

## Health Care Professionals Recruitment Services Limited

# Healthcare Professionals Recruitment Services Ltd

### 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

### About the service

Healthcare Professionals Recruitment Services Ltd is a domiciliary care service providing personal care and nursing care to adults and children. Personal care is help with tasks related to personal hygiene and eating. At the time of inspection there were two children receiving a personal care and nursing care service and no adults receiving a service.

### People's experience of using this service

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely and people were protected from the risks associated with the spread of infection. The provider had a system to record accidents and incidents.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service so the provider could be sure they could meet their care needs. Staff supported people with their nutritional, hydration and healthcare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider and staff understood the need to obtain consent before delivering care.

Staff demonstrated they knew people and their care needs well. Relatives told us staff were caring. The provider and staff understood how to provide a fair and equal service. Staff understood how to involve people and relatives in making choices. People's privacy, dignity and independence were promoted.

Care plans were detailed and personalised. Staff understood how to provide a personalised care service. The provider understood how to meet people's communication needs. Relatives knew how to make a complaint if they needed to. The service had a policy in place to provide people with end of life care if required.

Staff and relatives spoke positively about the leadership in the service. The provider had systems in place to capture feedback from people and relatives about the quality of the service provided. The provider carried out various quality checks to identify areas for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 25 January 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Healthcare Professionals Recruitment Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Our inspection was completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager or provider would be in the office to support the inspection. Inspection site visit activity took place on 25 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including two people's care records including risk assessments and four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

#### After the inspection

The provider sent us documentation we requested. We contacted the local authority to seek their views about the service. We spoke with two relatives of people who used the service, one care staff member and one nurse staff member.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of being harmed or abused.
- Relatives told us they felt their family member was safe with staff. A relative said, "I can always leave [relative] with staff. I trust the staff." Another relative told us, "100% safe."
- Staff had received training in safeguarding vulnerable adults and children.
- Staff described the actions they would take if they thought somebody was being harmed or abused. One staff member said they would alert their line manager and the local authority safeguarding team.
- Staff understood how to blow the whistle. A staff member told us, "[Whistleblowing] is when you feel that the agency is not up to scratch or they are doing things that are not right. I can call up the CQC and inform them."

Assessing risk, safety monitoring and management

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Examples of risks covered included environmental, breathing, choking, behavioural and mobility.
- We noted people had risk assessments for specific health conditions such as epilepsy which were comprehensive and gave staff clear guidance to staff about actions to take to manage the risk.
- The provider had an emergency situation procedure which gave clear guidance to staff on the actions to take if they arrived at a person's home and there was no reply, if the person became ill, if the person had fallen and if any of these scenarios occurred out of office hours.

Staffing and recruitment

- Relatives told us they were satisfied with the punctuality of staff. One relative said, "Never late. They are always five or ten minutes in advance." Relatives also confirmed staff had never missed a visit.
- The management told us there had been no missed visits since the service began working with people and staff phoned the office if they were going to be late.
- The nominated individual told us staff used their phones to confirm their arrival and departure times for each visit to people using the service. This system flagged up late visits or if a visit was missed which meant it could be responded to in a timely way.
- Records showed there were enough staff employed at the service to cover all visits and staff absences. The nominated individual told us they were in the process of recruiting a physiotherapist so this service could be offered to people.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with people. This included staff providing written references, proof of identification and right to work in the UK.
- Criminal record checks for new staff and regular updates were done to confirm continued suitability of

staff. The provider also ensured nursing staff were up to date with their nursing registration.

#### Using medicines safely

- The provider had a comprehensive medicines policy and staff had received training in the administration of medicines.
- At the time of this inspection, there was nobody requiring support with their medicines because relatives had taken this responsibility.
- However, each person's care file included a list of their prescribed medicines, their preferred method of taking them and known allergies. This meant staff would be able to give medicines support if needed.

#### Preventing and controlling infection

- Relatives confirmed staff were aware of infection control practices. A relative said, "[Staff] come, they wash their hands. I am happy with their hygiene." Another relative explained staff were meticulous about changing their gloves and washing their hands in between glove changes.
- The provider had an infection control policy which gave clear guidance to staff about preventing the spread of infection.
- Staff confirmed they were provided with sufficient amounts of personal protective equipment [PPE] such as gloves and aprons. One staff member said, "We have plenty of that [PPE]."

#### Learning lessons when things go wrong

- The nominated individual told us there had been no accidents or incidents since the service began working with people.
- There was a system in place to record incidents and accidents should they happen which included learning points, actions to be implemented and whether CQC or the local authority had been notified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives told us staff had the skills needed to provide care. One relative told us, "[Staff] are very competent."
- People had an assessment of their care needs before they began to use the service which included a summary of needs and family history.
- Assessments included information about health conditions, communication methods, sight, hearing, skin, behaviour and allergies.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadowing experienced staff at least three times and passing a competency test before they could work with people unsupervised. Staff confirmed this was the case and they found it useful.
- Training records showed staff were up to date with training in topics such as health and safety, moving and handling, emergency first aid and dementia awareness. The provider used an electronic system which alerted them when training needed to be refreshed.
- Staff confirmed they found training useful. One staff member said, "[Training] is really very good. The lady who does the training is quite knowledgeable." Another staff member told us, "[Training] is very good, very information, very professional."
- Staff were required to complete the Care Certificate. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
- The provider carried out regular supervisions with staff. Topics discussed included policies and procedures, fluids and nutrition, communication, duty of care and professional boundaries. Staff told us they found these meetings useful.
- The provider had a system in place to carry out annual appraisals for staff performance. Discussions with staff included achievements and difficulties over the past year, action needed to resolve difficulties, training and goals for the next year.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with nutrition and hydration.
- Staff completed fluid intake and output charts to ensure people did not become dehydrated.
- People's care plans included clear nutrition guidance and their preferred eating regime. One person's care record stated, "See [person's] feeding regime plan recommended by the dietician for times and frequency."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relatives confirmed staff supported their family member to maintain their health. A relative said, "[Relative] needs a lot of suction, so it's very important to know how to do it." Another relative told us, "Overall there is a lot [of healthcare] involved and staff have to do that every day."
- Relatives told us staff accompanied them and the person using the service to healthcare appointments when required.
- Staff told us how they helped people to maintain their health. One staff member said, "By making sure all care needs are met [and] regular observations. If there is any change, I document that. Any signs of any infection, I report that."
- The service worked with healthcare professionals and followed recommended healthcare guidelines to achieve good outcomes for people.
- Care plans included guidelines provided by health professionals such as a dietician and physiotherapist.
- Staff were required to be trained and knowledgeable in using specialist healthcare equipment including a feeding pump, suction machine and oxygen saturation monitor.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA

- At the time of this inspection, the service was not working with any adults who needed their liberty restricted. MCA and Deprivation of Liberty Safeguards only applies to people aged 16 years or over who lack capacity.
- Care records showed parents had signed to consent to care from Healthcare Professionals Recruitment Services Ltd.
- Staff understood the need to obtain consent before delivering care. One staff member said, "You will always say to them you are about to do something to gain that kind of consent. You would generally ask anyway, out of courtesy."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were kind and caring. One relative said, "Oh yes, they [staff] love my [relative]." Another relative gave an example of when they recently had some health issues and the agency gave reassurance and extra support during this time.
- Staff knew the people they were supporting well including their likes and dislikes.
- Staff and management knew how to provide a fair and equal service. One staff member told us, "I always try to be professional and fair. I am there to provide care to the best of my abilities."
- The registered manager told us, "We have the discrimination policy and we follow it to the letter because everybody is to be treated with equality. We treat everybody the way a human being should be treated and according to their care needs."
- We asked staff how they would support somebody who identified as being lesbian, gay, bisexual or transgender [LGBT]. A staff member told us, "For me people are people. I would look after them the way I would look after other people."
- We asked the registered manager and nominated individual how they would support somebody who identified as LGBT. They told us, "We have to accept each person according to their orientation" and "We reassure them and accept them for who they say they are."

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

- Relatives told us they had good communication with the care staff. A relative said, "We always have handover before [staff start working] and after [staff finish working]."
- Staff explained how they promoted people's choices. One staff member said, "I always promote [choices] as long as it's not going to harm them or me. I always ask their expectations."
- The nominated individual described how people and relatives were involved in decision making. They told us, "They are involved right from the time of the referral because we need to involve both the [person] and the advocate in the assessment and the risk assessment."
- The nominated individual gave an example where after carrying out an assessment they liaised with the funding authority to increase the amount of hours for a care package because the initial request was not enough to meet the family's needs.
- The registered manager explained to us, "We have a family centred policy."

Respecting and promoting people's privacy, dignity and independence

- Training records showed staff received training in promoting people's privacy and dignity.
- Staff understood how to promote people's privacy and dignity. One staff member told us, "I talk to [people] so they know exactly what I am doing. I try to discourage other people from coming in. I make sure the

curtains and door are closed."

- Staff described how they promoted people's independence. A staff member said, "I encourage people not to give up. I do it [the task] with them to encourage them to do it themselves. That does work a lot."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood how to deliver a personalised service. One staff member told us, "Everyone is an individual. So I ask 'how would you like this to be done?' and 'how would you like me to help you?'"
- Care plans were comprehensive and person-centred including people's likes and dislikes.
- For example, one person's care plan stated, "[Person] becomes upset by loud noises and unfamiliar people." Another person's care plan stated, "I require physical support to engage in exploratory play e.g. to explore different textures with my hands and activate cause and effect of toys."
- Care plans detailed what care was needed during each hour of support.
- Care plans included a list of guidelines and requests the family wanted to be followed.
- The provider had a system of reviewing care plans regularly to ensure people's needs continued to be met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The nominated individual told us how they would make information accessible for people with a sight impairment, "We could use braille and we can use different font sizes."
- The registered manager told us for people with a hearing impairment, they would check if the person had a hearing aid and if not, "We can link them up with the hearing department." The nominated individual said, "[Person] can have information written."

Improving care quality in response to complaints or concerns

- Relatives knew how to complain but confirmed they had not needed to. One relative told us, "If I needed to, I would go to the manager of the agency. [Nominated individual] is actually calling me very often to see how we are."
- Staff knew how to handle complaints. A staff member told us, "There is a complaints procedure. I would give them the number or the form to fill in about their complaint. I do encourage people to make a complaint because that is how you can improve."
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints appropriately.
- We noted there had been one complaint made since the service began to work with people. Details of

actions taken were documented, the complaint was upheld and the complainant was happy with the outcome.

- The nominated individual told us, "We were able to share that experience [of the complaint] with the carers so that it doesn't happen again."

#### End of life care and support

- At the time of this inspection, nobody needed palliative or end of life care.
- The provider had a comprehensive end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively. This meant staff would be prepared should anybody require end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke positively about the leadership in the service.
- One relative said, "[Management are] very professional. Any type of update, I send email [and] it cascades to the healthcare assistants." Another relative told us, "[Management] are very friendly and very professional."
- Staff told us they were supported to do their job. One staff member said, "I am [supported]. Each time I am not sure about something, I call the office and they always listen and they explain to me what I need."
- Staff spoke positively about the registered manager. One staff member told us, "[Registered manager] is good. [Registered manager] came with me when I first started and we worked together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual and registered manager understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required. However, they had not needed to do this since they became operational.
- The nominated individual told us, "The duty of candour expects us to be transparent and honest with [people who use the service]. If anything happens they have to be aware no matter how small."
- The registered manager said, "We should be ready to apologise."

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

- The nominated individual told us how they ensured staff had their voice heard. They said, "We do spot checks and we do meetings we invite them to [which are] scheduled quarterly."
- Staff confirmed there were effective communication systems in place.
- One staff member explained for one person they worked with, they had telephone handovers with the other staff member. This staff member said, "We always have a handover from the [relatives]. Any changes on [person's] wellbeing, we call the office."

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

- The provider kept a record of compliments from people who used the service. One compliment received stated, "I am very pleased with the overall service provided by Healthcare Professionals. I couldn't have

chosen a better care agency."

- The provider held regular meetings for staff. We reviewed the most recent staff meeting held on 26 October 2019. Topics discussed included, improving the current systems, staff recruitment and improving the quality of the service.
- Staff confirmed they attended staff meetings and found these useful.
- The management told us they were not aware of any issues around equality for staff. They said, "We don't have any issues. We are very approachable so they will always tell us."
- Staff confirmed staff from different ethnic and religious groups were treated fairly and equally.

Continuous learning and improving care

- The provider carried out various quality checks for service in order to identify areas for improvement.
- Care plans and daily records were audited on a monthly basis. Any issues identified were dealt with the staff member concerned during supervision.
- The provider visited people monthly to obtain feedback from people who used the service. We noted positive feedback was consistently given. Examples included, "Care workers are performing wonderfully" and "The staff are fantastic and helpful."
- The provider used a system of telephone monitoring to check people were happy with the service provided. Relatives confirmed this was the case.
- We noted during one telephone monitoring call a relative had asked for an additional staff to cover day shifts. The action taken was it was arranged for a new nurse staff member to shadow one of the regular nurses.

Working in partnership with others

- The nominated individual told us they worked in partnership with other agencies. They said, "We have approached other agencies on collaboration on how we can provide services."
- We saw the registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities and health care professionals.