First Stop Recruitment Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on 30 January 2018 and was announced.

First Stop Recruitment Services Limited provides personal care to people in their own homes. At the time of our inspection there was only one person using the service. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and provide an overall rating of the service. We will return to the service in due course to conduct a further inspection of this service and provide a rating.

There was a registered manager of the service who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider understood how to protect people from abuse and report concerns to the appropriate authorities. Risks to people had been identified and the provider knew what to do to keep people safe. We made a recommendation that recording practices around risk were strengthened.

There were systems and processes in place for safe administration of medicines. We made a recommendation that the provider review their process to include medicine protocols for 'as needed' medication.

At the time of inspection there were no staff employed by the service. However there were appropriate systems in place to ensure that staff would be recruited safely.

Mechanisms for the induction, training, supervision and appraisals of staff were in place but were yet to be applied in practice. People were supported to have enough to eat and drink which met their needs and preferences. The provider had received training in the Mental Capacity Act 2005 and was aware of their responsibilities to ensure people were supported to make decisions and give their consent.

People's needs had been holistically assessed taking into account their needs and capabilities. People were included in the assessment process and their views were recorded to ensure they received care and support in the way they wanted.

A complaints policy and procedure was in place to handle complaints appropriately when required. Plans were in place to ensure that people's views would be sought and acted upon to drive improvements to the service.

The provider understood the requirements of their registration. They were committed to continuous learning and professional development to ensure best practice. Quality assurance audits had been prepared to measure the quality and safety of the service people received. The provider demonstrated the positive values of dignity, respect and person-centred practice which would help to promote a positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

People were protected from the risk of abuse.

Risks were identified and managed though improvements in recording practices were required.

Systems and processes to ensure the safe recruitment of staff were in place.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

People's needs were holistically assessed.

The provider had the skills and experience to support people effectively.

People were supported to have enough to eat and drink that met their needs and preferences.

Consent to care and treatment was sought and the provider was aware of the importance of including people in decision-making.

Is the service caring?

Inspected but not rated

We did not have sufficient information to rate if the service was caring.

The provider was kind and caring and treated people with dignity and respect.

People were listened to and received care and support how they wanted it.

Independence was supported and encouraged.

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate the service's responsiveness.

People received a holistic assessment of their needs.

There were systems and processes in place to manage complaints.

Plans were in place to ensure people were supported if they had end of life care needs.

Is the service well-led?

Inspected but not rated

We did not have sufficient information to rate how well-led the service was.

Systems and processes were in place to monitor the safety and quality of the service.

Consideration had been given in how to obtain feedback from people to drive improvements.

The provider demonstrated positive values to promote a positive culture.

First Stop Recruitment Services 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 30 January 2018, was completed by one inspector and was announced. We gave the service 48 hours notice of the inspection visit because it is small and the manager is often out of the office providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 January 2018 and ended on the same day. It included visiting the office to see the manager and to review care records and policies and procedures. We then completed a home visit on the evening of the same day to talk to a person who used the service and observe the manager delivering care and support.

Inspected but not rated

Is the service safe?

Our findings

We did not have adequate information to rate the safety of the service. However, we did find that appropriate plans were in place to be able to provide a safe service.

At the time of inspection there was only one person was using the service. This person told us they felt safe using the service and were very happy and felt well cared for. There were no staff employed by the service as care and support was delivered by the registered manager who was also the registered provider.

The provider had been trained in safeguarding and understood how to protect people from the risk of abuse. There was a safeguarding policy in place and the provider was able to demonstrate that they were aware of their responsibilities to report any concerns to the local authority and the Care Quality Commission (CQC). We saw that systems and processes were in place to raise safeguarding concerns if necessary in accordance with their safeguarding policy.

The provider demonstrated a very good awareness of risks to the person they supported and knew what to do to keep the person safe. Guidance on how to keep the person safe had been recorded in their care plan and this information was applied in practice. For example, the person's care records stated, "[Named person] has an emergency pendant they wear round their neck all day and at night hangs on bed rail next to pillows where it easy to reach." We visited this person in their home and saw they were wearing their pendant around their neck, which meant they were able to call for assistance if needed. However, whilst information about how to keep the person safe had been included in their care plan, individual risk assessments had not been completed and consequently there were no formal management plans in place. At the time of inspection, there were no other staff employed which meant there was no impact to the person of not having a risk assessment in place. . However when the service expands there is the potential for risk due to a lack of written guidance for care staff who may not be familiar with the people they would be supporting. We also found that risks within the home environment had not been formally assessed and recorded.

We recommend that the provider formalise their systems and processes for recording information on risk and providing guidance on how to manage them in accordance with best practice principles.

The provider told us there was a contingency plan in place if they were unable to provide care and support and that the person's family were able to provide cover if required. The person told us that the provider always came on time and had never missed an arranged visit. The provider said they would not take on any new people until they had found suitable staff and they would be safely recruited and trained. This would ensure there were sufficient staff available to meet people's needs.

It was not possible to assess whether staff had been recruited safely as no staff had yet been recruited. However we were able to see that the provider had an appropriate recruitment process in place in readiness. We saw that the process included obtaining satisfactory references which would then be verified to ensure their validity; completing identity checks and recording staff members full employment history

including exploring any gaps in employment. The provider had been checked by the Disclosure and Barring Service (DBS) and told us they would also be completing DBS checks on all staff before allowing them start work. The DBS provides information about people's background, including convictions in order to help employers make safer recruitment decisions.

There had been no accidents or incidents to report but systems and processes were in place should the need arise. Reporting forms were included in people's care records along with a body map form for staff to record where any injuries had occurred.

Appropriate systems and processes were in place for the safe management of medicines in accordance with the provider's medicine management policy. However, we noted that the inclusion of medicine protocols for 'as needed' (PRN) medicines had not been considered. Medicine protocols provide guidance for staff regarding why, how much and how often people should be administered PRN. At the time of inspection nobody was receiving support with their medicines so we were unable to judge the safety and quality of the system in practice.

We recommend that the provider review their current system for managing people's medicines to include protocols for PRN medication.

The provider told us that staff would be provided with face to face training in how to manage people's medicines and would receive spot checks every three months to monitor their competence. There were also plans in place to audit people's medicine administration records (MAR) every month to check that people had received their medicines as prescribed. However it was not possible to make a judgement on the safety and quality of training and audits for medicines as these had not yet been implemented.

The provider had a policy in place for infection control and had received training in infection control and food hygiene. They had sourced a training provider to deliver face to face training to new staff once recruited. Uniforms and protective clothing such as gloves and aprons were available for staff to help control the spread of infection.

Inspected but not rated

Is the service effective?

Our findings

We did not have adequate information to rate how effective the service was. However, we found that there were suitable measures in place to provide a service which could be effective. Feedback from the person using the service was positive. They told us, "I'm very happy with the care and have recommended the company to other people."

The assessment process ensured that people's needs were holistically assessed and systems and processes were in place for the provision of care and support that met the NICE quality standards for 'Home Care for Older People.'

The provider had undertaken training to equip them with the skills and knowledge to be competent in their role. Training they had completed included manual handling; infection control, fire safety, first aid and medicine management. They had identified several training providers and had a training matrix in place setting out the training new staff would receive once recruited as part of their induction. The provider told us they were committed to providing good quality training which was face to face as past experience had taught them that this was a more effective way of ensuring staff had the practical skills required to provide quality care and support. They said, " I have learned that staff need to be inducted properly and the importance of quality face to face training. On line theoretical training is not good enough to provide care in practice; you need to be with staff on the ground and show them."

We looked at the planned training and induction schedule which appeared robust, however it is not possible to comment on the quality and effectiveness of the training and induction programme as no staff had yet been inducted.

We found evidence that the service supported the person receiving support to have enough to eat and drink which met their health needs and preferences. We looked at the instructions in the person's care plan which stated; "Prepare breakfast, [named person] likes cereals, boiled egg or toast; provide choice and serve with a cup of tea; make sure water is within reach. Two bottles of water by bedside, refresh the water and refill to put in fridge ready for night." We spoke with the person about the support they received with meals and drinks. They told us, "[Named provider] makes all my meals, I get to choose and they always make me tea and leave me a drink within reach."

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.

The provider understood the principles of the Mental Capacity Act (MCA) (2005) and were aware that any decisions made for people who lacked capacity had to be in their best interests. We were advised that the person who used the service had the capacity to make their own decisions and this had been identified in

their care plan.

We visited the person in their home and observed that the provider understood the importance of including people in decision making and asking for consent. We saw them asking the person for permission before providing care and support. The person told us, "They [named provider] always ask my permission before doing anything."

At the time of inspection, the provider was not supporting people to access healthcare services and treatment as the one person who used the service was able to make their own arrangements independently. We saw that the provider did communicate with the person and their relatives to ensure that if they had a medical appointment, they were supported to get washed and dressed so they were not late for their appointment.

Inspected but not rated

Is the service caring?

Our findings

We did not have enough information to rate the service on how caring it was. However, feedback from the person who used the service was positive about the kind and caring nature of the provider. The person told us, "[Named provider] is very kind, very nice; I like [Named provider] very much."

We observed the provider interacting with the person and saw that the person was relaxed in their company. The interaction was friendly and sociable and the provider spoke to the person with warmth and affection. We saw that the person enjoyed the interaction as they smiled often and laughed and joked with the provider.

The care records we reviewed contained information in relation to the person's life history, needs, likes and dislikes and preferred routines. This meant that the service could provide care and support in a way that suited the person. The person told us, "I feel listened to and have things done the way I like."

We observed the provider as they delivered care and support to the person who used the service and saw that they treated the person with dignity and respect. They knocked on the person's door, asked permission before entering and spoke in a polite and respectful way to the person. We asked the person whether the provider was mindful of their dignity and privacy when giving personal care. They told us, "[Named provider] never makes me feel uncomfortable or embarrassed."

We looked at how the service recognised equality and diversity and protected people's human rights. Care records had been designed to capture key information about people including any personal, cultural and religious beliefs. We saw that people who used the service could request a preference of gender of care worker to support them to feel comfortable and at ease with receiving care and support.

To strengthen its approach to equality, diversity and human rights, we recommend the provider consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Care records showed that the provider was aware of the importance of supporting the person's independence. Strengths were highlighted and the instructions in the care plan provided guidance on how to help the person remain as independent as possible. For example, instructions for staff on how to support the person with personal care stated, "Give [named person] water in cream coloured bowl in the bathroom to wash their face and all areas they can easily reach, please encourage independence."

The provider kept a daily record of the care and support they provided. We looked at the daily notes and found they were written in a kind and sensitive way. The notes provided relatives of the person with a means of communication with the service and also reassurance that their family member had received the care and support they needed.

Inspected but not rated

Is the service responsive?

Our findings

We did not have enough information to rate how responsive the service was. However, the provider had systems and processes in place to promote a service which could be responsive.

Before people started using the service the provider met with them and their relatives, if appropriate, to assess people's needs and find out how they wanted their care and support provided. The assessment looked at the 'whole' person and considered their physical, psychological and social needs and identified their strengths and capabilities. At the time of inspection, the provider advised us that no-one had yet had a review of their care and support but the plan was to complete reviews annually or sooner if something changed.

We looked at the care records of the person who used the service and found the provider had captured details of the person's likes, dislikes and preferred routines. This meant that there was sufficient guidance so that staff would be able to provide person-centred care. Person-centred care means care tailored to each individual.

At the time of inspection there had been no complaints about the service. However, we saw that there were policies and procedures in place to manage complaints if required. Information on how to make a complaint was included in the person's care folder, which was kept in their home. Feedback from the person who used the service confirmed they knew how to make a complaint. They told us, "I would speak with [Named provider]."

The service was not currently supporting people with end of life care needs. The provider told us that training in end of life care would be provided for all staff and information would be kept in people's care records, if they so chose, detailing any preferences for end of life care.

Inspected but not rated

Is the service well-led?

Our findings

We did not have enough information to rate how well led the service was. However, we saw there were systems and processes in place to ensure the service would benefit from good leadership.

There was a registered manager in post who was also the registered provider. They understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The provider had a business plan which set out their strategy to ensure sustainability. Systems and processes were in place that would monitor the safety and quality of the service. However, it was not possible to comment on their effectiveness as they were not yet being applied in practice. The provider told us they planned to complete audits of medicines and people's daily notes on a monthly basis to check that people were receiving the care and support that had been agreed.

Consideration had been given regarding how to obtain feedback from people who used the service to drive improvements. The provider told us they would be sending out an annual survey to ask for people's feedback on their levels of satisfaction. In addition, it was the provider's intention to continue to provide care and support to people. In this way they would meet regularly with people using the service to check that they were happy with the care they were receiving.

The provider had a statement of purpose which set out the service's values which included treating people with dignity and respect, promoting independence and delivering a person centred approach. We asked the provider how they would ensure staff shared these positive values. They told us, "I will work alongside staff and lead by example, I will teach my staff that everyone is important; that we are all different and remind staff to put themselves in people's shoes and ask, what would you do if it was your mother?."

External agencies had been identified by the provider that would help to support them with professional development. Plans were in place for the provider to attend safeguarding and sensory impairment training with their local authority. In addition, they regularly attended 'skills for care' mentoring sessions and were a member of the Essex Care Association (ECA). The ECA provides registered managers with opportunities to share best practice and keep updated on social care legislation. This demonstrated a commitment from the provider to develop and improve the service.