefore could remain safe in their home. Care staff recorded in the daily records when they had noted a concern such as deteriorating skin integrity and had on reported appropriately to the registered manager and people's relatives to follow up with the GP.

Care staff had received first aid training and told us how they would respond in an emergency. "If I found the person had a fall I would call an ambulance and inform the manager about the situation," and "I've not had an emergency but I would report to the manager and call 999. If it was a fall I would get the emergency services before I called my manager." They continued to say they would write in the concerns log what had taken place for reference.

The provider had produced a profile for people and explained that it contained the person's medicines list even if the staff were not administering because the profile goes into hospital with people if there is an emergency and is to be used to inform hospital staff. The registered manager told us "If it is lost in hospital we will update and reprint it because it is a help."

The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

The registered manager and director demonstrated they understood their responsibility to work in line with the MCA. The registered manager told us they had signed up for further training to ensure they continued to have a good working knowledge of the MCA and its application when providing care in people's homes. People's records showed that they had been asked to give their consent to their care and treatment, to have their photo displayed in their file and for their confidential information to be kept in line with the General Data Protection Regulation (GDPR) 2018. Mental capacity assessments had been undertaken where the provider thought a person may lack capacity in a specific area. One document reviewed was not completed clearly to show what the decision was for although the outcome was clear. We brought this to the registered manager's attention who agreed to ensure in future the decision being taken was clearly documented.

Care staff had received MCA training and demonstrated they gave people choice and respected their wishes. Their comments included, "Giving them their choice or act in their best interest," and "Giving a bed wash to those who are lying in bed, get their consent first," and "The MCA deals with a client who cannot make a decision for themselves. We support them to make a decision or act in their best interest."

Is the service caring?

Our findings

People and relatives told us, "Really good, kind and friendly, they are easy to talk to," and "They are kind, caring and flexible. They are willing to listen to any requests I make."

Care staff told us that they were introduced to people before working with them so they could get to know them. One care worker said that they always maintained a cheerful and friendly manner. They described how they engaged with the person when they arrived at their home, "Before you enter press the bell and as soon as you enter you just greet the client, you can ask How are you? How are you doing?" Another care worker told us, "I always think I like working with people. It isn't difficult for me to be with them, I understand them, I work with one of my clients they said I want to go out shopping with you - they like that."

One person told us, "They have their routine but they will listen to my requests, any request I make they do." People's care plans stated how they communicated and made their choices known. For example, one person's plan informed staff that they could understand and speak English and that they could make their wishes known and make decisions. Care plans detailed if people used glasses or hearing aid to support them to understand what was being said.

Care staff told us how they gave people choice. Their comments included, "Breakfast, give them their choice. Bring two clothes to show them and ask which one would you like to wear today? You give them their choice," and "Ask the person what food they want to eat. Say how should I prepare it? and serve to the client." And "I always do breakfast it depends what they want - they choose breakfast if they don't have their choice indoors they can send us out to get it." One care worker described the person they supported ate similar cultural foods to them so they had learnt how the person liked it prepared. "Our food is similar and [person] teaches me how they like it prepared so I can do it for them."

One person told us, care staff promoted their privacy. They said, "They are very good the door is always closed." People's care plans contained prompts for staff to remind them of the importance of maintaining people's dignity. For example, "Keep [person] covered with a bath towel to keep them warm and maintain dignity." Care staff told us how they ensured people's dignity when supporting them. Their comments included, "Close the curtains and in the bathroom as soon as they enter close the door and close the bedroom door," and "I cover certain parts of the body for their dignity and for the person I am looking after I close the door for privacy."

People care plans informed care staff about what they could manage to do for themselves and stated for example that a person could make their own breakfast, take their medicines without support and eat unaided. This helped to promote people's independence and therefore their self-respect.

Is the service responsive?

Our findings

People told us their care was delivered as they requested. One person said, "Yes, [registered manager] comes to see me and talks about the care, at present it is how I want it to be."

Care workers told us they found the care plans were informative. Their comments included, "Care plans are very helpful, everything you have to know about that person," and "You need the care plan so you know what the person is about, you know their culture and what you are doing for that particular client. It contains good information, every information about the client."

We found that people's care plans were person centred and contained a good detailed profile that told staff about the person. The profile included information about their diversity support needs such as their ethnicity, culture and religion. For example, when a person's religion was specified the plan stated how the person practised their religion. If the person was from a specific culture the plan stated what foods they liked to eat and what language they used to converse. Plans also gave a brief outline of people's interests, their social circle and if they particularly disliked something. This gave staff a good picture of the person and some topics to begin a conversation.

Care plans were reviewed on a regular basis and we saw evidence of a care package increase following a review as the person required more support following an operation. Care plans told staff when care calls were scheduled and what support people required at each call. Personal care guidance was specific stating how the person would like the support to be provided and what equipment they wanted to be used. Assistance to mobilise was clear stating mobility aids such as a Zimmer frame, wheelchair or scooter.

When we inspected the registered manager told us there was no one who was in receipt of end of life care. However, they explained that they had in the past provided a service to people who were assessed with a degenerative condition. As their conditions had deteriorated they had developed an end of life care plan and worked closely with their families, GP and community nurses to provide appropriate end of life care. Some care staff had received end of life training and all care staff were scheduled to attend this training at the beginning of November 2018. The registered manager explained this was to ensure staff were equipped with the knowledge and skills should this support be required.

People told us they knew how to complain and felt comfortable complaining to the registered manager. Their comments included, "Yes I have spoken to, [director and registered manager] I have known them for such a long time they are easy to talk to, we understand each other," and "Yes, I would feel safe to tell them."

Each person's care folder contained a complaints form that they could use should they wish to raise a concern. The provider had a complaints policy and procedure and a complaints log for recording and having an oversight of any complaints made. The complaints procedure was robust and the registered manager told us they would consider if the complaint was a safeguarding issue or if there were any lessons to be learnt from the complaint. However, no complaints had been recorded. The registered manager told us that no formal complaints had been made. They explained they thought that because they were working

with a small group of people using consistent care staff and frequent contact with themselves that any minor concern was immediately addressed and resolved, before these could escalate to be complaints.

Is the service well-led?

Our findings

The director and registered manager spoke passionately about the service and described that they are developing the service on values of compassion and a belief that they should help people to live in the community. Also, they want to support their staff to feel valued and respected. Their aim was to have good managerial systems in place and invest in quality systems.

The registered manager told us that they were an equal opportunities employer and they supported staff to implement and promote the ethos of equal opportunity. They described they had trained the staff to understand that they must respect all people's diversity including people from the LGBT+ community. They said, "The ethos never changes, respect people, treat all with dignity and respect. Equal opportunity for all. It is a privilege to know them." They explained, they discussed diversity formally in team meetings and informally during day to day interaction, that it was, "Important to involve staff throughout."

One care worker told us, "Yes they do spot checks, and they work with us so we get to see them working." The registered manager told us that because the service was growing slowly they often worked providing hands on care to people. They also worked alongside their staff when two staff were required for a call. They described this gave them an opportunity to act as a role model to show good practice and allowed them to check staff competency. They said, "It is all about life, we take our work seriously. The workers see how we work."

There were two directors involved in the company and they undertook three days directors audit each year. In addition, the company used a consultant company to check their health and safety processes.

People we spoke with all described the provider as, "flexible" and saw this as a strength of the service offered. The registered manager made monthly checks of people's care plans and daily logs. They undertook telephone monitoring and spoke with people to ensure they were happy with the service provided. They showed us they considered people's feedback and looked to see how they could improve the service. They had undertaken a survey in 2017 - 2018 of people relatives and staff asking for their feedback. Following the inspection, they sent us the surveys and the analysis of the findings. The responses were positive in all respects.

Staff told us the provider was supportive. Their comments included, "I have never had people like them before. They are so lovely and supportive, so helpful." The director told us their aim for their staff was to, "Train up existing staff to become future managers. You teach them and promote them, they know the organisation inside out. It is my passion." The registered manager was very accessible to staff often working alongside them. They held staff meetings to ensure all staff were kept updated and fully involved in the service development.

The registered manager described the directors were, "Very much" supportive to them in their work. There were regular management meetings to discuss what had taken place and to plan sustainability of the service. The director told us that they had deliberately grown the service slowly because they, "Wanted to lay

good foundations and develop staff to our own standards," they continued to explain, "That there are systems in place that will be there as we grow. We felt this important after looking at other health and social care organisations."

Both the directors and the registered manager kept their own learning updated. The registered manager was a qualified teacher in general education and had for many years worked in the field of social care developing their knowledge and experience. The directors were also experienced working in the field and had a separate business providing training to care staff. The registered manager and a director had attended, "Transforming Healthcare" an event organised by NHS England. They explained they had attended as ensuring people received the right health care was very important to them. Therefore, they were taking measures to keep up to date with changes in their area of care and were passing their learning onto their staff.

The registered manager described they worked in partnership with health and social care professionals for the benefit of people using the service.