

Conquest Recruitment Ltd

Conquest Recruitment

Inspection report

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Date of inspection visit:
09 January 2018

Date of publication:
21 February 2018

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

Conquest Recruitment is a domiciliary care service that is registered to provide people with personal care usually in their own homes. The service also provides other services that include supporting people to attend appointments, and doing housework and shopping for people. At the time of this inspection seven people were receiving support with their personal care.

At the last inspection on the 10 February 2016, the service was rated Good. At this inspection on the 9 January 2018, we found the service remained Good.

The service supported and promoted a culture that respected and valued people using the service, their relatives and staff. The service was flexible so it met people's individual needs and preferences.

People told us that they felt safe when receiving care and support from staff. People's relatives had no concerns about people's safety. There were procedures for safeguarding people and staff understood how to respond to possible abuse.

People were supported by staff who understood their responsibilities to manage risks and report concerns where there were any issues relating to people's safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that staff were respectful and listened to them. People's views were valued. They were provided with opportunities to give feedback about the service. People knew how to make a complaint.

People were involved in their care. Their care plans were personalised and reflected their current needs and preferences. They contained the information staff needed to provide people with the care and support they wanted and required. Staff understood the importance of treating people with dignity and respect. People and relatives had developed positive relationships with care staff and management.

Arrangements were in place to ensure people received the service that they required from sufficient numbers of appropriately recruited and suitably trained staff. People's medicines were managed safely.

Staff were positive about the support and development opportunities they received. The provider ensured staff had the skills and knowledge to meet people's needs. People's dietary needs and preferences were supported by the service.

There were effective systems to monitor and improve the service, which included systems to gather people's feedback about the service. The registered manager and care coordinator looked at ways to continually improve and develop the service that it provided to people. They carried out checks to monitor and improve

the quality and safety of the service and took action to address issues and make improvements when needed.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Conquest Recruitment

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 9 January 2018. It was a comprehensive inspection carried out by one inspector. We gave the service two working days' notice of the inspection visit because the location provided a domiciliary care service and we needed to be sure that key members of staff would be available.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the service since the previous inspection. Notifications are information about specific important events the service is legally required to report to us. We sent out questionnaires and received three that had been completed by people using the service. We also looked at reports of local authority quality checks and the action taken by the service to address shortfalls found.

We also reviewed the Provider Information Record [PIR] which the provider had completed and submitted to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager and care coordinator during the inspection.

Some of the people using the service were unable to tell us what they thought about the service. Because of this we spoke with family carers. We asked for their views about the service and how they thought their relatives were being cared for.

During the inspection visit to the agency's office we spoke with the registered manager and the care coordinator. Following the visit we spoke with one person using the service, seven people's relatives, two field supervisors and two care workers.

We reviewed a variety of records which related to people's individual care and the running of the service. We

looked at the care files of four people using the service. We looked at four staff records to check recruitment procedures and whether staff had received the supervision and training they needed. We also looked at key policies and procedures to do with the running of the service, and the checks carried out to ensure that the quality and safety of the service were maintained and improvements made when needed.

Is the service safe?

Our findings

People's relatives told us that they felt that their relatives were safe when receiving care. A person using the service told us that they were always treated well by care staff. A person's relative told us that a person was "definitely safe" when receiving assistance with their personal care.

Staff were knowledgeable about safeguarding adults from abuse. They told us about the action they would take to protect people if they suspected they had been harmed or were at risk of abuse. They knew that they needed to report any concerns to the registered manager and when appropriate to external agencies including the host local authority safeguarding team. Staff training records showed that staff had received training in safeguarding people. The contact details of the host local authority safeguarding team were displayed in the office.

Risks to people's safety were assessed before they started receiving care from the service. These included risks of people falling, and risks associated with bathing and/or showering. Where risks had been identified actions were in place to manage and minimise them. People's bathing risk assessments included information about care staff checking the water was within a safe temperature range. The registered manager told us that she planned to develop the guidance in people's bathing risk assessments to ensure it was clear and provide people with a thermometer when needed. Care staff we spoke with were aware of people's risk assessments and the guidance that they needed to follow to protect people from harm.

Risk assessment of people's home environment were carried out so any health and safety risks were identified and addressed to keep people and staff safe. The registered manager told us that the provider of the service's office carried out safety checks to do with the premises including fire safety checks and electrical checks to keep people who use or visit the office safe.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people. We checked four staff's records, which showed appropriate checks had been carried out. The service had a lone working policy to minimise the risk of staff being harmed when working on their own. This was included in the staff handbook so accessible to staff.

Records showed that two people using the service had reported that they had a fall in their own home when they were alone. Records showed that staff had been responsive when the people had told them about the falls. Staff had taken appropriate action, which had included advising them to see a doctor for a check-up. Records showed that they did see a doctor promptly after the incidents. Staff told us that if they became aware of any changes in people's needs that could affect their safety they would report this to the registered manager who they were confident would take appropriate action including when applicable notifying the relevant commissioning local authority.

There were systems in place to manage and monitor the staffing of the service so people received the care and support they needed and were safe. Management staff provided support when required such as carrying out care visits when care staff were unwell. The registered manager and the care coordinator told

us that they had completed homecare visits during a recent festive period due to some care staff being unable to work at that time. A person using the service confirmed this.

People told us that staff arrived on time and calls were not missed. One person's relative told us that sometime ago there had been some issues with time keeping by a care worker but that this had been addressed by the service.

People's care plans identified their medicines needs and recorded the medicines that people had been prescribed. The registered manager told us that she would ensure that information about each prescribed medicine was included in the care plan records so that staff were well informed about people's individual medicines needs. Staff had received medicines training. Their competency to administer people's medicines safely was also assessed. A care worker told us that they been assessed by a senior member of staff before they supported a person with their medicines.

Records showed us that staff had completed training on infection control. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. 'Spot checks' carried out by senior staff of care staff providing people's care included checks that their practice minimised the risk of infection.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. A person told us that they received the care and support they needed from care staff. They told us that they felt that their regular care workers knew them well. A person's relative told us "[Person's] carer is definitely competent."

People's care records included information about people's preferences, health, personal care and other needs. Care and support were specific to each person's individual needs and guidance for staff to follow was in place. People's care plans showed that they [and where applicable their relatives] had been consulted and had agreed to their care plan. A person told us that they had received a copy of their care plan.

Care plans were reviewed regularly with people and their relatives and were accessible to staff. Care staff told us that they were aware of each person's care plan and referred to them before assisting people with their care and other needs.

The registered manager told us that people were advised by the service to see a doctor when their medical needs changed or deteriorated. Care staff on occasions supported people to attend hospital appointments. Some packages of care had included providing people with additional care and support when they had spent time in hospital.

Staff received an induction when they started working in the home. Care staff told us that their induction had helped them learn about the organisation, their role and some policies and procedures. The registered manager told us that they and the care coordinator had been trained to support staff to achieve the Care Certificate induction which sets out the standards of care, learning outcomes and competencies that care staff are expected to have. They told us that new care staff would complete this induction.

Records showed that staff received relevant core training at the start of employment and received 'refresher' training at intervals during the course of employment. Training was also provided to staff so they could meet people's particular needs. This included training/learning about specific medical conditions and dementia awareness. Records showed that best practice and learning about relevant topics to do with the service took place during staff meetings and one-to-one staff supervision. The provider also supports staff to achieve health and social care qualifications. A field supervisor told us that they were currently in the process of completing a relevant management qualification and had received significant support and advice with that from management staff.

Staff were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with senior staff. A care worker told us that supervision meetings were planned but also flexible. They informed us that they could ask for a supervision meeting with the registered manager at any time and they would promptly arrange it. Staff records showed that staff were provided with an annual appraisal to discuss their progress, areas for development and their goals for the following year.

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. Management staff and care staff understood and applied the principles of the MCA when supporting people.

Care staff told us and people's care records showed that people using the service were able to make day to day decisions to do with their care. Staff were aware that people's ability to do so could change, and that a decision in their best interest may then have to be made by those involved in their care such as family members and healthcare and social care professionals. A person using the service told us that care workers always asked for their agreement before helping them with their personal care as well as with other activities.

People's nutritional needs and preferences, and any assistance people needed with meals were recorded in their care plan. A person's care plan included information about offering the person drinks. People's nutrition was monitored. Written daily logs detailed what people had eaten or been prepared during care workers' visits. A care coordinator told us about the support and encouragement that a person had received from staff to eat a more healthy diet. Records showed that the person's weight had been monitored closely by the service.

Information about the service was in written format. The registered manager told us that currently people did not have significant sensory needs and were able to read the information provided by the service. However, there were several people where English was not their first language and who had difficulty speaking it fluently. We discussed with the registered manager and the care coordinator about making information that was of particular relevance to people more accessible to them.

Is the service caring?

Our findings

A person using the service and people's relatives told us that staff were kind and provided people with the support and care that they needed in a respectful way. A person using the service described the care worker who regularly visited them as "Lovely, very caring and considerate." People's relatives told us they and people using the service had good relationships with care staff and management. They told us, "They [staff] listen" and "They ring me regularly to ask how things are."

The service was caring. Records showed that a senior member of staff had contacted a person using the service to check that they were all right after finding out that there had been an electrical power cut in the location where the person lived. Staff were respectful towards people. A person using the service told us that they had been informed by the service when care workers were running late.

People's care plans included information about their preferences, choices and background. This helped staff to provide people with the care and support that they required in a consistent way. A care worker told us they had got to know about a person's background and culture by talking with them and listening to them and family members.

A person told us that their choices were respected by staff and they were provided with emotional support. The person's care plan included detailed guidance about the emotional support that the person needed.

People's independence was encouraged and supported. Care workers and management spoke about the importance of encouraging and supporting people's independence. The registered manager provided us with an example of one person who had received the support they needed to enable them to carry out tasks that due to a lack of confidence had hesitated to do. The registered manager told us that due to the support that the person had received from staff they no longer required a service from the care agency. A care worker told us that they provided the support that a person needed to go out into their garden and to take short walks, which had helped develop the person's confidence and independence.

People's relatives told us that they felt that people's privacy was respected by staff. A person told us that their dignity was respected. People's care records and staff records and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care.

The service had an equality and diversity statement included within the staff handbook. It included information about staff promoting people's dignity and respecting people. Staff we spoke with knew about the importance of respecting people's differences and promoting their human rights. One person's relative told us that a care worker provided the support that the person needed to regularly attend a place of worship.

Is the service responsive?

Our findings

The service had received written compliments about the care provided to people and the responsiveness of the service. For example "Your role in providing effective care and support to us has been positive and invaluable. There were many times when I needed to contact [care coordinator] either to change a day or to request carers at varied times to ones agreed. Each request had been met without delay and with ease." A person's relative told us "I am very happy with the service. It's really good. I would recommend it. There are no problems."

People's relatives and a person using the service told us that people had received an initial assessment of their needs before they started receiving a service. Initial assessments had been carried out by the registered manager or the care coordinator with peoples' involvement and where applicable their relatives had provided information about people's needs. The registered manager told us that the initial assessment was important for the service to gain an understanding of people's needs and enable them to get to know the person and provide them with the care that they needed and wanted. A person's relative told us that a senior member of staff had asked a range of questions about a person's needs before they started to receive a service from the agency.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans included the information they needed to provide people with the care that they needed.

The care plans that we looked at were personalised. They included information about people's preferences and routines, and identified the actions required of staff to meet people's individual needs. For example one person's care plan included "I require help in the morning with showering, drying my back and legs". Personalised guidance for staff to follow to meet people's support and care needs and other tasks were included in people's care plans.

People's specific communication needs were identified in care records and included how their communication needs were met. The registered manager told us that the service aimed to ensure that people who spoke little English received care from staff that spoke the person's birth language. A person's relative spoke positively about this. They told us that a person benefitted significantly from being cared for by a care worker that spoke the same language.

A person told us that they had participated in regular reviews of their plan of care with senior staff and on occasions with a social worker from the local authority that commissioned their care. The registered manager provided us with examples of them having contacted commissioning local authorities asking that they carry out a review of people's needs when these had been found by the service to have changed and people's care needs had increased.

Regular reviews of people's needs ensured that staff were kept informed about people's current needs and preferences so they could provide them with the care and support that they needed.

Staff completed 'daily' records about the care people had received during each visit. This helped ensure that care staff shared information about people so staff were aware of people's current needs and could provide the care that they needed in a consistent way.

The service had a complaints procedure, which was included in the information pack that people received when they started receiving a service. People's relatives knew who to contact if they wished to make a complaint. A person told us that they were very happy with the care that they received and had no concerns about the service. They told us that they would speak with the registered manager or the care coordinator if they had a concern, and were confident that they would be listened to and the issue addressed. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint. People's relatives told us "They look into issues. I would contact [registered manager] if I had a complaint" and "They [staff] are approachable."

Records showed that several compliments had been received by the service from the relatives of people who had received a service from the care agency.

The registered manager told us that currently no one using the service was receiving end of life care. They told us that there were plans for care staff to receive training/learning in caring for people at the end of their life. The registered manager also informed us that they planned to contact relevant community professionals for advice and support about end of life care.

Is the service well-led?

Our findings

People's relatives and a person using the service told us that they were satisfied with the way the service was run and would recommend the service. A written compliment from one person's relative included "I do not hesitate to recommend Conquest to other friends and family for your professional considerate care truly stands you apart from other competition any day." People's relatives told us "[Person's] care plan is reviewed," "We are happy with the agency. They are good," "It's a very good service" and "I have received a questionnaire."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager ran the service with assistance and support from the care coordinator and two field supervisors. Staff we spoke with were aware of the management structure of the organisation and told us that the registered manager and care coordinator were visible, approachable and supportive and available at any time for advice and support. They told us that they were kept well informed about the service. People and their relatives knew who the registered manager was and spoke in a positive manner about them and the care coordinator. One person's relative described the care coordinator as "brilliant".

The registered manager told us that they kept themselves up to date with relevant information and guidance to do with their role. They told us that they had attended 'provider forums' arranged by the host local authority. The registered manager told us that she cared "passionately" about "not letting people down" and providing them with the service that they required.

Care staff knew they needed to keep management staff informed about any changes in people's needs and any issues that affected the service. The registered manager and/or the care coordinator provided 24 hours on call service to provide guidance and support.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that audits were regularly undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. These included a range of checks to do with falls, pressure ulcers, medicines management and administration, staff vacancies, staff supervisions and appraisals, missed calls, complaints and safeguarding issues. Action had been taken look for any trends and to address deficiencies found. Records showed that action had been taken to address shortfalls found during a quality check of the service that was carried out by a representative of a local authority.

A business plan of the service included details of its objectives. The registered manager told us that it was in the process of being reviewed and developed.

The service had an up to date statement of purpose and 'service user handbook', which included information about the services it provided and details of any terms and conditions. A person using the service told us that they had received information about the service.

People's feedback of the service was regularly sought to continuously improve the service. People and people's relatives provided feedback during telephone calls with management. A person's relative told us that the registered manager often phoned them and asked them feedback about the service. The completed feedback questionnaires that we looked at showed that people were satisfied with the service.

Another person's relative and a person using the service told us that they could communicate their view of the service during care plan review meetings and 'spot check' visits carried out by senior staff. Records confirmed this.

The registered manager and care coordinator communicated with people, their relatives and representatives, and liaised with community professionals to ensure people received an effective, good quality service.

Staff told us that they felt valued and communication between staff was good. Care staff had the opportunity to attend regular team meetings where they were informed about changes to the service and had received learning in a range of areas to do with the service.

Care documentation was up to date. The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence.