

Xperience Recruitment Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Xperience Recruitment Limited is a domiciliary care agency that provides personal care to people living in their own homes. 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. At the time of inspection there were 52 people who received personal care.

People's experience of using this service and what we found

The provider did not always fully understand the importance of the responsibilities of their role and some statutory requirements had not been met. Information we requested during our inspection was not always provided in a timely way.

The provider had systems and processes in place to maintain oversight of the service which included quality assurance audits and staff spot checks. However, some areas for improvement had not been identified.

Despite this, people and relatives told us the service was consistently well-led and the managers were always available. Staff also provided positive feedback about the management of the service and understood the provider's values.

People told us they received compassionate care from kind and caring staff. Staff knew people well and understood what was important to people. This included any religious and cultural beliefs.

People told us they felt protected from the risk of abuse and staff understood their safeguarding responsibilities and knew what to do if they had any concerns about people's welfare. Overall, risks to people's health and well-being had been identified and assessed. Records contained enough information to guide staff on how to mitigate risks and keep people safe. An environmental risk assessment was carried out of people's home. This ensured the environment where care was being provided was safe for both the person and the staff member delivering care.

Where people required support to administer their medicines, staff administered these safely. Staff were proactive in ensuring people's health needs were met. Where needs changed, referrals were made for specialist support such as occupational therapy.

There were enough staff to ensure people received timely care in their own homes. People using the service had a variety of different call times which had been scheduled to ensure staff had enough time to provide the care people needed. Overall, we received positive feedback from people and relatives about staff timekeeping.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider worked in partnership with other organisations such as the local authority to support care provision and improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 December 2017).

Why we inspected

The inspection was prompted in part by notification of an allegation of abuse. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of safeguarding concerns. This inspection examined those risks.

We found no evidence during this inspection that people were at continuing risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Xperience 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 Health and Social Care Act 2008.

Inspection team

This 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. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 8 November 2022. We visited the location's

office on 1 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. This is a statutory requirement which we have reported on in the 'well-led' section of this report.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 9 relatives about their experience of the care provided. We also spoke with 8 members of staff including 6 care workers, 1 supervisor and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included information contained in 6 people's care records and samples of medicine records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risk of abuse. Comments included, "I feel like I am in safe hands" and, "I feel very safe with them coming into my home."
- One relative explained how they had trust in the staff who provided care to their family member. They told us, "I am really comfortable with the staff in my house. With the last company I used to sit in the next room so I could hear everything. I don't do that now. I know [person] is being well cared for and they are safe. I trust them."
- Staff understood their safeguarding responsibilities and knew what to do if they had any concerns about people's welfare. The registered manager had taken appropriate action and reported safeguarding concerns to the local authority and us, CQC as required.

Assessing risk, safety monitoring and management

- Overall, risks to people's health and well-being had been identified and assessed. Records contained enough information to guide staff on how to mitigate risks and keep people safe.
- However, risks associated with one person's health condition had not been assessed or recorded in their care plan. Despite this, staff knew how to keep this person safe. The registered manager was responsive to our feedback and updated this person's records following our inspection.
- An environmental risk assessment was carried out of people's home. This ensured the environment where care was being provided was safe for both the person and the staff member delivering care.

Staffing and recruitment

- There were enough staff to ensure people received timely care in their own homes. People using the service had a variety of different call times which had been scheduled to ensure staff had enough time to provide the care people needed.
- Overall, we received positive feedback from people and relatives about staff timekeeping. Comments included, "Everything is running really smoothly. Their timekeeping is good" and, "They always come, and I am not left wondering where they are."
- Staff told us, and people confirmed, if staff were going to be late, people were kept informed. Where necessary, the provider had a staff 'crisis team' who would cover any emergency shortfalls.
- The provider continued to ensure safe recruitment decisions were made. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, some records containing gaps in employment history had not been explored. The registered

manager was working through staff files to ensure this had been rectified.

Using medicines safely

- Where people required support to administer their medicines, staff administered these safely.
- Records identified if a person needed support with their medicines, however these sometimes lacked detail. For example, records did not always record the level of support a person required or information about any potential side effects of medicines. Despite this, staff knew how people took their medicines and had been trained to recognise and respond to any adverse effects.
- Records confirmed the registered manager carried out regular medicine audits and staff competence checks.

Preventing and controlling infection

- People told us staff followed good infection control processes such as wearing appropriate Personal Protective Equipment (PPE) and washing their hands.
- Staff understood the importance of protecting people from the risk of infection. One staff member told us, "If the COVID-19 pandemic has taught us anything, it is the importance of infection control. It is even more important when you are going from one house to another as you never know what you will take with you."

Learning lessons when things go wrong

- Staff knew what action to taken if any accidents or incidents occurred and reported them appropriately so they could be investigated.
- A system was in place to review accidents and incidents to identify actions the provider could take to reduce the change of 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the provider accepted a care package. This enabled the service to ensure they could meet people's varying needs. This always included a face to face meeting with people. One person told us, "They came to meet me and asked me lots of questions about how I wanted to be looked after."

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. This included working alongside experienced staff to enable them to get to know people's individual routines.
- Staff confirmed the training they received enabled them to do their job well. For example, staff confirmed they were shown how to use manual handling equipment.
- Staff told us they felt supported by the manager and had regular opportunities to discuss their role during regular supervisions.

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

- Records detailed what support people required with food and drink, as well as their preferences and any specific dietary requirements.
- People and relatives confirmed staff were aware of people's needs and prepared meals and drinks where this was required.

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

- Staff were proactive in ensuring people's health needs were met. Where needs changed, referrals were made for specialist support such as occupational therapy.
- Where required, emergency medical assistance was called. One relative described an incident where staff found a person laying on the floor following a fall. They told us, "Staff called me as soon as they found [person]. When I got here, I walked in and they were cuddling them on the floor to keep them warm and ensure they felt safe which was so nice to see."

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 MCA 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.

- At the time of our inspection, each person who received care from Xperience Recruitment Limited had capacity to make their own decisions. However, the registered manager understood what action to take if a person's capacity to make a particular decision was questioned.
- People confirmed staff sought their consent before delivering care. One person told us, "They put me first and always ask my permission." Records supported this practice.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; respecting equality and diversity

- People told us they received compassionate care from kind and caring staff. Comments included, "We always have a laugh with the staff. They are very kind. They are better than what I expected, and we treat them more like friends" and, "Oh my, 10 out of 10 for care, patience, commitment at all times."
- Relatives also provided positive feedback about the care people received. Comments included, "The staff are kind to [person]. They are so careful with them and their attention to detail with washing and care is so lovely. They are so attentive" and, "Our staff are fantastic. We think the world of them. They want to please us and do things exactly right for [person]. They are so caring."
- Staff knew people well and understood what was important to people. This included any religious and cultural beliefs.

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

- People, and where appropriate their relatives told us they were involved in their care. One person told us, "They first came out and asked me what I wanted, and how I liked things to be done. What I said, the staff always do. If I want anything to change then they do that too. So yes, I feel involved."
- Staff supported people to make decisions about their day to day care needs. One staff member told us, "We have to allow people to express themselves from the very first moment we arrive. I will always ask how they are and how their night was, and then always ask them questions about how they want me to do things for them."

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed staff respected people's privacy and treated people in a dignified way when delivering care within their homes. One person told us, "I am very comfortable with them. They do not make me feel embarrassed and maintain my dignity. I have to strip off, but I am used to it now and they don't make me feel awkward."
- Records detailed what people could do for themselves and staff understood the importance of promoting people's independence. One person told us, "I do all the bits I can, and they never try and take over. They do the bits I can't do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- People received care from staff who knew them well. People told us staff provided their care in the way they wanted.
- Records described how people wished to be cared for. This included the specific tasks staff had to complete at each visit.
- People and relatives told us they were involved in planning their care and some care packages had been recently reviewed with them.
- Staff had a good understanding of people's needs and were able to tell us what was important to people, and how people liked to be supported. One staff member told us, "I see my role as supporting the clients to live an ordinary life. We spend time with them. Sometimes they just need to talk. Spending that extra bit of time talking to them really helps them have a good day."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records detailed people's communication needs such as when people needed aids such as glasses or hearing aids.
- At the time of our inspection, people using the service were able to communicate verbally. However, information could be provided in other formats if this was required, such as easy read format or large print.

Improving care quality in response to complaints or concerns

- People and relatives said the complaints process was explained in their welcome pack. People and relatives felt confident to raise any concerns knowing they would be listened to.
- The registered manager confirmed they had not received any formal complaints in the last 12 months.

End of life care and support

- At the time of our inspection, no end of life care was being provided, The registered manager told us staff would receive additional training if this was provided in the future.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the 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; Continuous learning and improving care

- The provider did not always fully understand the importance of the responsibilities of their role and some statutory requirements had not been met. For example, the provider had not completed the required Provider Information Return (PIR) which was requested in January 2022. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.
- Information we requested during our inspection was not always provided in a timely way. For example, it took 7 days for the registered manager to clarify the number of people who were provided the regulated activity. When we announced the inspection the day before the inspection, the registered manager told us there were 10 people who received the regulated activity. It became clear during the course of our inspection there were over 50 people being provided with personal care.
- The provider had systems and processes in place to maintain oversight of the service which included quality assurance audits and staff spot checks. However, some areas for improvement had not been identified. For example, some recruitment files contained gaps in staff employment history which had not been explored, some risk assessments needed more detail to ensure guidance was provided to staff on how to keep people safe and medicine records needed more detail show what level of support a person needed and any risks or side effects of their medicine.
- The Registered manager welcomed our feedback and took immediate action to address the issues we identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was consistently well-led and the managers were always available. Comments included, "I have had a few hiccups, don't get me wrong, but I have the manager's direct number and she gets straight back to me. Fantastic" and, "I think it is managed well. I have called the office a few times and there is always someone there and if not, they call me back."
- Staff understood the provider's values and provided positive feedback about working for Xperience Recruitment Limited. One staff member told us, "My role is to support the clients to live an ordinary life at home and to stay at home longer. It is the best company I have ever worked for. They look after the staff and we look after the clients."
- Staff told us they had the opportunity to discuss any concerns and any training or developmental needs during individual supervision meetings.

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 the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate

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

- People and relatives told us they felt involved with people's care and received telephone call to monitor people's support needs. One relative told us, "We all work in partnership. We all work really well together, and I cannot praise them enough."
- The registered manager sent out questionnaires every 6 months to seek formal feedback from people and their relatives. The sample we reviewed were positive about the quality of care provided.

Working in partnership with others

- The provider worked in partnership with other organisations such as the local authority to support care provision and improve outcomes for people.