

Axis Recruitment Limited

Axis Recruitment Limited

Inspection report

100 North Sherwood Street
Nottingham
Nottinghamshire
NG1 4EE

Tel: 01158414505
Website: www.axisrec.com

Date of inspection visit:
14 March 2017

Date of publication:
06 April 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

This inspection took place on 14 March 2017 and was announced.

Axis Recruitment Limited is registered to provide personal care and support to people living in their own homes. At the time of our inspection one person was using the service.

There was a registered manager in post. A manager is required to register with us by law. 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 (Regulated Activity) Regulations 2014 about how the service is run.

During our last inspection on 19 and 25 May 2016, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; how risks were assessed and managed, the management of people's medicines, the appropriate application of the Mental Capacity Act 2005, adult safeguarding procedures and staff training, how people's preferences were assessed and recorded and the systems and processes in place to check on the quality and safety of the service. After the inspection the provider sent us an action plan to tell us what action they would take to meet these breaches in regulation.

During this inspection we checked to see whether improvements had been made. We found these breaches in regulation had been met. Some further improvements were required in some areas and the provider was taking action to address these areas.

Staff had received adult safeguarding training and had detailed information of the action required if they needed to report a safeguarding concern. New documentation had been completed that showed risks associated to people's needs had been assessed and reviewed.

Sufficient staff were available to provide care and support as required. Safe staff recruitment checks were completed before staff commenced work. Improvements had been made to the management of medicines. However, further improvements were required. This was in reference to staff medicine competency assessments. The process of checking medicines received required two staff signatures but this was not happening.

Staff had received training before they commenced employment; the provider monitored when their refresher training was due and ensured this was completed as required.

New documentation had been complemented that showed consent had been sought about how care and support was provided. A policy and procedure for the Mental Capacity Act 2005 (MCA) had been implemented. Staff were clear about offering choices and respecting people's wishes. Staff required MCA

training, action was being taken to address this.

People were supported by staff to eat and drink, needs and preferences had been assessed and support plans introduced. New documentation had also been introduced that showed health needs had been assessed, planned for and monitored.

Action had been taken by the provider to introduce new support plan documentation that had been completed and reviewed with the involvement of the person using the service and their relative. This provided staff with detailed information of support needs, routines and preferences. A service user guide was available that provided information about what the service provided.

Feedback was received of how staff were kind, caring and respectful. Staff had good knowledge and awareness of individual needs, routines and preferences. Independent advocacy service information was not available but action was being taken to address this.

The provider's complaint procedure was shared with people. Improvements had been made to the systems in place that monitored quality and safety. Positive feedback about the service was received and staff felt well supported. The provider had met their regulatory requirements.

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 consistently safe.

Improvements had been made to the management of medicines but competency assessments of staff had not been completed. Medicine records required two staff signatures to confirm medicines received from the pharmacy were correct.

Staff had received safeguarding training and a policy and procedure was available to support staff to ensure people were protected from harm.

Risks had been assessed, planned for and reviewed.

Sufficient staff were available to provide care and support for people who received personal care. Safe staff recruitment procedures were in place.

Is the service effective?

Good 

The service was effective.

Staff had received training and were supported to complete refresher training when due.

A policy and procedure had been implemented with regard to the Mental Capacity Act 2005 (MCA). Staff had not received MCA training but action was being taken to address this.

Nutritional needs had been assessed and planned for. Appropriate support was provided and independence promoted.

Health needs had been assessed, planned for and were reviewed and monitored.

Is the service caring?

Good 

The service was caring.

Positive feedback was received about the caring approach of staff.

People had been involved in the development and review of their care and support needs.

People's privacy and dignity were respected. People's preferences, likes and dislikes were known and understood by staff.

Independent advocacy service information was not available but action was being taken to address this.

Is the service responsive?

Good ●

The service was responsive.

New documentation had been introduced that assessed and recorded people's needs to support staff to provide personalised care and support.

A complaint policy and procedure was available for people.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made to the systems in place that monitored safety and quality.

Positive feedback was received about the service provided and staff felt well supported and that communication with the office was good.

The provider was aware of their regulatory requirements.

Axis 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.

The inspection took place on 14 March 2017 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to give the provider an opportunity to make members of the management team and staff available to talk to us.

The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including the last inspection report. We also contacted the commissioners of the service to obtain their views and feedback about the service.

On the day of the inspection we spoke with the registered manager and office manager and looked at the care records of one person who received a care package. We also looked at written information, including policy and procedures, staff training and recruitment.

After the inspection site visit we spoke with the relative of a person using the service, a senior care worker who had overall day to day responsibility for the care package and three care workers.

Is the service safe?

Our findings

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how medicines were administered and managed and how risks to people's health and safety had been assessed and planned for.

During this inspection we checked to see whether improvements had been made. We found this breach in regulation had been met. Some further improvements were required with the management of medicines which we discussed with the registered manager who agreed to take action.

A person's relative told us that they and the senior care worker, had overall responsibility for ensuring medicines were managed appropriately. They said, "I have no concerns about how medicines are managed, it's closely monitored and there has been no medicine errors, [name of relative] requires staff to prompt them to take their medicines and this is done safely." They added that staff had access to detailed information about their relative's prescribed medicines.

Staff confirmed what we were told. One staff member said, "We have written instructions to follow, I'm confident medicines are managed safely." Staff also said they signed medication administration records (MAR) to confirm that they had prompted the person with their medicines as required. They also said that they did a stock check of medicines every time they provided assistance as an additional check to make sure medicines were being managed safely.

Staff training certificates viewed confirmed staff had received training in the administration and management of medicines. The provider's medicine policy and procedure had been reviewed and amended since our last inspection and was found to include good practice guidance. We found MARs confirmed prescribed medicines had been taken as required. We asked the registered manager if staff had received observational competency assessments with regard to administering medicines. The registered manager advised this had not been completed. We noted that handwritten entries on the MARs had not been signed by two staff to identify that the medicines were as prescribed. These two issues were identified at our last inspection. The registered manager said they would take action to address this. Whilst the registered manager did not check MARs a senior care worker and relative confirmed that they did this.

A person's relative told us that they were confident risks were assessed and planned for and staff had detailed information to support them to manage any risks. They said, "Staff have information about how to respond to any risks, there are a number of different risk assessments in place such as mobility issues and potential risks with behaviour."

Staff told us that they had detailed information about how they should manage known risks. One staff member said, "I'm positive that we manage any risks, we have information available but can call the senior at any time, they are fantastic and oversee everything, we also have the on call team and the contact details of relatives who are very supportive."

The registered manager said after our last inspection immediate action was taken to appropriately assess any risks associated to people's health and wellbeing, including any risk factors with regard to the environment to support staff. The registered manager said that there had been no incidents since our last inspection but showed us the electronic system they would use to record any accidents or incidents should they arise. The registered manager told us they would then review this information to ensure staff had taken appropriate action to ensure the person's safety.

Care records confirmed appropriate action had been taken to assess, reduce and manage known risks. Risk plans were in place that informed staff of the action required to support people to remain safe. This included risks associated with mobility needs, behaviour and medicines.

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people using the service were protected from abuse. Staff had not received adult safeguarding training and the provider did not have safeguarding policies and procedures in place.

During this inspection we checked to see whether improvements had been made. We found there had been improvements and this breach in regulation had been met.

A relative told us that they were confident that their family member received a safe and effective service. They had confidence that staff would take appropriate action to protect their relative from avoidable harm.

We found staff were aware of their role and responsibility in protecting people from harm. One staff member said, "There is a detailed safeguarding support plan in place that gives details of action to take if there are any concerns. We know to contact the senior or call the on call or office." The registered manager was aware of their regulatory requirements and the action required of them if a safeguarding concern was reported to them.

Staff training certificates viewed confirmed staff had received adult safeguarding training. The provider's safeguarding policy and procedure had been reviewed and amended. A safeguarding support plan for a person using the service had been developed. This reminded staff of their role and responsibility in how to recognise abuse and what action was required if concerns were identified. Information included the relevant local authority safeguarding team contact details responsible for investigating safeguarding concerns.

A person's relative told us that the provider ensured there were appropriate staff available to meet their family member's needs. This relative said, "Staff are introduced before providing care unless emergency cover has to be found but staff are always provided. There is a core group of staff that provide care; there is the odd late call but no missed calls. Due to the shifts worked and lone working, it's really important staff get regular days which the service ensures they do."

Staff told us of the shift pattern they worked to provide continuous care and support over a 24 hour period. A staff member told us, "There is a group of staff that provide the main care, occasionally different staff provide care if there is sickness to cover but there is always sufficient staff provided."

The registered manager showed us their electronic staff records that confirmed staff had completed recruitment checks before they commenced work. The registered manager told us that no new staff had been appointed since our last inspection. These records showed checks on staff suitability to carry out their role before they commenced work were completed. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity.

Is the service effective?

Our findings

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how the principles of the Mental Capacity Act 2005 were followed.

During this inspection we checked to see whether improvements had been made. We found there had been improvements and this breach in regulation had been met.

A relative told us that their family member had mental capacity to consent to their own care. They told us, "They [family member] has some communication needs but they have the capacity to consent to their care." A staff member said, "[Name of person's] support needs change depending on how they are but they are independent in many areas and can direct their care, they have capacity to make decisions and tell us how what they want to do and how to do it."

We saw documentation that confirmed the person using the service had given written consent to how their care and support was provided.

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.

Since our last inspection a MCA policy and procedure had been implemented and was available for staff, people who used the service and others. Records showed that staff had not received training in MCA. The registered manager told us that they had believed this training was covered in safeguarding training. After our inspection the registered manager confirmed staff had not received MCA training and that they would take action to address this.

A relative told us that their family member was introduced to staff before they provided care. They said the only exception to this was if emergency cover had to be found. Staff told us about their induction. One staff member said, "I was introduced to [name of person using the service] by the senior care worker. I also did a two hour shadow shift and found out about the person's day to day activities, their morning and evening medicines and how to administer them. Also, their food and how they like it prepared as well as other likes and dislikes."

Staff told us that they had received training from their previous employer but when these were due for renewal the registered manager arranged for them to receive refresher training. One staff member said, "All my training was completed by my previous employer. However, Axis will update my training when it's due." Another staff member told us, "I've received refresher moving and handling training with Axis, my other training is still up to date." Another staff member gave an example of a refresher training course they were

also booked on.

The registered manager showed us a training plan that had recorded training that staff were expected to have completed. This included, health and safety, first aid, fire safety and food hygiene. This enabled the registered manager to monitor when refresher training was due. Also recorded were appraisal discussions with staff that were conducted six monthly. This was an opportunity for staff to review their performance and discuss any training and development needs.

Care staff gave positive feedback about the support they received from the senior staff member and office staff. Staff told us there was constant communication amongst each other, with the senior staff member, relatives and the office staff and that they found this to be supportive. One staff member said, "There is constant contact with the office who are really responsive and helpful. The on call support is also very good; you never feel that you are left on your own."

A relative told us that staff provided appropriate support in meeting their family member's needs with regard to eating and drinking. Staff told us how they encouraged healthy eating and promoted independence. One staff member told us, "[Name of person who uses the service], likes to cook their own meals, we provide assistance and support to maintain safety but respect what the person wants to do. They are able to tell us what their food preferences are."

Care records showed that consideration had been given to dietary and nutritional needs and it also stated how the person wished to lose weight and how staff were required to support the person with their wishes.

Staff told us how they had information about health needs and the support required to maintain good health. Care records provided information of the responsibilities of staff and relatives in providing support with healthcare needs. Staff said that health needs were monitored and detailed daily records completed to share with relatives and health professionals if required.

Is the service caring?

Our findings

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people's needs, preferences and routines were recorded and met.

During this inspection we checked to see whether improvements had been made. We found there had been improvements and this breach in regulation had been met.

A relative told us that staff had a caring approach in how they supported their family member. They said that a core group of staff provided care and support. They said, "It can be very intense for staff working alone and for long hours but they do a good job." This relative also told us that staff had a good awareness of how their family member liked to spend their time and staff supported them appropriately with chosen activities.

Staff told us that they were introduced to the person before they provided care and that if the person took a dislike to them a change of staff was provided. One staff member said, "Axis try and match the person with staff with the right attributes, this is important." Staff told us they had detailed information about routines, preferences and what was important to the person they supported. We found staff were knowledgeable about the person they supported, they demonstrated they had a good understanding of their needs and what was important to them. Staff also showed a caring and respectful attitude towards the person they supported.

One staff member told us how they supported and promoted independence that was important to the person who used the service. They said, "Independence is really important to [name of person]. We respect this and ask 'do you want any help?', not take over or just assume we are to do everything." Another staff member told us how the person's support needs could be variable dependent on their healthcare needs. This told us that staff understood and respected how the person's health needs had impacted on their independence and lifestyle.

The registered manager told us following our last inspection immediate action was taken to ensure staff had detailed information to enable them to provide a service based on a person's individual needs and preferences. At this inspection we found new support plan documentation had been introduced. This provided staff with detailed information about a person's needs, preferences and how they wished to receive their care and support. A relative confirmed that they and their family member, had been involved in discussions and decisions about how care and support was to be provided.

We found information recorded in support plans to be written in a respectful manner that showed dignity, privacy and independence had been considered and was reflected in the information provided to staff. The provider's service user guide that informed people who used the service and others, what they could expect the service to provide had been reviewed and updated. However, we noted independent advocacy service information was not included should this support have been required. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager

told us that they would source this information and add it to the service user guide.

A relative told us that staff were sensitive and respectful when providing their family member with personal care, and understanding in how a change in health needs had impacted on their family member's lifestyle.

Staff gave examples of how they provided dignity, privacy and respect when providing care and support. This included promoting independence and showing an understanding and sensitivity towards the person they supported. Staff treated people's information confidentially and care records were stored securely.

Is the service responsive?

Our findings

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people's needs were assessed and reviewed.

During this inspection we checked to see whether improvements had been made. We found there had been improvements and this breach in regulation had been met.

A relative told us that action had been taken by the service to review information about their family member's needs and routines, and new documentation had been introduced to support staff. They said that they and their relative had been involved in this, and that they were satisfied staff had sufficient and detailed information to support them.

A relative said that they had provided the service with clear criteria of what skills, experience and attributes staff should have. They told us, "On the whole the office staff do a really good job in matching the right staff member to meet [name of family member]'s needs."

The registered manager told us that since our last inspection the person that used the service had been visited twice to have their care package reviewed. They said that the senior care worker completed an initial assessment and developed support plans with the involvement of the person and their relative. A second review was completed by a compliance worker within the organisation. Records viewed confirmed what we were told. The senior staff member also told us that they were in the process of further updating support plans and information to ensure information was up to date and reflected the person's needs.

Staff told us how they provided care and support that was based on individual need and preferences. They gave examples of how they supported a person with activities that they enjoyed and were important to them. This included social opportunities and interests.

We found support plans provided staff with detailed information of what the person's needs were. This included needs associated with their communication, mobility and equipment such as the use of a wheelchair, pressure relieving mattress and cushion. Information also included the level of support required with domestic and daily living tasks such as responding to correspondence. Also, the process in place to support with managing finances.

The provider's complaint policy had been updated but we noted that details of the local government ombudsman were not provided should this information have been required. The registered manager immediately updated the complaints procedure to include this information. They told us that they had not received any complaints since our last inspection but explained to us what the process was for receiving and responding to complaints.

Is the service well-led?

Our findings

During our previous inspection on 19 and 25 May 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the systems and processes in place that monitored the quality and safety of the service.

During this inspection we checked to see whether improvements had been made. We found there had been improvements and this breach in regulation had been met.

The systems and processes in place to monitor the quality and safety of the service had been improved. For example, new documentation had been developed and implemented that assessed and reviewed people's needs. Risk assessments had been completed and reviewed to ensure they were up to date and reflective. Feedback had been sought from the person who used the service and their relative. Records confirmed there was regular contact between the office staff and person's relative who coordinated the care package. Where action was required in response to discussions these had been met. An example of this was in relation to changing staff when the person who used the service requested this. The provider had reviewed their policies and procedures to ensure staff had clear guidance and support and people who used the service were clear about what they could expect from the service.

A relative told us that they were happy and satisfied with the service provided. They said, "[Name of office staff] are very good, they meet the terms of agreement in ensuring there is always staff cover. Clear documentation is kept, everything is transparent. Compared to other agencies Axis provides a good service."

Staff were positive about the support they received from the office staff. This included good communication and support. One staff member said, "The on-call is very good and supportive. I have regular contact with the senior care worker and office. I've been asked to meet face to face for supervision meetings but due to the distance I prefer to speak on the phone."

Staff were clear about the provider's vision and values and demonstrated this by explaining about their role and responsibilities in supporting people to live in the community in their own home.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

A registered manager was in post and they had taken action to make the required improvements to the service. Conditions of the registration requirements were being met. The registered manager was supported by an office manager and a senior care staff member that had day to day responsibility and oversight of the care package provided.