

Care Solutions Recruitment Agency Ltd

# Care Solutions Recruitment Agency Ltd

## 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

Care Solutions Recruitment Agency Limited provides personal care support to people in their own home. At the time of our inspection three people were receiving support. 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 and what we found

People received support from staff that knew them well and had the knowledge and skills to undertake their roles. People received support from the same care workers. They had built friendly caring relationships with them and staff provided people with personalised care and support. Care workers were punctual and stayed the required length of time to provide people with the level of support they required.

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. People were involved in their care. Staff engaged with people and understood their preferences and how they liked to be supported.

When required, staff supported people with meal preparation. Staff were aware of any medical needs a person had and how this impacted on their independence.

Staff received regular training and were required to undertake refresher courses to ensure their knowledge and skills were up to date with good practice guidance. Staff felt well supported in their role and received regular supervision.

The manager regularly reviewed the quality of care delivered. This included a programme of regular telephone calls and spot checks. Staff, people and their relatives felt engaged with and listened to. Their views were taken on board and any improvements required were made.

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.

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 and update:

This service was last inspected on 15 November 2019 but was not rated at that time.

### 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.

## 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.

# Care Solutions Recruitment Agency 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 undertaken by one 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.

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

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 15 March 2022 and ended on 22 March 2022.

#### 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 held about the provider including statutory notifications received about key events that occurred at the service.

#### 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 three people's relatives, three care workers and the registered manager. We reviewed two people's care records and records relating to staff recruitment, training, supervision and the management 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.

This is the first time this service has been rated. 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 were protected from the risk of abuse. Whilst there had not been any safeguarding concerns raised since our last inspection, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- Staff had received training on safeguarding vulnerable adults and were expected to complete regular refresher training to ensure their knowledge was up to date with current best practice.

Assessing risk, safety monitoring and management

- People received safe care and the safety of care delivered was regularly reviewed.
- The registered manager told us during their assessments they "make sure it is safe and make any recommendations needed to ensure it is safe."
- People's care records clearly identified and detailed any risks to their health and safety and what mitigating factors were in place to minimise these risks.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff and relatives told us they turned up on time and were able to stay the allocated amount of time without having to rush the support provided. One relative said, "[The care workers] are very punctual. They stay for the allocated amount of time and if needed they will stay a little longer."
- Safe recruitment practices were in place to ensure people were supported by suitable individuals. This included obtaining references from previous employers, checking staff's identity and eligibility to work in the UK, and undertaking criminal records checks.

Using medicines safely

- At the time of our inspection the people using the service were either managing their own medicines or getting support with medicines management via their relatives. Care staff were not involved in the management or administration of people's medicines.
- Staff did check that those people who were nearing the end of their life had anticipatory medicines in place for when they were needed and that there were appropriately trained healthcare professionals in place to administer these medicines to ensure people were not left in pain.

Preventing and controlling infection

- We were assured that the provider was adhering to infection control procedures and were up to date with government guidance.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for care staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns. There had not been any incidents since our last inspection.
- The registered manager informed us if any incidents had occurred they would ensure the person was appropriately supported at the time and feedback would be sought from the person, their family and the staff involved to look at what could be changed or improved to prevent recurrence.



# 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 time this service has been rated. 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

- A relative told us, "The transition from the other care agency has gone very well."
- There was a comprehensive assessment prior to people receiving care. This included an assessment of their care needs whilst in hospital, discussion with people and their relatives about how they would like care to be delivered and review of their home to ensure the environment was safe and suitable. The registered manager told us they would request additional measures should they feel people could not be cared for safely and comfortably, including requests for additional equipment, hospital beds, commodes and mobility equipment.

Staff support: induction, training, skills and experience

- People were cared for by knowledgeable staff that had the skills needed to undertake their role.
- A staff member said, "[There are] lots of training opportunities. They open doors for advancement." There was a training programme in place and staff were expected to undertake regular refresher training to ensure their knowledge and skills stayed up to date with best practice.
- Staff felt well supported. One staff member told us, "You can always give the manager a call. There is always someone available if you need them. We get supervision. They come out to you if there is need for that." Another staff member told us, "I have the training [I need] to support my clients... I speak to my manager all the time. If I need any support, they support me well. If I find anything difficult then I talk to them and they help me out. They have been very good to me."
- The provider's training matrix showed staff were up to date with their required training and the supervision matrix confirmed staff were regularly supervised and supported.

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

- Staff supported people with meal preparation and provided meals in-line with their wishes. If people required support with eating and drinking, relatives told us this was done with patience and at a pace dictated by the person.
- Staff were aware that people's nutritional needs changed as they neared the end of their life and provided support in line with people's individual needs and to ensure their safety.

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

- Care staff were not actively involved in supporting people with their healthcare needs. However, relatives confirmed that care staff were aware of people's medical needs. One relative said, "The care workers are aware of her medical needs and how this impacts on her needs and day to day life. It's a very good seamless

routine."

- Staff contacted healthcare professionals involved in people's care should they need additional support or advice. This included their GP, the district nursing team, specialist healthcare teams and palliative care support via the local hospice.

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.

- Whilst some people had dementia and varying capacity to make decisions about certain aspects of their life, the registered manager told us they all had the capacity to make decisions regarding their day to day life and the personal care support they received. People and their relatives were involved in their care and their consent was sought prior to care being provided.
- At the time of our inspection no-one was deprived of their liberty.

# 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 time this service has been rated. 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

- People were cared for by staff that were friendly and respectful. Relatives told us their family members had built good relationships with their care staff. One relative said, "[Their family member and the care staff] get on well. [The care staff] are every empathetic." Another relative told us, "[The care workers] have a chat with my [family member] whilst they are here."
- Staff were aware of people's religious and cultural needs and provided support in line with what people needed and wanted. For example, the registered manager told us one person liked to have religious music playing whilst they received support with their personal care. They also respected people's preferences regarding the gender of their care worker and who provided them with support.

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

- People and relatives were encouraged to express their views and were involved in their care. One relative told us, "We went through a very detailed care plan and feel fully involved. The carers work diligently. They work to [my family members] needs and we couldn't wish for anymore." The registered manager said, "People and relatives are involved from the get-go... They are involved every step of the way" regarding the assessment and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "They maintain her dignity and privacy." A staff member told us, "First thing I do is close the blinds, shut the door and ask if there is anyone else there to leave the room."
- People were encouraged and supported to be as independent as possible. One relative told us, "With equipment they have enabled [their family member] to be more independent."

# Is the service responsive?

## Our findings

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

This is the first time this service has been rated. 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 received person centred care which was flexible to meet people's individual needs. There was good communication between people, their relatives and staff to ensure the service provided continued to meet people's needs. One relative said, "They have been working with her for a while so there is a good line of communication. We are free to communicate if we feel she needs more help or suggestions about what they could do. If there is something we always communicate. For example, if we want them to take her out for more walks we just ask and they do that."
- There were comprehensive care records in place which detailed people's needs and how they wished to be supported. One staff member said, "Care plans and support plans are very clear about what is needed. Clients will also request if they need anything else. If they need additional time, I can give to them."

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.

- Staff communicated with people in a way they understood. Staff were aware of people's communication needs and adjusted how they communicated to ensure people understood what was being said and given the time to respond.

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

- Staff supported people to take part in activities that they enjoyed. This included supporting one person on shopping trips and escorting another person to and from a day centre.
- Staff also supported people to maintain relationships with people important to them. This included supporting people to pack their belongings and ensure they had all they required to ensure their needs were met whilst they were staying away with family.

Improving care quality in response to complaints or concerns

- There had been no complaints received since our last inspection, however, relatives told us they knew how to make a complaint should they need to. They told us they had open communication with staff and the registered manager.

#### End of life care and support

- Staff supported people nearing the end of their life. They were aware of how their health may deteriorate and what changes to look for. They involved people and their families in their end of life care. Staff liaised with professionals from the hospice to ensure people received specialist end of life care when required. One relative whose family member was nearing the end of their life told us, "[Care Solutions] have been absolutely brilliant. [Their care worker] was a great support."
- Staff also offered relatives support whilst caring for their loved ones who were nearing the end of their life. Staff were able to stay with people to give their family members a break. They signposted relatives to bereavement support services and gave them information about what support was available from the local hospice.

# 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 time this service has been rated. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were engaged with and asked for their views about the service. The relatives and staff we spoke with felt listened to and that their views were taken on board.
- One relative told us, "Communication with the manager is good. On a weekly basis they call us for a chat about the quality of care, what we're happy about and what we're not happy about."

A staff member said, "We can give our views and we are listened to... Feel we have everything we need. Every time there are suggestions these have been taken on board."

- One relative told us, "It's how we would expect to be looked after. [The agency's] philosophy is care for others as you would yourself and that comes through in practice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was aware of their CQC registration requirements, including the requirement to submit statutory notifications about key events should they occur.
- The registered manager was aware of the duty of candour and the importance of being open and honest should mistakes be made.
- There were systems in place to monitor the quality of service delivery. Whilst the agency was quite small these systems were being undertaken manually by the registered manager and care coordinator, including calling staff ten minutes before an appointment to ensure they were on their way and calling people after the appointment to ensure they were happy with the care worker and how their care was delivered. In addition, unannounced spot checks were undertaken, and the registered manager shadowed appointments to ensure people's care needs were met and they were treated with dignity and respect.

Continuous learning and improving care

- The registered manager told us they were continuing to improve and grow the business. They had a number of resources and systems in place which would enable them to further monitor the quality of service provision if they became a larger agency and supported more people. These systems would enable the registered manager to gather data to monitor calls and ensure staff were attending appointments as scheduled without the registered manager having to manually undertake these tasks.

#### Working in partnership with others

- The registered manager said they had a good working relationship with the local authority and clinical commissioning group in the areas they operated in. They also had good relationships with staff from the local hospitals, the hospice, GPs and community professionals. They felt they had worked hard to build these relationships, and this has helped to provide high quality personalised care which meets people's needs.