

Kerry Collins Recruitment Limited

Kerry Collins Recruitment

Inspection report

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12 June 2019
13 June 2019

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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

Kerry Collins Recruitment is registered to provide personal care to people living in their own. On the day of the inspection, two people were receiving support.

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

People received support that was safe. Care staff knew how to keep people safe from harm and received training to do so. Recruitment systems were in place to ensure appropriate staff would be appointed. Where people needed support with medicines this was done as it was prescribed and care staff had access to personal protective equipment. Systems were in place to monitor trends where accidents or incidents had taken place.

People received effective care. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were supported to meet people's needs. People made their own decisions as to what they had to eat and drink and how they were supported by care staff. Care staff were available to support people to access healthcare in an emergency.

People received support that was caring and kind. People were supported how they wanted and care staff respected people's privacy, dignity and independence.

People received support that was responsive to their needs. Care plans were in place to show how people wanted to be supported. The provider had a complaints process, so people could share any concerns. The service was well led. The culture in the service was open and empowered people to be supported how they wanted. Communication standards encouraged people and their relatives to share their views and spot checks took place to ensure service quality.

Why we inspected

This service was registered with us on 17/04/2018 and this is the first inspection. The provider started delivering support in March 2019.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Kerry Collins Recruitment

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

This inspection was carried out by one inspector.

Service and service type

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

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

This inspection was announced. We gave the service 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 in the office to support the inspection. Inspection activity started on 12 June 2019 and ended on 13 June 2019. We visited the office location on 12 June 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection-

During the inspection people could not share their views verbally over the telephone but we were able to speak with their relative. We spoke with two members of the care staff, the registered manager and the owner who was present throughout the process. We reviewed a range of records. This included the records for the two people being supported by the service and two care staff files in relation to recruitment and staff supervision. A variety of records relating to the management and quality of the service, including policies and procedures were reviewed.

After the Inspection

We spoke to a member of the care staff and a relative after the inspection to gather further information on the support people received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to keep people safe and the registered manager could explain them. A relative said, "Yes they [person receiving support] are safe".
- Care staff demonstrated a good understanding of abuse and knew what to do where people were at risk of harm. Care staff told us they received safeguarding training and we confirmed this from records we looked at.

Assessing risk, safety monitoring and management

- Risk assessment documents were used by the provider to show where risks were identified and how they would be managed. A relative confirmed that copies of these were in the person's home.
- Care staff were able to explain that they had access to such documents and they were readily available to them.

Staffing and recruitment

- We found no concerns with care staff levels.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- We found clear and accurate systems to show how medicines were administered. A relative said, "I have no concerns with how staff manage their [person receiving support] medicines".
- A care staff member said, "We have had training to administer medicines". We confirmed this from the records we saw.
- We found that while the person being supported received medicines 'as and when required' there were no guidelines for care staff to manage these medicines consistently. The registered manager told us this would be put in place. We accepted this as we were not concerned as both people being supported were independent and needed little support.

Preventing and controlling infection

- We found that an infection control process was in place, so care staff would know how to support people safely.
- A relative told us that care staff did wear gloves and a plastic apron. A care staff member said, "We have loads of gloves and aprons".

Learning lessons when things go wrong

- We found the provider had a system in place to monitor where accidents and incidents happened so any trends could be used to reduced future occurrences. The provider had only two service users so did not have any accidents or incidents to date.

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.

People's outcomes were consistently good, and feedback confirmed this.

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.

- Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
- We found that care staff had received training in order to be aware of how people should be supported where they lacked capacity and had an understanding. A care staff member said, "I did training in the MCA". We found that the people within the service were able to make decision as how they wanted to be supported and no one needed an order from the Court of Protection.
- A relative said, "Staff do get consent before they support my relative". Care staff told us they would only support people by seeking their consent first.

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

- The provider carried out an assessment, so they could identify people's support needs to know whether they could support them. A relative said, "An assessment was done and we have a copy".
- We found that information on people's likes, dislikes and how they wanted to be supported was gathered.

Staff support: induction, training, skills and experience

- A care staff member said, "Yeah I do feel supported. The manager is available whenever I need them and I did complete an induction".
- We found the service had only started supporting people in March 2019 and care staff were appointed at the same time and was therefore still going through an induction process. The Care Certificate had not been implemented as the provider had only recently started delivering care. Before the end of the inspection the registered manager had accessed the relevant documents so care staff could start using the care certificate. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diets and staff working with other agencies to provide consistent, effective, timely care

- A Relative told that an eating plan was introduce and available so both people had a balanced diet so care staff would know what meals and drinks to prepare whenever they visited.

- Care staff told us they would always check with people what they wanted to eat and drink but would use the plan to guide them, so people were consistently kept hydrated and had the appropriate nutrition.
- We found that the provider worked closely with nurses to ensure the clinical support given with personal care was done in a timely way and consistently.

Supporting people to live healthier lives, access healthcare services and support

- While the person's being supported relative ensured they are supported to access healthcare services. Care staff could explain how they would support in an emergency. For example, if there had been an accident and people needed to access paramedic services, a nurse or their doctor.
- Care staff knew the importance of people living healthier lives and were able to explain how they supported this. For example, monitoring people's weight and body shape as well as encouraging people to be active.

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.

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

- A relative said, "The staff are brilliant. They are trustworthy, caring and kind".
- People's diversity was identified as is required within the Equality Act 2010. The registered manager and care staff told us they had received training in this area and showed an understanding as it related to the people they were supporting.
- Care staff knew people and could explain how they wanted to be supported as it related to their equality and diversity. For example, care staff identified how people were treated as individuals.

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

- Care staff told us that people were encouraged to make daily decisions as to how they were supported and relatives were kept involved in the decision-making process. For example, people being supported to make decisions as to when and what they had for meals.

Respecting and promoting people's privacy, dignity and independence

- We found that privacy, dignity and independence was promoted within the service. Care staff received training, which we confirmed.
- Care staff understood how they should respect people's privacy, dignity and independence and could give examples as to how this was done. A care staff member said, "I would knock the door before entering a person's room and would encourage them to do as much as possible to keep their independence".

Is the service responsive?

Our findings

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

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

- We found that people's support needs were assessed and a care plan was in place to show how people's needs would be met. A relative said, "I was involved in the assessment process and we have a copy of the care plan".
- A care staff member said, "I read the care plan regularly to ensure nothing has changed and for updates".
- The provider had a review process in place but due to how recently the service had started a review was not due.

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.

- We found that the provider ensured people were communicated with at a level and consistency they would understand. The registered manager and care staff were not aware of the legislation, but this did not impact how information was shared. For example, care staff used body gestures, verbal prompts and a range of other methods to ensure information and communication was managed in a way that supported people. The registered manager told us they would ensure all staff received some training in this area.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to ensure people could share any concerns they had. A relative said, "I know how to complain but I have never had to make a complaint".
- We found that people were given information as to how they could complain in the provider's service users guide they were given when the service started.
- The provider had a system in place to log complaints received so trends could be monitored.

End of life care and support

- The provider told us they were not providing end of life care to anyone within the service but would develop systems to ensure people's wishes around their end of life care could be met.

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.

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

- We found the service supported people how they wanted ensuring the support given was personalised. A relative told us the service kept them informed about the support their relative received and could liaise with the provider whenever they needed.
- Care staff told us the registered manager and office staff worked in an open and inclusive manner and they felt involved in the service. A care staff member said, "The service is well led and I wouldn't want to work for anyone else".
- Care staff told us there was an out of hours service that they could use to get support when the office was closed. We confirmed this with the registered manager.

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

- We found the registered manager carried out spot checks on how care staff were carrying out their job to ensure the service people received was what they expected. Care staff told us that the registered manager did do spot checks on them.
- Care staff told us there was a whistle blowing policy and they could explain its purpose in keeping people safe from harm. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- This was the provider's first inspection since registering and only started supporting people since March 2019 so did not have a rating to display.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- We found the registered manager had clear management structure in place to support care staff.
- The provider had good communication structures in place, so people, relatives and care staff could be communicated with as needed.
- A relative and care staff told us the service was well led.

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

- The provider had systems in place to carry out surveys with people, relatives and care staff to check on the quality of the service. This had not yet been carried out due to short time the service had been running.
- The protected characteristics of the Equality Act 2010 was considered as part of how people were assessed and the service was delivered. The registered manager told us they would make improvements to the

information gathered as a result of areas we had identified could be improved but did not impact the support people received.

- We found the provider worked closely with nursing colleagues to ensure the support people received was of the highest quality.

Continuous learning and improving care

- The provider had systems in place to support their continuous learning to improve the support people received.

Working in partnership with others

- The provider was developing new partnerships with others as a way of ensuring the support people received was as they wanted and could improve on service delivery.