

Positive People Recruitment Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 June 2016 and was announced. This is the first inspection since Positive People Recruitment Limited was registered in February 2015.

Positive People Recruitment Limited is registered to provide personal care to people in their own home. Only one person was receiving personal care at the time of the inspection. 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.

We spoke with a relative who had regular contact with the registered manager. They had no concerns and were very complimentary about the staff and management. Staff were described as brilliant. They told us Positive People Recruitment Limited provided a safe service which met their relative's needs. They said when any concerns were raised the management team had responded appropriately.

Staffing arrangements were appropriate and the same staff visited so they knew the person they were supporting. Staff did not always receive appropriate training and support which could result in people receiving inappropriate care. When staff were recruited safe recruitment practices were not followed.

The management and staff team had a good understanding of safeguarding procedures and were clear that any concerns should be reported. Staff did not provide any support with administering, assisting or prompting medicines.

Care planning covered what was important to the person and how choice should be promoted. However, assessment and care planning around mental capacity and some aspects of care delivery needed to be developed further to ensure appropriate care was being delivered.

The provider had systems in place to protect people from abuse or allegations of abuse. Staff were clear that any concerns should be reported. Staff told us the management team were approachable and would deal with any issues promptly. They said communication was something the service did very well.

Systems for monitoring quality were not established or operated effectively so areas where they were not meeting the requirements were not identified. The management team said they were relatively new to the health and social care field and had lots to learn so would only be expanding slowly.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The management and staff team had a good understanding of safeguarding procedures and were clear that any concerns should be reported.

Staffing arrangements were appropriate.

The provider had systems for recruiting staff but these were not operated effectively.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff did not always receive appropriate training and support which could result in people receiving inappropriate care.

Systems were in place to help make sure choice as promoted but key requirements of the Mental Capacity Act 2005 were not fully understood.

Is the service caring?

Good 

The service was caring.

Feedback about the service and quality of staff was positive.

Care planning incorporated what was important to the person.

Staff were confident people received good care.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Effective communication helped ensure personalised care was delivered.

Care needs were sometimes identified through the care planning process but this was not done consistently which could lead to

inappropriate care being delivered.

Concerns were resolved where possible to the person's satisfaction.

Is the service well-led?

The service was not always well led.

We were told the service was well managed.

The management team were keen to develop their service well

Systems for monitoring quality were not established or operated effectively.

Requires Improvement 

Positive People Recruitment Limited

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.

Before the inspection we reviewed all the information we held about the service. We contacted the authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete a Provider Information Return (PIR). This 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. On this occasion we did not ask the provider to complete a PIR.

The inspection took place on 7 June 2016 and was announced. We gave the provider 24hrs notice because we needed to be sure that someone would be in the office. An adult social care inspector carried out the inspection. At the time of the inspection one person was receiving personal care from Positive People Recruitment Limited; four care workers provided the care.

When we visited the provider's office we spoke with the registered manager and a director of the organisation. The registered manager is also a director. In the report we have referred to them as the 'management team'. We looked at documents and records that related to care and support and the management of the service. During the inspection we spoke with three care workers and a relative. The person who received the service was unable to tell us about their experience of receiving care.

Is the service safe?

Our findings

When we asked the relative if Positive People Recruitment Limited provided safe care to their relative they responded by saying, "Absolutely. I have no concerns. When I go to bed I have no worries. I used to worry but that's passed because they are brilliant." They told us potential risks were well managed and said, "They have different risk assessments and have covered the environment. Everything has been looked at." The relative told us there were enough staff and said, "We have the same ones and when they are off the manager covers so there is no space for error. We've been very happy the last few months." They told us, "I know [name of person feels safe]."

We looked at staffing arrangement and saw these were appropriate to meet the needs of the person they supported. The management team explained they had a regular pool of care workers who supported the person; shifts were generally fixed so staff worked the same each week. The registered manager or another regular care worker covered sickness and holidays. Care workers told us their shifts were well planned and the staffing arrangements worked well.

All the care workers who provided personal care had started working for Positive People Recruitment Limited in the last 12 months. We spoke with two care workers who had started working for the agency in the last three months about their recruitment process. They said this was robust and they were unable to start working for the service until all the checks were completed.

The provider had a policy on staff recruitment and selection. This outlined what procedure must be followed, however we found this was not adhered to. We looked at the recruitment records for four staff and found that proper checks were not carried out in three. One met the required standard and the procedure was followed. The recruitment and selection policy stated that a minimum of two written references are obtained before an appointment is confirmed; one being from the most recent employer. One file contained two references; one was a character reference and was from a previous employer but this dated back to 2012. The person had been employed in two posts since 2012 but references were not available and there was no evidence to show these were requested. Another file had two references. One was a character reference and another related to employment but this was not their last employer and had been completed by a colleague rather than a member of the management team. The third file only had one reference; this was from the last employer.

The policy stated 'gaps in the employee's employment record are routinely explored'. We saw in two files this was not followed. Candidates had completed an application form which had an employment section but these were incomplete. On one application form there was no information for the period between 2008 and 2014. Another person's application form had no employment history after March 2015 but we established the person had worked during this period. We concluded the recruitment procedures were not operated effectively. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person's employed.

Although the provider was not carrying out robust recruitment checks each member of staff had attended

an interview prior to appointment and an interview record was maintained. These showed candidates were asked questions that were relevant to the post which helped establish they had the right skills and knowledge and were suitable for the position. The provider had checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

The management team and care workers we spoke with had a good understanding of safeguarding procedures and were clear that any concerns should be reported. Information about types of abuse and a safeguarding response was displayed in the office. The registered manager told us there had been no safeguarding incidents which required reporting to the local authority or the Care Quality Commission.

We looked at care records and saw assessments were carried out. An assessment of need document had been completed by the registered manager and identified where support was required. For example, going to bed required a 'lot of support' where getting up required 'little support'. We saw health and safety around the environment was assessed. Within the home they had reviewed areas such as fires/heaters and plugs/sockets. Outdoors included access and parking.

The management team discussed the systems in place for managing risk. They said as a learning organisation and relatively new to the health and social care field they were continually developing their systems.

The management team told us they did not provide any support with administering, assisting or prompting medicines. This was confirmed through discussions with the relative, staff and reviewing care records. The registered manager said they would be looking at assisting people who used the service with their medicines in the future and before offering this level of care they would ensure suitable arrangements were in place.

Is the service effective?

Our findings

The relative we spoke with praised the quality of the staff and told us they were competent and understood how to meet the care needs of their relative.

Staff told us they received good support from the registered manager. They said they could receive support and advice at any time including during the night.

The management team told us all staff received support through supervision and new members of staff completed the 'care certificate'. They said they had a range of on-line and classroom based training courses that staff could access. Supervision is a process through which staff are supported and managed, and the 'care certificate' is an identified set of 15 standards that health and social care workers adhere to in their daily working life. The management team told us that staff files contained certificates which evidenced the training completed.

We looked at three staff files but these did not evidence all staff had completed the necessary training even though they were working unsupervised. One member of staff had started working for the service in April 2016 but the file only contained three elements of the care certificate which had been completed when they were first employed. Another member of staff who also commenced in April 2016 had completed 12 of the 15 elements of the care certificate. They had an NVQ level 2 certificate dated May 2011. Another member of staff had certificates for moving and handling, first aid, management of violence and aggression, pressure ulcer and communication.

The registered manager said they had a training matrix but this was not fully up to date. They updated the matrix and sent this to the inspector two days after the visit to the office. This showed two staff were completing their induction, and the registered manager and other care staff had received training in the following areas; people moving people, health and safety; food hygiene; safeguarding adults; COSHH (Control of Substances Hazardous to Health) and infection control. Some staff had also completed health and social care qualifications.

Supervision records were held in staff files. We saw that for the two members of staff who commenced employment in April 2016 they each had two supervision records. However, in each file one of the records was undated. The registered manager said the other supervision record in each file had not yet been held and was planned for later in the week; one stated the date was 10 June 2016 which was three days after the inspection, and the other stated TBC (to be confirmed). However, when we looked at the details in the supervision records they indicated discussions had already been held. The registered manager said they had only discussed some of the points and further discussion was needed but acknowledged the record was confusing.

When we spoke with two of the care workers they told us the registered manager had informed them they had a supervision planned for later in the week, however, they said this would be the first session they had attended. Therefore staff feedback did not match the supervision records that were held in the staff files.

Another member of staff told us they had received a supervision session approximately every three months. The registered manager said they had not carried out any spot checks or observed care workers when they were providing care.

The provider's supervision and appraisal policy stated that 'new staff could expect an initial appraisal after completing their probationary period', 'the appraisal outcome is recorded' and 'the appraisal plan will be used in the next round of supervision sessions as a focus for discussion'. None of the staff files we reviewed contained appraisal outcomes and plans. We concluded that staff were not receiving appropriate support, training, supervision and appraisal as was necessary to enable them perform their job safely and appropriately. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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.

The relative we spoke with told us they observed staff offering choice and where possible involved the person in making decisions. They said, "[Name of relative] can make some decisions and will let us know what they want to do by how they behave. Staff respond when they want to go out and when they don't. They liaise with us about things as well." Staff we spoke with told us the person they supported communicated their wishes through their actions and these were respected. One member of staff said, "Although [name of person] can't tell us all the time what they want to do they can let us know about things in different ways. So if they want to go to bed or get up they let us know by their actions." Staff we spoke with said communication with the family worked well.

We looked at the person's care plan which had good information about promoting choice. For example, '[name of person] needs to make their own choices in regards to what they want to do, where they want to go and if they want to change their mind'. The care plan had a section about the person consenting and understanding the contents of the plan but this was blank. It also had a section about whether the person lacks capacity but this was blank. It was evident from the records that the person had support to make some decisions although there was no mental capacity assessment to determine what decisions the person was unable to make. The registered manager said they carried out a reassessment of the care plan every three months where they went through the care plan with the family and ensured this was done in the person's best interest. The registered manager agreed to ensure mental capacity and consent was included at the next care plan review, which was due soon after the inspection.

Information about MCA was displayed in the provider's office and included the principles which underpin the MCA and best interest decisions. The registered manager said all staff would cover people's right to make choices as part of their training but they did not receive specific MCA training. They agreed to review this.

Staff told us the family arranged and were responsible for nutrition and healthcare, and the person's care plan clearly confirmed this. Information about medical history was recorded, which ensured staff were aware of potential health issues. Everyone said this worked well.

Is the service caring?

Our findings

The relative we spoke with said the staff were very caring. They told us, "My Dad has the biggest smile on his face when they arrive. The ladies are lovely, they are brilliant. He is really comfortable with them." They told us staff provided high standards of care which was respectful and ensured privacy and dignity were maintained. They said, "They close doors when helping dad with personal care and shout through "we're just going to be busy for a while" so we know not to go in."

Staff told us they were confident good care was provided which was person centred and met the person's needs and preferences. One member of staff said, "Before I started [name of the registered manager] went through everything, the care, what we do at every visit, the history and little but important things such as what certain mannerisms mean." Another member of staff said, "Communication is really good and it helps everyone understand what we should do. I met everyone before I started providing care."

The person's care plan had some very good information about what was important to the person. For example it stated, '[Name of person] loves to be surrounded by their large family'. There was a section called 'background and baseline' which helped staff get to know and understand the person. It included information about communication and cultural needs.

The service had a 'statement of purpose' which outlined the provider's vision, values, aims and objectives. It included the services provided and what people could expect. They stated 'customer's needs and wishes will be central to the support and care provided via a full consultation'. The feedback we received indicated the service was successfully achieving this.

Is the service responsive?

Our findings

The relative we spoke with was confident their relative's care needs were being appropriately met. They told us they had been involved in planning care and they discussed the care regularly with the registered manager and staff. They said, "Everyday there are new challenges, new behaviours and so much to add." The relative was confident that staff knew how to deliver the right care and told us, "When there is a new member of staff we arrange a visit and they are introduced to Mum and Dad. Then when they come to do their first shift we go through everything they need to know."

Staff we spoke with were confident the person's care needs were met. They felt effective communication between management, the staff team and the family ensured everyone was fully informed and the person received consistency and continuity of care.

We reviewed the care plan which had some good information about care delivery. It stated where the person needed 'a lot of support' such as with 'communication', 'washing' (personal care) and where they could do things independently. For example, '[name of person can hold a drink and drinks lots of water]'. Staff confirmed this was accurate.

We reviewed the daily notes and found that there were events and care needs that staff were dealing with but these were not incorporated into the care plan. For example, an incident had occurred where the person had fallen. A review should have taken place following this and the risk assessment and care plan should have been updated. It was also evident that sometimes staff had struggled to deal with some situations where the person had been unsettled but there was no information in the care plan to guide staff. The registered manager acknowledged there were gaps in the assessment and care planning process but they did not feel this had impacted on care delivery because communication between everyone was effective. They were confident any issues were resolved. They agreed to review and update the care plan.

At the time of the inspection, the service was only providing personal care to one person. The registered manager said they were looking at expanding their community service with a view to providing care to more customers. The registered manager said they would ensure any future care packages were fully assessed and planned, which included developing a care plan that describes what staff must do to meet the person's needs.

The relative told us they were comfortable raising concerns and knew who to contact. They said when they had raised issues previously these had been resolved to their satisfaction.

The registered manager discussed how they had responded to concerns and complaints, which ensured making sure they resolved things where possible to the satisfaction of the person and learning lessons to drive improvement. We asked to look at records relating to concerns and compliments, and saw a complaint's file was maintained but this did not contain all the relevant information. At the inspection the registered manager was unable to find their response, which they said evidenced the actions taken in response to a complaint. They told us they had located this after we left. They agreed to make sure

information relating to complaints was accessible in future.

The relative we spoke with told us they felt listened to. We saw a written compliment where the service were commended on 'the great effort they put into looking after my [name of person] and meeting their needs'.

The provider made reference to comments, concerns, complaints and compliments in their 'statement of purpose', which the registered manager said was made available to people when they started receiving a service. This stated they had a comprehensive policy and procedure for receiving compliments and managing and investigating complaints made by customers, personal assistants or other persons.

Is the service well-led?

Our findings

The relative we spoke with said Positive People Recruitment Limited was well managed and they had opportunities to put forward their views about the service. They told us communication was good and said, "We use the phone, text and email. They respond very well. If I find anything different I let them know and if they find anything they let me know. They also write down what has gone on so everything is written well. It's brilliant. I have no concerns."

The service had a registered manager who dealt with most of the day to day issues and oversaw the overall management of the service. The registered manager was a director of the organisation, and supported by another director of the organisation; we have used the term 'management team' when we refer to them in this report. We spent time talking to both who told us they had clear a vision about their community care service which they wanted to expand but said they wanted to do this well. They acknowledged they were relatively new to the health and social care field and had lots to learn so would only be expanding slowly. The registered manager had started attending 'employer forums' which they said helped networking and signposted providers.

Staff we spoke with told us the service was well managed. Team meetings were not held but we were told by staff communication was something the service did very well. They said the management team were approachable and supportive. One member of staff said, "They answer any queries. [Name of registered manager] is great. I don't have any concerns."

The provider had a quality and assurance management policy which made reference to a programme of auditing which included seeking and obtaining people's views. The registered manager said they were developing their quality monitoring systems but at the time of the inspection were not carrying out formal audits. They did not monitor staff recruitment, training and supervision processes and were not reviewing daily notes and care plans to make sure they were providing safe care and support. The provider said they did carry out surveys but would complete these as they developed.

We concluded the provider did not have systems established or operated effectively to ensure they were meeting requirements and were also not always assessing, monitoring and mitigating risk. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.