

Edmar Recruitment Services Ltd

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Inspection report

19 Sergeants Way
Elms Farm Industrial Estate
Bedford
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04 May 2023

22 May 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Edmar Recruitment Services is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, people living with dementia, people living with physical disabilities, people living with a mental health condition, and people living with a learning disability or autistic spectrum disorder.

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 our inspection there were 2 people being supported with the regulated activity of personal care.

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

Right Support:

Relatives shared positive comments about the care and support provided. These comments included, "All staff go above and beyond what is required, and nothing is too much bother. Staff take time to get to know people and their families. They are like a family friend." Other comments included, "They are not just professionals but also caring human beings."

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. Staff were motivated and passionate about providing care which was person centred.

Right Care:

People received care which was kind, sensitive and dignified. Staff completed a robust induction which prepared them for their role. This included a blend of online and face to face training, a period of shadowing of experienced staff and time spent familiarising themselves with the service policies, processes, and procedures. People received care at the time which they required it.

Right Culture:

Relatives felt the registered manager was approachable and accessible at all times. People and relatives had been provided information informing them how to contact the service in an emergency and out of hours.

The complaints process was shared with all people, their families and staff when starting with the service. Relatives told us they were very happy with the service but felt confident should they have concerns these would be dealt with promptly.

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

Rating at last inspection

This service was registered with us on 12 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Edmar Recruitment Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

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 the management team are often out of the office supporting staff or providing care. We needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 04 May 2023 and ended on 22 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 2 relatives. We spoke with 3 staff including the registered manager, care co-ordinator and care staff.

We reviewed a range of records. This included 2 people's care records. We looked at 5 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

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 of this newly registered service. 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

- Relatives told us the care their family member received made them feel safe.
- One relative told us, "[Family member] feels 100% safe. [(Family member) tells us, knowing the care staff are coming every morning to check they are alive and well makes them feel safe."
- The provider had systems, processes, and procedures in place to manage concerns. Staff had received safeguarding awareness training and were knowledgeable of raising concerns internally and to external organisations, including the local authority and Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People's needs had been assessed and their records contained risk assessments which informed staff of actions to follow to mitigate risk and harm.
- Staff we spoke with told us risk assessments provided information to guide them in mitigating risk. These included checks of the environment to ensure there were no slip and trip hazards and visual checks of equipment to ensure it was in working order.
- Staff told us the registered manager contacted them promptly to advise of any changes and updates to care plans. This meant the care and support continued to meet people's needs.

Staffing and recruitment

- Relatives told us they felt the care provided was reliable and consistent. One relative told us, "[Family member] receives care from a consistent core of staff who understands [family members] needs well."
- Relatives we spoke with felt there were enough staff employed to provide care when it was required. One relative told us, "The [staff] arrive at the time agreed during the assessment process and never rush [family member]. They take time to chat and engage with [family member] whilst providing care and support."
- A process was in place to ensure suitable staff were safely recruited. This included exploring of employment gaps, obtaining references and completion of Disclosure and Barring checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- A process was in place for the safe management and administration of medicine.
- Staff had received training in the safe administration of medicine. Only 2 staff administered medicine and had completed a competency check of their skill and knowledge. The registered manager advised us, as the service grew and became established, a process was in place to ensure all staff received a check of their

competency in the safe management and administration of medicine.

Preventing and controlling infection

- Staff had completed infection control training and were knowledgeable of infection control measures to reduce risk of transmission of infection. This included maintaining a clean environment, wearing, and disposing of personal protective equipment (PPE) appropriately, checking dates of food and gaining consent for disposal of food items which were out of date.

Learning lessons when things go wrong

- A system was in place to report, monitor and review any incidents and accidents.
- Staff meetings provided opportunity for the registered manager to share concerns raised and outcomes of audits completed. Staff were involved in discussing improvements to the service and encouraged to make suggestions.

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 and their relatives had been involved in their assessments and reviews of their care plan. Relatives told us the registered manager listened to what they required during the assessment process and discussed options of support available. One relative told us, "We were all involved in the initial assessment. [Registered manager] visited us at [family member's] home and explained the service which they provided and asked what we required. The information was used to write the care plan. We have been involved in a review following the changes in [family members] needs and the care plan has been amended to reflect this."
- Care plan assessments contained information relating to people's medical and health needs, likes, dislikes and preferences. This information was used by the registered manager to ensure staff were suitably skilled to provide appropriate care and support.

Staff support: induction, training, skills and experience

- Staff completed an induction which included a mixture of online and face to face training, reading of policies and procedures and shadowing of experienced staff. Staff felt the induction process was thorough and prepared them for their role.
- Relatives told us they felt the staff had received appropriate training. One relative told us, "New staff members accompanied experienced staff when being introduced to [family member]. This enabled staff to understand better [family members] needs and a relationship to be established." This upheld the principles of Right Care, Right Support, Right Culture.
- Staff told us they received regular supervision which provided opportunity to discuss their workload, well-being and professional development. One staff member told us the registered manager had assisted them in progression of their career within health and social care and was supporting them in accessing further training to enhance their knowledge and skills.

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

- Care plans contained information advising of people's nutritional requirements and support where required.

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

- The staff knew people well and reported changes and concerns in a timely manner. This enabled prompt requests for additional advice and guidance to be sought, and referrals to external health and social care professionals to be made when necessary.
- One relative told us, "If [family member] becomes ill, the staff are very good at contacting me direct. For

example, [family member] had toothache recently and they wasted no time calling me so I could arrange a dental appt. [Staff] also use the communication book to let me know of any changes or little concerns."

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

- Relatives told us the staff sought consent prior to providing care and support.
- Staff had completed Mental Capacity Act training and understood the importance of supporting people in decision making. One staff member said, "It is important to communicate effectively using visual prompts, speaking clearly and repeating information if necessary, so that a person is able to make a decision and for staff to respect decisions made."

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; Respecting and promoting people's privacy, dignity and independence

- We received consistently positive comments from relatives about the caring attitude of the staff. Comments included, "The [staff] are kind and caring. They understand (family member) well and allow them space and privacy when supporting with personal care." And, "[Staff] provide continence support sensitively in a manner that is not embarrassing."
- Staff recognised the importance of encouraging people to maintain their independence. One staff member said, "It is important to ask a person what they are able to do and encourage them to continue with this without taking over."

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

- Care plans had been developed with the involvement of people and their families.
- One relative told us they had been included in a care plan review which also involved the registered manager, carers and social worker.
- Relatives said they felt listened to by the registered manager and staff at all times. One relative told us they had regular contact with the registered manager and felt their views were listened to and when required changes to the care and support accommodated.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information in care plans were tailored to the individual and captured people likes, dislikes, preferences, life history and hobbies as well as medical and health information.
- Staff supported people with a person-centred approach. One staff member said, "It is important to provide care how people wish, making it all about them and their needs."
- People received care from a staff team who were familiar to them. One relative told us, "It almost feels like a friend coming in to assist as they are so consistent."

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.

- Relatives told us they felt the staff communicated effectively with them in a professional manner.
- One person had a communication book in place which was used by them, staff and family members as a tool to support memory and communication between all parties. For example, when family made plans to take the person out this was recorded to prompt and remind the person of plans made. Staff also used the communication book to advise where food, medicine or household items required replenishing.
- The registered manager told us where necessary, alternate formats of documentation were available including large font, pictorial and easy read records and accessing a translation service.

Improving care quality in response to complaints or concerns

- A complaints process was in place which relatives and staff were familiar with.
- Relatives spoken with felt confident the registered manager would act promptly to resolve any concerns or complaints should these arise. However, at the time of inspection all relatives spoken with were very happy with the care and support provided.

End of life care and support

- At the time of the inspection the service was not supporting anybody with end of life care.
- End of life care was discussed with people and their relatives during the assessment process.

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.

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

- The provider had a quality assurance process in place to monitor and review the standard of care provided. Actions were taken to address any shortfalls identified through this process.
- A service improvement plan was in place. However, this did not provide detail on how improvements would be achieved, timeframes or responsibility of action.

We recommend the provider reviews the service improvement plan to ensure it effectively drives change and ongoing improvement of the service.

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

- Feedback received from relatives regarding the care provided was positive. One relative said, "The registered manager is very approachable, listens and understands what is important to [family member] and us."
- Staff told us the visions and values of the service to provide care which centred around the person was discussed during interview and reiterated during staff meetings.
- Relatives and staff told us they found the registered manager to be approachable. One staff member said, "The [registered manager] listens to me when I have concerns and is always happy to assist when 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 provider understood their responsibility in reporting notifiable events to CQC and providing apologies to people and their relatives when things went wrong.

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

- The registered manager used the opportunity when supporting with delivery of care, reviews and telephone calls to obtain feedback from people and their relatives. Feedback was used to support with making changes to the delivery of care. For example, where somebody had advised they were not always kept informed of staff arriving late to care visits, a memo was sent to all staff to remind them of the process in place to inform the office of any delays in arrival.
- One relative said, "The [registered manager] supports with the delivery of care and is very approachable. I

feel confident in contacting the provider to express our views should it be necessary. In addition, during reviews we are offered opportunity to express our views and discuss how we feel things are going."

Working in partnership with others

- The registered manager and staff team had built good working relationships with health and social care professionals to support a joined-up approach to the provision of care.