

Xperience Recruitment Limited

# Xperience Recruitment Limited

## 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

### About the service

Xperience Recruitment Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community.

At the time of the inspection there were 15 people receiving personal care and support. Not everyone using the service received personal care. The CQC only inspects where people receive personal care. This is to 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 and what we found

Some people and their relatives were dissatisfied with the service in relation to people's care calls. This resulted from people experiencing late calls, a lack of consistency of staff and staff not staying for the allocated time of the care call. We raised this with the provider who reviewed their quality monitoring systems and contacted people to resolve the issue.

There were appropriate systems and processes for people to have a say in how the service should operate, and to identify their concerns. However, some people and their relatives were not confident in using the systems.

Staff had not always been recruited in a safe way as gaps in employment histories had not been checked. We raised this with the provider who immediately updated recruitment records.

Care records had not always included all necessary information about risks to people and how to mitigate those risks. However, staff were appropriately trained and knew how to respond to those risks. We found this did not have any impact on the quality of care provided to people. The provider took immediate action and updated care records.

Staff told us there was enough Personal Protective Equipment (PPE). However, some people's relatives expressed their concerns about staff not wearing PPE correctly.

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding people from harm.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests. The policies and systems in the service promoted this practice.

People described staff as caring and kind. People were involved in their care planning and made decisions to inform staff about their wishes and choices. Staff respected people's right to privacy and independence

and aimed to meet their cultural needs with in a considerate and sensitive manner.

Staff had received an appropriate level of training and felt supported by their colleagues and manager. Staff enjoyed working at the service and felt valued by the provider.

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

This service was registered with us on 25/03/2020 and this is the first inspection.

Why we inspected

This was a first inspection of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, 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?

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?

Good ●

The service was 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 Care Act 2014.

### Inspection team

The team consisted of 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 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.

### Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be present in the office to support the inspection.

The inspection activity started on 12 January 2022 and ended on 17 January 2022. We visited the office location on 12 November 2021.

### What we did before the inspection

We reviewed information we hold about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people using service and eight relatives of people about their experience of the care provided. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to request evidence and seek clarification from the provider to validate evidence found. We spoke with five members of staff.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe and secure. One person said, "I feel safe." Another person told us, "I can rely on them."
- People were supported by staff who regularly updated their safeguarding training. Staff told us they knew how to recognise and report abuse and felt confident they would be listened to.
- The service had systems in place to investigate and report concerns to appropriate authorities.

Assessing risk, safety monitoring and management

- The registered manager had identified risks to people in relation to mobility and people's mental, physical and health needs. However, some care plans lacked information on people's specific risks. We raised this issue with the provider who took immediate action to update the missing information. This had no impact on the quality of people's care as staff we spoke to were knowledgeable on how to mitigate those risks.
- Environmental risk assessments were carried out by the provider to assess potential risks to staff and people in their homes.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.

Staffing and recruitment

- Some people and their relatives told us that staff were not always deployed effectively and they experienced late visits. One person's relative told us, "Carers are very apologetic if late. A couple of times [person] has had to wait awhile and I have requested that she be informed if they are going to be late. The night visit is very early." Another person's relative told us, "There is a problem with timekeeping sometimes. They (carers) say it is the traffic. They can be as much as twenty minutes late."
- While there were concerns about staff deployment, there were enough staff on duty to meet people's needs. Staff told us they were also given enough time to travel between care visits and to carry out the tasks.
- Recruitment checks were carried out to ensure staff's fitness to work with people using the service. Staff had to attend an interview and provide references. A Disclosure and Barring Service (DBS) check was undertaken to ensure safe care provision. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. Systems were in place to monitor that all documentation was up-to-date, for example, a visa providing the right to work in the UK. However, we found that gaps in employment histories had not been checked. We raised this with the provider who immediately updated recruitment records.

Using medicines safely; Learning lessons when things go wrong

- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.
- Staff had received training and competency checks before they were able to administer people's medicines.
- When a medicines error occurred, this was discussed with staff during their supervision and a lesson learnt was shared amongst the staff team.

#### Preventing and controlling infection

- Spot checks were completed consistently on staff to ensure the correct use of PPE was being adhered to. Although spot checks did not identify any concerns, some relatives of people told us that staff were not always wearing their PPE correctly. One person's relative told us, "I have had to remind carers to wear masks. They will pull their masks down exposing [person] to any infection." Another person's relative told us, "Glove wearing is an issue. Gloves should be put on by carers after they have washed their hands on arrival. They arrive with their gloves on." We raised this issue with the provider who informed us that they were going to organise a staff meeting to remind staff about COVID-19 regulations.
- The provider had a comprehensive infection prevention and control policy.
- The office had enough space for people to maintain social distance. Visitors had their lateral flow test checked on arrival and a sanitiser and PPE were available at the entrance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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, and a care plan drawn up before people received a service.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example, relating to their religion, culture or sexuality, to ensure staff could meet those needs.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were knowledgeable and well-trained, however, sometimes they lacked experience. One person told us, "They are basically trained, but new ones need experience." Another person's relative told us, "They are well-trained, but some more than others."
- The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training sessions included food handling and hygiene, first aid, COVID-19 and the use of PPE and safeguarding adults. A member of staff told us, "We get a good training."
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff well-being, their roles and responsibilities, and their training and development plans.

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

- The service assessed people's nutritional needs and supported them to have a balanced diet.
- People and their relatives we spoke with provided us with positive feedback about the meals provided and confirmed people received enough food and drink. One person's relative told us, "Food and drink is given such as eggs on toast and coffee. No problems with food and drink." Another person's relative told us, "They make cups of tea, give water for medication and will help with food if necessary."
- The service recorded people's dietary needs in their care plans to ensure people received the right kind of diet in line with their preferences and needs.

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

- People and relatives said people's health needs were supported, which was confirmed by the records. One person's relative told us, "Carers will talk [person] through the care and would call a GP if necessary. A carer was very concerned on Saturday with a problem and she rang the office and 999 was called. She was genuinely very conscientious and concerned."
- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing and achieve good outcomes.

- Care records showed people's healthcare needs were assessed. Occupational therapists and other health professionals were also contacted appropriately to ensure people's healthcare needs were met.

#### 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.

- People and their relatives told us that people were asked about their opinion or choice and staff sought their consent before performing their tasks. One person's relative told us, "They will tell him to sit carefully and ask him what he wants."
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection.
- Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate. A member of staff told us, "MCA empowers people to make decisions for themselves wherever possible, unless proved otherwise."

# 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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service ensured staff treated people well. People and their relatives told us they had good relationships with the staff members that supported them and described them as caring. One person told us, "Carers are friendly." Another person's relative told us, "Carers are polite, and we have a giggle together. They will talk to [person] and reassure him."
- The Equality and Diversity policy explained protected characteristics, discrimination, and provided some information for staff to help them meet people's needs and preferences.
- People's diverse needs were identified as part of their assessments and care plans. Staff showed an understanding of equality and diversity, and the need to support people's individual needs with regard to their protected characteristics.

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

- Staff supported people and, where appropriate, their relatives to express their views and make choices about people's care. One person's relative told us, "I saw the care plan at the beginning, and I am happy with it."
- We were told that where required information would be provided to people in a format accessible to them. For example, care plans would be available in large print, foreign languages and, if appropriate, Braille. Staff told us they explained procedures to people to help them make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- The service had systems in place to ensure people's dignity, privacy and independence were supported. People told us that staff attended to their support needs with respect and care.
- Staff treated people with dignity, and people's privacy was respected. A member of staff told us, "You need to try to provide cover, ensure you lock the doors, draw the curtains and no one is seeing them. You need to cover their body with a towel, close the door behind and don't rush them, when dressing the client, look down or sideways. Try as much as possible to avoid anything that will make them uncomfortable."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication had been assessed and recorded. This information was shared appropriately with those whom it concerned which ensured people's information needs were met.
- Staff understood the AIS. They were provided with guidance on how to promote effective communication. People's communication needs were identified, recorded and highlighted in care plans.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and process which the registered manager monitored to identify any learning. The policy was available in accessible formats.
- Records showed complaints were investigated and lessons learnt to improve the service. However, not all people and their relatives were confident in reporting issues to the provider. One person's relative told us, "I am concerned that if I complain, I will lose the care and there is no other agency we could have." We spoke to the registered manager who said they were going to engage people and their relatives and convince them to report any issues.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- Staff told us people's advanced wishes would be respected.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most of the people and their relatives told us that the service was well-led. One person's relative told us, "The manager listens and dealt with the recent emergency well." Another person's relative told us, "I feel I know how to communicate with the manager. On the one occasion there was a problem she was proactive and upfront about it, phoned and apologised."
- Staff told us the service was managed well and the registered manager made themselves available to provide support if needed. A member of staff told us, "We are happy with the management."
- The registered manager had established a culture in the service that emphasised the importance of providing person-centred care. He was knowledgeable about people's individual needs and the support each person required.

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 registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager told us, and records confirmed they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to prevent incidents from reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

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

- Most of the people and their relatives told us they were asked for their views on the service. However, some of them were not confident to report any issues to the provider.
- Staff told us they enjoyed regular team meetings that gave them an opportunity to discuss any issue and to find a solution. A member of staff told us, "Due to COVID-19 outbreak, all the meetings are being done on a mobile application. We normally do them monthly. It's a good platform to engage one-to-one with our management. It's at these meetings that we are able to express ourselves how we feel things are going,

either positive or negative, on various aspects."

- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents and medicine administration records (MARs). Action was taken to address any identified issues. Although the systems to monitor the quality of care remained effective, some people and relatives did not feel confident in raising issues directly with the provider. We saw results of the surveys were mostly positive. However, many issues reported to us remained unknown to the provider.
- Leadership at the service had a clear vision of how they wanted the service to be run and put people at the centre of what they did.
- The management of the service was receptive towards our feedback. They took immediate steps to address issues reported to us appropriately. For example, they organised staff meetings and meetings with some of the relatives in order to obtain more feedback and resolve issues reported to us.

Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.