

Care Associates (Recruitment) Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The service provided personal care to adults living in their own homes. At the time of our inspection, the service provided personal care to 11 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

### People's experience of using this service

Procedures to protect people from abuse were not up to date and staff had not received adequate safeguarding adults training. Staff were not always recruited safely and new staff had not received a full induction. They were not fully supported with essential training and development to ensure their skills and knowledge were up to date.

Not all staff felt supported by the management team. The registered manager was not available for our inspection and did not work full time at the service. The care manager was responsible for the day to day running of the service. They carried out checks to ensure staff were providing a good standard of care.

Quality assurance systems in the service had not been implemented to follow up on recommendations we made at our last inspection, which meant the service had not sufficiently developed and improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, staff were not confident in explaining the principles of the Mental Capacity Act (2005).

People told us they were safe and were familiar with staff who provided care to them. They were happy with the service they received. Risks associated with people's needs were assessed and staff understood how to reduce these risks. Staff arrived at times that suited people.

People were supported with their medicines. They were supported with maintaining their health and had access to health care professionals, such as GPs, when required.

Staff treated people with dignity and respected their privacy. Staff were kind and compassionate towards people and maintained positive relationships with them. They understood people's needs, preferences and what was important to them. People's independence was promoted.

Care plans were person-centred and detailed people's support needs. People and relatives knew how to make complaints and were able to provide their feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection on 25 October 2016, the service was rated 'Good' (report published 16 December 2016). At this inspection the rating has deteriorated to 'Requires Improvement'.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified two breaches of Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care Associates (Recruitment) Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available at the time of the inspection. The care manager supported us with the inspection.

#### Notice of inspection

Our inspection was announced. We gave the provider 48 hours' notice and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any

notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection

We spoke with the care manager and four care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed eight people's care plans and five staff recruitment files. We also looked at staff training records, audits, complaint records and incident records.

After the inspection

We spoke with four people and four relatives by telephone. We continued to seek further evidence and clarification from the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection in October 2016, we recommended criminal background checks for long serving members of staff because they had not been checked for more than five years. At this inspection, we found no improvements had been made.

- Disclosure and Barring Service (DBS) checks had still not been carried out for long serving members of staff to confirm they had not obtained a criminal record. This meant some staff had potentially not disclosed any information since they started their employment with the provider. There was no confirmation or declaration from staff of any changes to their current DBS. This put people at risk of unsafe care.
- Background checks were carried out for new staff. The provider's procedures stated that two professional references were required for them. However, one new staff member had started working when only one reference had been received. The care manager told us they would follow this up and obtain the second reference. All other relevant documents for the staff member, including proof of identity and a DBS, were obtained.
- There were enough staff employed to meet people's needs. The care manager told us there had been issues recruiting staff previously but they had sufficient numbers of staff at the present time. People were supported by the same staff for continuity of care. One person told us, "My carers arrive on time and have known them for years."
- Staff visited people who did not live too far apart. This helped plan their travel and made it easier for staff to arrive on time. Staff received a rota to inform them of the times and days people required support. A staff member said, "I am happy with my rota. I have enough time to travel to see my clients."
- If staff were running late, the person was notified to reassure them they would arrive as soon as possible. One person said, "My carer always arrives on time, except when the traffic is heavy but then arrives within minutes. My carer always rings if they're running late."
- Staff completed timesheets and records showed that staff arrived and completed tasks within scheduled times.

### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm. Staff had not received any recent training in safeguarding adults and the procedure in place in the service had not been updated for nearly two years.
- During our inspection, the care manager sourced some external safeguarding training and told us they would book staff on the course.
- Staff were able to tell us about different forms of abuse of people. Staff told us that should they suspect

abuse had taken place, they would report it to the management team. Records showed that safeguarding alerts were raised by the provider when a concern was received.

- However, staff had not received safeguarding training for more than five years to refresh their knowledge of how to protect people from abuse. New staff had not received any form of safeguarding training since starting work. This meant staff were not fully supported to be able to identify abuse of all forms.
- People and their relatives told us the service was safe. One person said, "I feel safe with the carer at all times." Another person told us, "I always feel safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed. These risks included any medical or health conditions people had such as seizures, risks around people's mobility, continence, falls and medicines. Risks to people were reviewed as their needs changed.
- Staff told us risk assessments provided them with sufficient information. One staff member said, "Yes, very helpful for me to understand what risks there are and how to keep people safe."

Using medicines safely

- People told us they were supported by staff with their medicines. One person said, "I watch carefully when medications are done, that works well for us both and there isn't any problem."
- Staff prompted people to take their medicines at the prescribed times. They completed Medicine Administration Records (MARs) to record when they administered medicine. We saw records were completed and were up to date.
- Staff competency to handle medicines safely was assessed through spot checks, which were observations of staff providing care and support by the management team.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) such as disposable gloves.
- Staff told us they washed their hands thoroughly before and after providing personal care.

Learning lessons when things go wrong

- There were no reported accidents or incidents in the service. There was a procedure for reporting any incidents and staff told us they knew of these.
- The care manager told us should there be incidents or if things had gone wrong, these would be learned from to prevent re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, we recommended that the provider looks into developing training plans to help keep track of when staff had completed their training and when it was next due. At this inspection, we found no improvements had been made.

- Training records had not been updated and there was no evidence that recent training of staff had taken place to help them carry out their roles. Staff told us they had not received much training or development and could not recall when they last did.
- Records showed one staff member had not received any training since April 2017 and that only one topic was covered, which was based on dementia awareness. Another staff member had not received any training since 2016 and again it covered one topic, which was end of life care.
- People felt staff were skilled and delivered a good level of care. One person said "I do think the carers are well trained and many have some sort of nursing background." However, staff had not received recent training in essential topics such as safeguarding adults, moving and handling, infection control or medicines.
- New staff told us they felt welcomed and supported by the management team. However, they had not received a full induction. The provider's policy stated that new staff would have a six week induction with training. They had only taken part in shadowing experienced staff and their training had yet to be booked.
- Records showed staff supervision with managers to discuss their work had not been carried out since 2017. Annual performance appraisals were not undertaken in the past 18 months, when they were required at least annually. This meant people were provided care and support from staff who had not received an adequate level of continuous training or professional development for their role as care workers. This put people at risk of unsafe care.

We found no evidence that people had been harmed however, staff had not received appropriate support and training to carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff had not received recent training in the MCA and were unclear of its principles. However, they told us they always sought people's consent before supporting them. Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care.
- People were assessed as having full capacity. They told us they had consented to their care, were involved in decisions about their care and had signed their care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with maintaining a healthy and balanced diet. Their dietary needs were recorded for staff to follow.
- One person said, "They often help to dish up the food. I sometimes send out for food and it's useful having someone to help." A relative told us, "My [family member's] carer comes in the morning and they help prepare breakfast for them."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals such as GPs and occupational therapists to help maintain their health and wellbeing. A relative said, "If a doctor was needed for my [family member], they [staff] would contact one or let me know."
- Staff worked with other professionals such as district nurses to provide effective and timely care to people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before a person started to use the service, an assessment of their abilities and needs was undertaken by the management team. This ensured the service would be able to provide them with the support they needed.
- Assessments of the person's home environment, medicine requirements, mobility needs, personal care and dietary requirements were assessed. They identified what outcomes people wished to achieve for their support.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with respect and kindness by staff. They and their relatives told us staff were caring and compassionate in their approach. One person said, "I feel my carers fully show me respect. They work carefully and sensitively and they wouldn't dream of doing otherwise."
- People and relatives told us they got to know staff well, which helped to develop positive relationships. One person said, "There are regular carers and they don't change often and I'm very pleased about that. That makes me feel confident. They know the routines and the house."
- Staff ensured people were treated equally. They told us they respected people's backgrounds, cultures, gender, sexuality and religion. One member of staff told us, "Yes, I understand this. We treat all our clients the same and don't judge them." The care manager said, "There is no room for discrimination. Otherwise, staff should not be doing this job."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.
- Relatives were consulted about their family member's care plans where this was applicable. One relative said, "I was involved with my [family member's] care planning. We agreed the care plan."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A staff member said, "I know my clients really well. I listen to them and I support them with whatever choices or decisions they make."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "With clients, I close the doors to bedrooms and bathrooms to give them privacy."
- People confirmed staff respected their privacy at all times. One person said, "My privacy is always respected. Definitely. We work at understanding each other."
- Staff encouraged people to maintain their independence as much as possible. People's level of independence was detailed in their care plans, such as their taking of medicines or ability to move around unaided.
- Staff told us they were aware of the importance of confidentiality. They knew to whom they could share confidential information with.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we recommended the provider developed more personalised care plans to ensure the care provided to people was more person-centred. This was because care plans did not provide information on people's specific likes, dislikes and preferences. At this inspection we found that improvements had been made.

- People received personalised care and support that met their individual needs. Care plans now contained information on people's likes, dislikes and specific preferences. There was also information on people's cultural or spiritual beliefs, personal relationships and social interactions. This helped staff get to know people to enable them to provide a personalised service.
- People's care needs were reviewed and their care plans were updated when required.
- People told us they received care from regular staff which meant there was consistency of care. One person said, "There are regular carers and they don't change often and I'm very pleased about that. That makes me feel confident because they know the routines and the house."
- Staff completed daily notes after completing their tasks and detailed important information that required attention or following up.

Improving care quality in response to complaints or concerns:

At our last inspection, we recommended people had more access to complaints procedures because they were unsure of how to complain. At this inspection we found that improvements had been made.

- People told us they knew how to make a complaint. There was a complaints procedure which people told us they had access to. One person said, "I know how to complain and I would complain if I had to." A relative made a similar comment and told us, "Yes, I know how to make a complaint and I would do that if I needed."
- People told us any concerns or issues they had were addressed by the management team when people contacted them. They said they had no complaints about the service.
- Records showed that no complaints had been received since our last inspection. The care manager said, "If there are any issues, people and relatives would call me and I would try and sort it out. But we have not had any formal complaints."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting this standard and people received information from the service in a suitable format.
- People's communication needs were documented in their care plan and provided information to staff on how to communicate with people effectively.

#### End of life care and support

- The service did not support people at the end of their life at the time of our inspection.
- People's cultural and spiritual needs were taken into account when they started using the service. The care manager told us they would liaise with specialist end of life care professionals to ensure people received dignified care should they require this level of care.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection in October 2016, we made a recommendation regarding improving communication across the staff team. At this inspection we found that no improvements had been made.

- Staff were not encouraged to meet together with the management team to discuss issues or concerns and share important information.
- Staff did not always feel fully supported by the management team. A staff member said, "There are no one-to-one meetings, there are no staff meetings. We don't get much support. We just get on with our jobs." This meant there was not an overall positive culture within the service.
- The provider had failed to act on all the recommendations we had advised them to seek best practice on at our last inspection, more than two years ago. For example, on recruitment checks and staff training.
- The care manager told us they had been unable to follow up on recommendations due to time pressures, previous staff shortages and the reduced length of time the registered manager spent working in the service. They said, "A lot of paperwork has had to wait. Two long term staff left and I was away for a few weeks. We had to find cover. I cover calls when we are short but we have the right amount of staff now."
- There were no other systems in place to ensure the quality of the service was maintained. Staff had not received regular training or supervision and recruitment procedures were not always followed. There was not a system for continuous learning to ensure there were improvements made to the service.
- Policies and procedures were not updated and some referred to outdated legislation, such as previous Health and Social Care regulations. The provider had not followed current regulations to ensure the service was safe and effective.

These issues meant the provider had failed to ensure there was an effective system to assess and monitor the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff understood their responsibilities towards the people they supported.
- The care manager carried out spot checks to observe staff practice when providing care. They also contacted people by telephone and spoke to them to check they were satisfied with the service.

- Person-centred care was provided to people and the management team knew people well. People told us staff were caring and positive in their approach.
- Some staff were happy with the support they received and told us the management team was approachable and helpful.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest with people who used the service.
- Staff and managers informed people if there would be delays or changes to their care, for example if staff were running late or new care staff would provide them with support instead of their regular carer.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that previous feedback was positive.
- However, questionnaires for this year were overdue and had yet to be sent out to people. The care manager told us they would look into this.
- The provider had established positive relationships with people for many years and had retained some long serving staff. People and relatives praised the staff for the level of care they received and told us they also knew who the managers were.
- One person said, "[Care manager] rings me to see how things are going." A relative said, "It's a small service and that's a plus point; so a small number of carers and clients. I feel you're not just a number. They know your personality and there's that personal touch." The care manager said, "We work based on trust. People phone us if there is a problem or staff have not turned up. But we rarely have issues."

Working in partnership with others

- The provider worked well with health and social care professionals to help maintain people's care and support needs.
- The provider was well established in the local community as an experienced domiciliary care agency. We did not receive any concerns from health and social care professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to adequately ensure they had assessed, monitored and improved the quality and safety of the services provided.</p> <p>Regulation 17(1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received sufficient training, development and support to enable them to perform their roles effectively and safely.</p> <p>Regulation 18(1)(2)(a)</p>