Everyday Recruitment Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Everyday Recruitment Agency is domiciliary care service that provides support to people in their own homes. The service operates in West Sussex, including in Bognor Regis, Chichester, Selsey and The Witterings. At the time of our visit the service was supporting 134 people.

The service did not have a registered manager. Although the person responsible for the day to day management of the agency had applied to be registered with the Care Quality Commission (CQC) and had just undertaken an interview. They were now awaiting approval to be registered. A registered manager is a person who has registered with the CQC 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.

At our last inspection to the service in April 2016 we found one breach of regulations. People were not always protected because risks to their health and safety had not been fully assessed. Where risks were known there was limited written guidance for staff on how to minimise them. We asked the provider to take action and the provider sent us an action plan In June 2016 which told us what action they would be taking. At this inspection we found that improvements had been made and the regulations were now met.

We also made one recommendation that the registered manager and provider review their quality assurance system to ensure that all aspects of the service were monitored and to ensure compliance with the regulations. At this visit we found that quality assurance systems were appropriate.

People received a safe service and risks to people were assessed and reviewed. We saw that care plans contained risk assessments for individuals and the risk assessment contained information on how risks could be minimised. There were also environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

People told us they were satisfied with the service and the support they received and felt safe with the people who supported them. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the action to take if they considered anyone was being mistreated. . People received their medicines safely. There were sufficient numbers of staff employed to meet people's needs. Recruitment processes were thorough to help ensure only suitable staff were employed to support people.

Each person had a care plan and a copy was kept in their home. Care plans gave guidance to staff on the support people needed at each visit. Staff received training to enable them to deliver the care people needed. Staff said there was suitable training and support provided so they could support people effectively.

Staff told us they had a good induction, including shadowing experienced staff before they started to provide support to people. They were supported in their roles and professional development by a system of

supervision.

The manager and staff understood people's rights to be involved in decisions about their care. People were involved in decisions about their care and support and were able to express their views. The manager and staff had received training in the Mental Capacity Act (MCA)) 2005 and associated legislation and knew what action to take if they thought a person lacked capacity to consent.

People were supported to eat and drink in line with their individual needs and this was recorded in their care plan. People's healthcare needs were monitored by staff and the agency supported people to access healthcare professionals when needed.

People were supported by kind caring staff. People said they were encouraged to be independent as possible and that staff treated them with dignity and respect. People and relatives were involved in planning the care and support provided to them and this included information on how people wished to receive support. They spoke positively about the care they received and said staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes.

People said that they generally received care visits at the agreed times, however there were times when they received their visits early or late. People told us they were not always kept informed if staff were running late and were not notified if there had been a change in their carer. People said that care staff stayed for the full allocated time. Staff said that they had sufficient time to care for people safely and they were given time to travel between care calls.

People felt able to contact the manager or staff if they had concerns and a copy of the agencies complaints procedure was contained in their care booklet that was kept at their home. This booklet also had contact details of how to contact the office out of hours and also included important telephone numbers that people may need.

The registered manager and provider monitored the delivery of care and had a system to monitor and review the quality of the service. Suggestions on improvements to the service were welcomed and feedback encouraged.

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.

People said they felt safe. Staff had training in safeguarding and knew what action to take if they had any concerns

Risks to people were identified and assessments were in place so staff knew how to care for people safely and minimise any risks.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Care plans informed staff on the support people needed at each visit. Staff received training to carry out their roles.

Staff understood the principles of the MCA 2005 and understood how consent should be considered. People were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

People were supported to access health care services when needed.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring and they were always treated with dignity and respect. Staff said they always listed to the people they support and always obtained consent before giving any care.

People were able to be involved in making decisions relating to their care. They were encouraged to be as independent as they

were able.

Is the service responsive?

Good

The service was responsive.

Staff understood how to support people by following the care plan which reflected their needs and preferences.

Care plans were regularly reviewed and staff were kept up to date with peoples changing needs.

People were able to share their experiences and were confident they would receive a prompt response to any concerns or complaints

Is the service well-led?

Good

The service was well-led.

The culture of the service was open, transparent and friendly. People and staff felt able to share ideas or concerns with the management.

The management team were readily contactable. Staff felt they were listened to and valued.

The provider and manager used reviews, audits and unannounced visits to monitor the delivery of care to people.

Everyday Recruitment Agency 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.

This inspection took place on 06 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had experience in caring for older people including those living with dementia.

Before the inspection, we asked the provider 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. They returned the PIR in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

We visited the office where we met with a representative of the provider, the manager, the training manager, two care co-ordinators and two members of care staff. We looked at care records for six people and recruitment records for six members of staff. We also looked at medication administration records (MAR), visit record sheets, training and supervision records, minutes of meetings, staff rotas and complaints and compliments received by the service. Following the visit we spoke with five members of staff and the expert by experience spoke with 12 people or their relatives to obtain their views on the service provided.

As part of the inspection we also visited four people in their homes and met with three care workers and one relative. As part of the visit we looked at care records held in the person's home and spoke to people and staff about their experiences with Everyday Recruitment Agency Limited.

Prior to the visit we sent out 50 questionnaires to relatives, with no responses received back. 50 questionnaires were sent out to service users with 21responses. 43 questionnaires were sent out to staff with seven responses and 20 questionnaires were sent out to community professionals with one response received.

Everyday Recruitment Agency was last inspected in April were we found one breach of regulations.

Good

Is the service safe?

Our findings

At our last inspection to Everyday Recruitment Agency Limited in April 2016 we found one breach of regulations. People were not always protected because risks to their health and safety had not been fully assessed. Where risks were known there was limited written guidance for staff on how to minimise them. We asked the provider to take action and the provider sent us an action plan In June 2016 which told us what action they would be taking. At this inspection we found that improvements had been made and the regulations were now met.

We looked at risks assessments for people and these were kept in people's care plan files. We saw risk assessments in place for people which included wheelchair safety, falls, bed rails, and catheter care. We saw a risk assessment for one person who was at risk from exploitation from a named person. This was assessed as a high risk and there was a court order in place restricting contact. The risk assessment guided staff to monitor and report any issues to the office who would then take further action to keep the person safe.

We also saw risk assessments on the home environment and these considered risks regarding any hazards around the home, security, electrical and gas appliances and any hazards in the kitchen or garden. Where assessments had identified risks not all had clear information on how the risk could be reduced. Some assessments would benefit from further information on how the risk could be resolved or minimised.

No one we spoke with had any concerns about their safety. People told us they felt safe with staff. One person told us, "I always feel safe and staff help me with anything I need". Another said "When I have a shower it gives me peace of mind to know that someone is here in case I fall". A relative said, "Yes I know (named person) is safe it gives me confidence to know she is safe"".

Staff had attended training in safeguarding adults at risk. They were aware about the different types of abuse and told us what action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us they would report any concerns to the office, CQC or the local authority safeguarding team.

The manager told us that all staff on commencing employment received information and handouts which gave staff information about health and safety issues, personal protective equipment, lone working and whistle blowing procedures. There was information about gaining access to people's homes and what action they should take if they were unable to gain access for any reason. Care plans also gave information about securing people's property on leaving. The manager said that all care staff had access to policies and procedures on an application on their mobile phone so they could consult them if they had any issues. The manager also said staff could contact the office at any time for advice and support. Staff we spoke with confirmed this.

There were enough staff employed to cover the scheduled calls to people and to offer flexibility if additional or alternative hours were requested. The agency employed a total of 50 care staff who worked flexibly both full and part time and they supported 134 people. For the week of our visit the agency was committed to

provide 1402 hours of care to people and the staff capacity was 1484 hours. This meant that there was sufficient staff capacity to cover all care calls. The manager told us the staff available were able to cover care calls. They said if someone phones in sick or are on leave we have enough staff to cover our calls but we are always looking to recruit new staff. Staff told us that the rotas were managed well and they were allowed sufficient travel time between care calls.

Safe staff recruitment practices were in place. The manager told us that before any new member of staff were allowed to start work appropriate recruitment checks were carried out. This included completing an application form which included information on their previous employment history. There were also two references obtained and checks with the Disclosure and Barring Service (DBS) were carried out. The DBS provides criminal records checks and helps employers make safer recruitment decisions. These measures helped to ensure that new staff were safe to work with potentially vulnerable people.

Each person's care plan had details of the support required with their medicines. The agency had a policy and procedure for dealing with medicines and this was in line with the local authority procedures for medicines in a domiciliary care setting. There was a medicines assessment form in place and this detailed the medicines people received. Who was responsible for administering, who was responsible for ordering and the storage arrangements for medicines in people's homes. We noted that in the medicines assessment the times of when people required their medicines to be given was not recorded. The manager and training manager told us, each person had a Medicines Administration Record (MAR) in the home and this gave staff the information on the time medicines should be given. The manager told us that if staff found that any medicines had not been signed for or given they were reported to the office so this could be followed up and addressed with individual staff if necessary. At the end of each monthly cycle MAR were returned to the office for audit. MAR we looked at were up to date with no omissions. This meant that medicines had been administered as prescribed.

Good

Is the service effective?

Our findings

People were satisfied with the care they received. They told us they had no concerns and they did not suggest any improvement when asked. One person said "I have got a care plan and this tells the staff what help I need" Another person said "My care plan is by the door, I know what's in it and the staff do all the jobs".

People told us they had a care booklet in their homes and this contained information about the support that was provided to them. The provider used a computer based care planning system and staff could access people's care plans via an application on their mobile phone. There was also a copy of the care plan kept in people's homes. The system did not monitor when care staff arrived or left and this was recorded on care notes which were completed by staff after each visit. Staff said this system worked well. People and relatives said they received an assessment of the care needs before any care was started and that they had signed the assessment form to agree to the arrangements made for their care.

Staff had received a range of training and one staff member said. "The training is good, some of the courses are on line but we also have face to face training". Another staff member said. "There is lots of training on offer and I have all the training I need to do my job". A third member of staff said the training is very good when I started "I had a few certificates for training but I had to bring them into the office and if any were out of date I had to re sit the training. They didn't just take my word for it".

The training manager told us about the training provided they said before staff went out to provide any support they were required to complete mandatory training which included; moving and handling, medication, safeguarding, fire, health safety, infection control, food hygiene and basic first aid. Other training which was made available included dementia care, Mental Capacity Act 2005 (MCA) epilepsy, catheter care, equality and diversity, person centred care and managing behaviour. Training was either face to face training with the training manager who was an accredited trainer or through on line training through a training company. This provided flexibility as training could be provided as a group or on a one to one basis if required. The training manager said they also arranged for staff to have specific training to meet individual people's needs. For example we were told that community nurses could provide training on certain subjects such as diabetes or for feeding people who used a PEG (a PEG is a gastrostomy tube used in feeding nutritional support to people who have difficulties with oral intake). This ensured staff had the skills required to provide effective support. Training records for all staff were kept on the computer system and records showed staff were up to date with training. The training manager and manager of the service said the system would flag up if anyone was out of date for training via atraffic light system, Green meant staff were in date, Yellow training was due for renewal, Red meant the staff member was out of date. This gave a quick visual overview of the staff training needs and requirements.

We spoke to the manager and training manager about induction and were told that when new staff joined the service they were required to complete a range of training courses before being allowed to support people on their own. This included a minimum of two days shadowing experienced care staff on a number of different care calls. The manager said that shadow shifts could be extended until both the staff member

and the agency were confident that the person could work on their own. Before working independently, experienced staff monitored the new staff member's performance to assess their competency. We asked the manager what they would do if a person started to work alone but found that they were still not confident. They said "We instil in all staff that if they are unhappy with any aspect of care they should contact the office and we can then arrange additional training or shadowing shifts. Staff have to take responsibility if they are not happy they must talk to us".

Staff who were new to care were enrolled to undertake the care certificate during the first three months of employment. This is a nationally recognised qualification covering 15 standards of health and social care. Staff were also supported to undertake additional qualifications. The agency currently employs 50 care staff and 17 had achieved a minimum of NVQ level II or equivalent.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that when people had their initial assessment they signed the assessment form to demonstrate their agreement. The manager said that where people lacked capacity to consent to the planned care relatives, friends or health and social care professionals had been involved in care planning. Staff understood the basic principles that people should be assumed to have capacity unless it had been established they did not and that unwise decisions did not automatically mean that the person lacked capacity.

Staff received regular supervision and support and also had an annual appraisal. Supervision consisted of individual one to one support session every three months and also included spot checks of staff when supporting people in their own homes. Staff confirmed they had regular supervisions and said they could discuss any issues openly with the manager or senior carers.

Some staff supported people to prepare meals and drinks. If anyone needed this support the care plan provided staff with guidance on what support they needed. Care plans contained information on what the person liked and disliked. For example when we visited a person in their own home the staff member asked the person what they would like for breakfast. The person was offered cereals or toast, with a choice of tea or coffee. The person choose to have toast with peanut butter spread and a cup of coffee. The staff member prepared this for them and recorded what the person had eaten and drunk in their care plan notes. This demonstrated that people had choice and were supported to have sufficient to eat and drink. '

People were supported to maintain good health. Staff had made referrals to GP's and other healthcare professionals when required. When one person injured themselves and sustained a skin tear, staff shared information with the relevant professionals involved in the person's care. The service maintained a hospital passport for each person. This is a document that details the person's needs and preferences. This would help hospital staff to provide appropriate support if the person was unable to communicate their needs. The hospital passport could be generated directly from the provider's system to provide an up-to-date record.

Good

Is the service caring?

Our findings

People said they had good relationships with the staff who supported them. We asked people if care staff respected them and treated them as individuals? Terms used in responses were "They are very kind" and "They are very helpful" and "she's very friendly". A relative told us. "There have never been any issues with staff being rude or impolite. I am usually around so will call in when staff are visiting and it's always good humoured".

The manager said they tried to match carers with people and the PIR stated 'Care staff are encouraged to use their initiative and be creative in the way they provide care and support where safe to do so. They are encouraged to talk to customers and relatives to build up a good rapport. With strong working relationships it is a lot easier for our carers to provide care that is compassionate and treats the customer with dignity and respect.

People were involved in their care and support. Care plans described what people could do for themselves and instructed staff to let people do as much as they were able so they could maintain their independence. For example one care plan explained how the person wanted to be treated it said 'Be patient with me', 'Ask me before doing things'. Give me time to think and respect my decisions'. The manager told us that shortly after a care package had started people were asked if the care package met their needs and if they were satisfied with the arrangements in place. The manager said where changes had been requested, the care plans had been updated. One relative said, "We asked if the carer could be changed from a man to a woman and they did it with no fuss".

Staff told us they always respected people's privacy and dignity and we asked staff to give us some examples. One said "I always make sure the door is closed and that the curtains are drawn when giving personal care, you never know who might look in as they are passing'. Another said "I always use peoples preferred name, usually their christian name but I have one person who likes to be called Mr X (surname) and I respect that".

When visiting people in their homes we observed good staff interactions with people. Staff shouted to the person as they arrived "Its only me, can I come in" and the person gave a positive response. In one person's home before showing us a copy of the persons care plan the staff member asked the person if it was OK for us to look at the plan. At another person's home after speaking with a relative in another room and was planning to leave we said we will just say goodbye to the person. The staff member said wait a minute I will just check if they are decent as they have just had a wash. They came back and said the person was still getting dressed so we said goodbye from outside the person's room.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. People said the care plans gave staff information on the support they needed and they had agreed to the care plan content. Areas of dissatisfaction were around the timing of care calls and of not being informed if there was a change in carer. One relative said "Very occasionally they [carers] are late, but if I have to ring them they are very helpful and tell me what the problem is, short staff or whatever".

People received care that met their needs. Before a person received support they were visited by a senior carer who carried out a full assessment of their needs. This included information about what support the person wanted, how this should be given and if they had a preference for a male or female carer. There was also information about how staff would gain access to the person's home and if there were any specific issues that staff needed to be aware of. People and or their relatives signed the assessment to agree to the care that was going to be provided. We looked at completed assessments and noted that the preferred time of the visit was not recorded. We spoke to the manager about this and were told that they asked how many care calls the person wanted and if they were AM, Lunchtime or PM calls and then arranged times around the availability of the support available. The manager went on to say that people were given specific times of their care calls each day when they were sent their weekly care rota.

We spoke to the manager about the concerns raised by people regarding the timing of care calls and the manager agreed that establishing a preferred time for care calls for people would be beneficial for both the agency and person concerned. The initial care assessment form was changed whilst we were at the office to ask people what time they would like their care call and an agreed time would be recorded for all future new care calls and would be recorded for existing people as care plans were reviewed. The manager said the exact timings were subject to plus or minus 15 minutes either side of a care call to allow for care calls that had overrun or for traffic and this information was provided to people in the care package contract.

With regard to people not being informed when there was a change to carers. The manager told us this only normally happened if a staff member telephoned in sick. The service's main priority was then to cover the care call. We were told a new member of the office staff had been employed and since they started there had been and improvement in communication. Although the manager acknowledged that this was an area for further improvement and was working hard to improve this situation.

Care plans were person centred and provided good information on the tasks staff needed to carry out to meet the desired outcomes for people. For example for one person who was washed in bed, we read, 'place towel under person who will lie back (propped up by pillows). Person will wash own upper body and groin area. Staff to assist with back and legs. Assist person to dry all areas and apply cream to legs. Monitor pressure areas and skin folds. Ensure nightdress is down and assist to transfer to commode chair. Support person to bathroom ensuring correct position over toilet. Leave person alone who will call staff when finished. Return person to bedroom and assist with dressing. The plan went on to inform staff how this should be done. Staff felt the care plans were easy to use. One care worker said, "The care plans give you clear information on what you need to do at each visit".

Care plans were reviewed every six months or earlier if required. Senior staff went out to visit people in their homes and carry out reviews with the person concerned and family. The review process enabled the agency to check that the care plans were meeting the persons needs and if necessary changes were made. If changes were made care plans were updated at the office and the online system meant that staff cold receive the updated care plan in advance of the next planned visit to the person. This meant that people received up to date care and support.

People said that staff were always willing to help them with additional tasks. One person told us "They will always do a bit extra if I ask them" A member of staff said it's no problem doing a bit extra as long as you have time. A relative said "They (the agency) are very good at assisting with extra calls if I have to go away, also if we do not need any specific calls we can cancel as long as we give reasonable notice".

When we visited one person in their home a relative told us that the care plan was not quite up to date and needed some changes. They said they had not contacted the service about this and we advised them to do so. When we went to the office we mentioned this to the manager who told us the relative had been in touch and a senior carer was going round to visit to review the care plan and make any amendments required.

When we asked people in our questionnaires if they knew how to make a complaint 75% said they did. The manager told us that the complaints policy was included in each person's file that was held at their home. When asked if they knew how to make a complaint people and relatives referred to the care book kept at people's home but could not reference any section or information on complaints. The manager said that the information book given to all people had clear details about how to make a complaint and also contained a copy of their complaints procedure. No one we spoke with had made a complaint. The manager said if any concern were raised they were recorded on the agencies computer system together with information on how the service had responded. The manager showed us the complaints file where five complaints had been recorded since the last inspection. We saw that these had all been responded to in a timely manner and in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

At the last inspection to the service we made one recommendation that the registered manager and provider review their quality assurance system to ensure that all aspects of the service were monitored and to ensure compliance with the regulations. At this visit we found that quality assurance systems were appropriate.

The provider had a policy for quality assurance to monitor the quality of service provided. Quality assurance questionnaires were sent out twice a year to staff and people who use the service to get their views on the service provided. Also a number of monthly and quarterly audits were undertaken by the manager and office staff to monitor service provision. These included audits of; care plans, health and safety, checks on staff files, visit records, supervisions, training, medicines, concerns, complaints and compliments.

There was an open culture at the service. People and staff felt able to approach the management team. When asked about complaints people and relatives told us the manager's name and contact details were on the front cover of the care book kept at people's home. Staff told us the manager was very approachable and said they could raise any issues with them and were confident that appropriate action would be taken if necessary.

The manager had submitted an application to the Care Quality Commission to be the registered manager. This is currently being processed. She was aware of the requirements to send us notifications as required to inform us of any important events that took place. From talking with people and staff it was clear they were well respected. The registered manager told us they had regular contact with staff and that her door was always open for staff to speak with her.

The PIR sent to us by the provider said 'At Everyday Recruitment Agency Limited our ethos is to ensure that the service is well-led and provides effective care and support at all times. We encourage our carers wherever possible to be creative with their approach to providing care and support through the use of initiative and freedom of thought. We also listen to the carers points of view on various issues such as care provision and new ways to improve the service. Our new and improved online spot check, supervision and appraisal database system allows us to easily identify areas where a care worker may be lacking skill and flags up on our system immediately so that we can work with the carer to overcome the issue. We also listen to our customers views and feedback on how the service should be managed and the expectations of the care workers and managers.

Staff said all the staff who worked at the main office were approachable and that they were always available for advice and support. Staff said there was an 'on call system' used for when the office was not manned. A member of staff said "You may have to work until 10pm at night and it's good to know you have support on the end of the phone. The manager told us out of office hours the office phone was redirected to the on call phone which was held by a member of the office staff or a senior carer. They said this was in place so the agency could offer a 24 hour service seven days a week 365 days a year.

The manager said she kept her own skills up to date by completing the training that care staff did. She was now looking to complete a Health and Social Care Diploma level five in care and she regularly monitored professional websites to keep up to date with best practice.

The manager told us that staff meetings were held twice a year when all staff got together. These enabled staff to share their views and discuss any issues they may have. There were regular meetings with senior carers and regular spot checks were carried out to observe care staff practice. This was also an opportunity to speak to people in their own homes and see how the service was meeting their needs. The service also produced a monthly newsletter to inform staff on any issues and to keep staff up to date. The provider also operated an 'employee of the month'. People and other staff could nominate a member of staff and the winning staff member received a small gift such as a bunch of flowers or box of chocolates. The manager said it's just a way of saying thank you for all their hard work.

Records were kept securely. We were told that records kept on the computer were password protected. Records we asked for were readily available and these were accurate and up to date.