

Care Solutions Recruitment Agency Ltd

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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

Care Solutions Recruitment Limited is a domiciliary care agency providing support to people in their own homes. In addition, Care Solutions Recruitment Limited provides care staff to other services and delivers health and safety training courses. However, this part of the service is not regulated by the CQC.

This was the first inspection of Care Solutions Recruitment Limited since they registered with the CQC on 15 May 2017. At the time of our inspection the service was supporting one person. They began providing personal care support to this person in March 2018. The service only provides care when the person's directly employed care worker is unable to attend appointments.

A registered manager was in post. They began working at the service in February 2018. 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.

A flexible, individually tailored service was provided which met the person's needs. Staff were knowledgeable about how the person's illness impacted up on their independence and the level of support they required. Staff were able to describe in detail the support the person required at each appointment and there were detailed care records which reflected this knowledge. Staff were aware of the risks to the person's safety and supported the person to manage and mitigate those risks. Staff had built a friendly and caring relationship with the person. There was regular communication between the person and the management team and the person was involved in all decisions about their care. Staff respected the person's dignity and privacy.

There were sufficient staff to meet the person's needs and safe recruitment practices were followed to ensure suitable staff were employed. Staff completed regular training to ensure their knowledge and skills were in line with best practice guidance. Staff also completed relevant qualifications in health and social care to increase their knowledge and skills. Staff were aware of and adhered to relevant legislation, policies and procedures including the Mental Capacity Act 2005, safeguarding adult's procedures and infection control processes.

There was clear leadership and management at the service. The registered manager and the director worked closely together to ensure they were both involved in and clear about the development of the service.

At this inspection we did not rate the service. This was because there was insufficient evidence to make a judgement and award a rating.

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. Staff were aware of the risks to the person's safety and supported them to manage and mitigate those risks. Staff were knowledgeable about safeguarding adults' procedures. There were sufficient staff to meet the person's needs. Safe recruitment practices were in place. Staff adhered to infection control procedures.

Inspected but not rated

Is the service effective?

The service was effective. Staff had received training to ensure they had the knowledge and skills to meet the person's needs. Staff continued to obtain relevant qualifications to increase their knowledge. Staff adhered to the principles of the Mental Capacity Act 2005.

Staff provided any support the person required with their nutritional needs and health needs.

Inspected but not rated

Is the service caring?

The service was caring. Staff had built friendly caring relationships with the person. They were able to have open and honest conversations. The person was involved in decisions about their care and staff were aware of what was important to the person. Staff respected the person's privacy and dignity.

Inspected but not rated

Is the service responsive?

The service was responsive. An individually tailored service was provided that met the person's needs. The service was flexible and staff understood the person's needs varied depending on how they were feeling on the day. Clear and detailed care records were maintained.

A complaints process was in place and any concerns raised were listened to and addressed.

Inspected but not rated

Is the service well-led?

The service was well-led. There was clear leadership and management of the service. The registered manager provided the person's care to ensure clearer oversight and regulation of

Inspected but not rated

the quality of care provision. Service user feedback forms were used to obtain formal feedback about the service.

The registered manager was aware of their CQC registration requirements.

Care Solutions Recruitment Agency Ltd

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 29 August 2018 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 supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we visited the office and spoke with the nominated individual and the registered manager. The registered manager was also the staff member providing care to the one person using the service. We viewed their staff records and the care records for the person using the service. We also viewed records relating to the management of the service. After the office visit we spoke with the person using the service to obtain their views and experiences of the service.

Is the service safe?

Our findings

There were sufficient staff to meet the person's needs and there had not been any missed visits. The person told us they had previously identified concerns with staff not staying the required length of time, however, this had much improved. We saw feedback from the person, received by the provider, which confirmed they felt there were sufficient staff to meet their needs.

Overall safe recruitment practices were followed to ensure appropriate staff were employed. We saw the staff member supporting the person had previous experience of working as a care worker and as a manager within social care services. They had completed an application form which showed there had been no gaps in employment. Their eligibility to work in the UK had been verified, references had been obtained from previous employers and criminal records checks had been undertaken. The staff member's suitability had also been verified through the CQC registered manager's process.

Staff had received training in safeguarding adults. They were aware of the signs of possible abuse and the reporting procedures should they have any concerns about a person's safety or welfare. A safeguarding adult's policy was in place which staff were familiar with. Included in the policy was information about how to ensure people were not discriminated against. There had not been any safeguarding concerns raised since the provider registered with the CQC.

Staff were aware of the risks to the person's safety. An assessment was undertaken when the person started using the service to identify any risks to their safety and we saw plans were in place to manage and mitigate those risks. Staff were knowledgeable about how to support the person's safety and what equipment was available to support the person to maintain their independence whilst also ensuring they were safe. Staff were aware of how the person's medical needs impacted on their safety. The person told us if the staff were concerned about their safety they stayed with them until a family member was able to stay with them. The person said, "Their commitment to my safety is really good."

Information was included in the person's care records about their medicines. Staff confirmed the person managed their own medicines, however, they still had information about the person's medicines so they could provide support if required.

Staff had received training in infection control. Staff were aware of the importance of adhering to infection control procedures including regular hand washing and use of personal protective equipment including gloves and aprons.

Is the service effective?

Our findings

The person was supported by staff who had the knowledge, skills and experience to undertake their duties and provide high quality care. The staff member supporting the person had completed the provider's mandatory training including courses in first aid, fire safety, moving and handling, infection control, health and safety, COSHH, equality and diversity, communication, conflict management, safeguarding of vulnerable adults, and dementia awareness. The staff member had also completed their level four national vocational qualification in health and social care and was in the process of completing their level 5 qualification in leadership and management in health and social care.

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.

Staff were aware of their duties under the Mental Capacity Act 2005 and adhered to the principles within the Act. The person using the service had full capacity to make care and welfare decisions and staff respected their decisions and ensured they consented prior to care delivery.

Staff provided the person with any support they required with their dietary requirements. The person informed staff what they would like to eat and staff prepared meals in line with their requests. Staff told us they did not always know dishes the person requested but they worked together to learn about how to prepare and cook the dish.

Staff were aware of the person's medical and health needs. Information was included in people's care records from specialist healthcare services about their healthcare needs and we also saw care records included the person's GP's details should they need to contact them. The person using the service was able to self-manage their health needs, however, staff were available should they need this support.

Is the service caring?

Our findings

Staff had built friendly, caring relationships with the person. The person was able to have open and honest conversations with the staff member supporting them. They told us they felt involved in their care decisions and care was delivered in line with their preferences. Staff had detailed knowledge about how the person wished to be supported and what was important to them. This included obtaining information about their family, their occupation, their biggest achievements and what they were proud of.

Staff had received training on equality and diversity. They were aware of the person's sexuality, culture and religion and ensured the person was not discriminated against because of their background or lifestyle.

The person's dignity was maintained and their privacy was respected. Staff supported the person to be as independent as possible, and were able to describe how the person's illness impacted on their independence and their ability to undertake different tasks.

Is the service responsive?

Our findings

The person received care that was tailored to their needs. The person told us, "The care is very good." Staff were able to explain in detail the person's needs and how they wanted to be supported. They provided support to the person with their personal care, domestic duties, and meal preparation. The service was flexible and the support delivered was adjusted depending on how the person felt and how their illness was impacting upon their ability to undertake tasks. The person said, "They adjust the care and improvise whilst still meeting my hygiene needs."

The staff had maintained clear and detailed care plans identifying what support was to be provided at each appointment. Staff told us there was regular communication with the person using the service so they were kept updated with any changes in their health or support needs.

A complaints process was in place. This process ensured any concerns raised were listened to, investigated and responded to in a timely manner. The person using the service told us they had raised a couple of concerns previously regarding inconsistencies in the staff supporting them and timekeeping. They told us as soon as they brought this to the registered manager's attention, the registered manager organised a meeting with them to discuss the concerns. The person confirmed that since the concerns had been raised the registered manager had acted to ensure they were addressed. They told us, "[The registered manager] was understanding and reassuring and she did what was promised."

Is the service well-led?

Our findings

There was clear leadership and management at the service. The registered manager and the director shared an office which enabled regular communication about the management of the service. They were both involved in the development of the service and were aware of the plans to grow the business. They had tendered to be part of the Pan-London provider services for domiciliary care and at the time of the inspection were waiting to sign contracts. They hoped being part of this agreement would enable them to support additional people. There was ongoing recruitment to ensure there were sufficient staff available to support people as the work increased.

The registered manager obtained feedback from the person on a regular basis. We saw a service user feedback form had been completed and the answers showed the person was happy with the service they received. The person told us now the registered manager was the staff member providing them with support the quality of care had improved and there was regular contact meaning the service could be adjusted promptly to meet any changes in the person's needs.

The registered manager liaised with other health and social care professionals as required. There were good working relationships with the local authority where the person lived and their social worker. This enabled clearer communication and coordination of care and support delivery. The provider's office was in a building which had several domiciliary care agencies. This enabled the registered manager and provider to share information and learning with other care providers in order to continuously improve service provision.

The registered manager was aware of their CQC registration requirements including the submission of statutory notifications. However, since the provider had registered there had not been any events that required notification to the CQC.