Care Associates (Recruitment) 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 October 2016. The provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. We last inspected the service in December 2013, when they were compliant with the regulations we checked.

Care Associates (Recruitment) Ltd provides personal care and support to people in their own homes, within the London Borough of Redbridge. At the time of our inspection, approximately 24 people were using the service. The service was employing 10 care workers who visited people in the community.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

There were systems in place to ensure people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to report abuse. People had their individual risks assessed and staff were aware of the plans to manage the risks.

People received care at home from staff who understood their needs. When required, people received their prescribed medicines safely, which were administered by staff who had received training to do this.

The provider had sufficient numbers of staff available to provide support to people. Staff had been recruited following appropriate checks, although the service had not carried out recent Disclosure and Barring Service checks for long serving staff. We have made a recommendation about staff recruitment checks.

Staff received training in a number of topics that were important for them to be able to carry out their roles. They told us they received support and encouragement from the management team and were provided opportunities to develop. Staff were able to raise any concerns and were confident that they would be addressed. We have made a recommendation about staff training charts for monitoring purposes.

People were treated with privacy and dignity. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs and were registered with health care professionals.

People told us they received support from staff who understood their needs and encouraged them to remain as independent as possible. However, care plans were not always personalised to include people's opinions and preferences about how they preferred to be cared for. We have made a recommendation about developing more person centred care plans.

People and their relatives were encouraged to express their views and give feedback about their care. They told us they could raise any issues and that action would be taken although some people were not confident that they knew how to raise a formal complaint. We have made a recommendation about the accessibility of complaints procedures for people using the service.

The registered manager was committed to developing the service and monitoring the quality of care provided to people. They ensured that regular checks were completed and looked at where improvements could be made. However, we have made a recommendation about staff meetings to promote team building.

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 felt safe using the service. Staff understood how to identify potential abuse and staff knew how to report any concerns to safeguard people from abuse.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs.

There were procedures to make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received training and support to enable them to provide effective care. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.

People had access to health professionals to ensure their needs were met. Staff assisted in the preparation of food and drink to ensure people had their nutritional requirements met.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff who were familiar with their care and support needs.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were involved. The service was able to meet people's cultural requirements.

Is the service responsive?

Requires Improvement

The service was not always responsive. People were encouraged to be involved in planning their care. Care plans reflected each person's needs, although they were not person centred.

People did not always know how to make a formal complaint. Where concerns were raised, the registered manager took appropriate action to resolve the issues.

Care plans were reviewed and updated when people's needs changed.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the management of the service.

Staff were clear about their roles and responsibilities and received the necessary support and guidance from the management team.

The provider had a quality assurance system in place. People and their relatives were able to provide their views on the service so that improvements could be made.

Care Associates (Recruitment) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector. This was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection. The inspection took place on 25 October 2016. Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the registered manager and a care manager, who was a senior person who coordinated care. After the inspection we spoke with three staff, four people who used the service and with two relatives by telephone. We looked at documentation, which included six people's care plans, including risk assessments; six care staff recruitment and training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes they are safe." Another person said, "I feel very safe, they help me out." A relative told us, "They look after my [family member] and we feel safe with them."

Staff told us they had been provided with training in safeguarding adults from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. The registered manager and staff knew how to report safeguarding concerns appropriately, so that the local authority and the CQC were able to monitor safeguarding alerts that were raised. We saw that where a concern was raised, staff and senior staff took action to ensure the safety of the person. Staff were also aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

Staff recruitment files showed that the provider followed safe recruitment procedures. Staff completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. However, the provider had some staff in their employment that had been working in the service for over 12 years. We did not see any recent DBS checks for longer serving members of staff. It is good practice for services to carry out checks on existing members of staff every three to five years, in case they have not disclosed any more recently acquired convictions that could put people at risk. The service's recruitment policy did not refer to how often DBS checks would be carried out. The registered manager told us that they would look into it.

We recommend best practice guidelines are sought for the refreshing of DBS checks for long serving staff.

People were kept as safe as possible as they had risk assessments in place. The risk assessments were based on the needs of the person. The assessments identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks such as the moving and handling of the person, any skin integrity conditions, risks related to the home environment and their capacity to understand and make decisions. For example, we saw that staff were advised to ensure one person "remains downstairs but is to be supervised by staff whenever they are mobilising" to prevent the risk of the person falling. People's risk assessments were reviewed periodically and updated when their needs changed.

People received care and support at times that they required. The care manager demonstrated a system they used to coordinate the days and times care would be provided to people. We looked at staff rotas, daily notes and time logs and saw that staff were able to cover shifts and complete the required tasks. Staff told

us their workloads and schedules suited them. They told us they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans. The care manager said, "If a carer is running late, they let us know and we contact the client so that we don't miss a visit." The registered manager told us, "We always make sure our clients get the same carers and see the same faces. We have enough staff to cover for any sickness as well."

People and their relatives confirmed they usually had the same staff providing care and this helped with consistency. Staff provided care to people who mostly lived in the local area, which meant that journey times between visits were quite short. People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was running late due to traffic. There were enough staff employed to meet the needs of the people using the service. If there were unplanned absences or an unexpected increase in people's needs, there were senior staff available, including the registered manager, to provide care. The registered manager said, "We also introduce two carers to people when we start so that the person can get to know them. This means that if one of them is unavailable, another carer can cover who is known to the client."

Staff entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or in some instances, entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Staff were required to identify themselves when they entered a person's home and carried identification. Staff used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care. Staff told us they worked together in order to move people safely. Care records showed two staff always assisted people that required manual handling assistance, to help lift them up with the use of a hoist.

Care plans detailed if prescribed medicines were to be administered by either staff or relatives or were to be taken by the person themselves. We looked at daily record notes and saw staff administered medicine when this was stipulated in the care plan of the person. Staff who were required to give people their medicine, recorded the dosages taken in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. One member of staff told us, "If we are required to prompt people to take medicine, we record it and sign the MAR sheet. We take them from the dosette boxes for people that contain their medicines." Dosette boxes are containers with compartments for pills and tablets. Staff were also observed administering medicines by the registered manager or the care manager during spot checks. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "I have had them for a few years, they are excellent." Another person said, "My carers seem to be very experienced and well trained." A relative said, "They are very nice. They take care of [my family member] and do things properly."

Staff told us they received the training and support they needed to do their job well. Staff had received training in a range of areas which included end of life care, continence management, medicine administration, communication skills, mental capacity act, safeguarding adults, breakaway techniques and moving and handling.

This training was provided to new staff upon their induction and had to be completed before they were permitted to work. Additional training on topics such as dementia awareness, equality and diversity and health and safety was provided after 12 weeks. The care manager told us they planned to integrate Care Certificate training, which were a set of standards and assessments for health and social staff. They said, "We will be doing a recruitment drive next year and will be bringing in the Care Certificate." We looked at staffs' individual training records which confirmed the dates that they took training, although we were unable to see an overview of all the staff and what training they had completed and what training they were due.

We recommend that the registered manager looks into examples of training charts to show the dates of completed training and scheduled training in order to keep track of staff progress.

Staff completed an initial induction when they were recruited and shadowed more experienced staff to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed. A member of staff said, "I did some shadowing with another carer when I started. I received the support that I required."

Staff were supported and monitored by the registered manager and the care manager. The management team visited people in their homes after a new care package had commenced and carried out unannounced spot checks on all staff. This ensured that care was being delivered and people were satisfied with their care worker.

Staff were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Staff confirmed that they had read and understood the handbook.

People's consent was sought before any care was provided. Staff acted on their wishes and asked for their consent before carrying out any task. People receiving care told us that the service shared information with them and their family members. We looked at records held in the office and saw that consent was confirmed

with people and relatives and the contents of care plans were agreed.

We looked at the registered provider's policy on the Mental Capacity Act 2005. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable.

People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. They said they would discuss concerns about people's capacity with their manager.

Staff said regular supervisions took place, in which they had the opportunity to discuss the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that supervision meetings took place every three to four months with the registered manager, which staff said they found helpful and supportive. Staff received appraisals annually to monitor overall performance and to identify any areas for development. One member of staff told us, "I have regular one to ones with the managers. It is very helpful, we can discuss everything such as anything we are not sure about."

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by staff. One member of staff told us, "We can make breakfast, lunch or tea for our clients. We usually prepare, tea, coffee, porridge or soup and sandwiches." People told us that staff ensured they were provided with food and drink. One person said, "I receive food and drink when I need it. Otherwise, I would tell them if I don't want anything."

Records showed that staff took appropriate steps when a person was unwell and knew what to do in emergencies. A member of staff said, "I would contact the GP or an ambulance in an emergency. I would also inform the office." One person said, "The carers would contact the doctor if I needed them." Staff were able to contact the management team out of office hours and during weekends in case of emergency.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to what they said and provided them with care that suited their wishes. One person said, "They are very caring and respectful. I have known them a long time." Another person told us, "They are wonderful, like a friend." A relative told us, "The carers are very respectful of our wishes."

Staff understood the importance of respecting people's privacy and dignity. Staff knew about people's individual needs and preferences and spoke about people respectfully. One member of staff told us, "We have to show respect. We make sure doors and curtains are closed when we are providing personal care such as when we are giving them a shower or bath."

Staff told that they got to know people and their families well. We noted that some people had been supported by the same care workers for a number of years, which meant that there was an understanding and familiarity between them. One member of staff said, "I love my job and have a very good relationship with my clients." One person said, "I know the staff very well, they are kind and caring." A relative told us, "My [family member] is very happy with their carer. They are so caring, considerate and supportive." The registered manager said, "We have got to know our clients very well. We always speak with family members so they get to know us as well. We offer care with a personal touch but staff are reminded of their boundaries and they have to stay professional."

Staff had received training in equality and diversity. This meant staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural needs. For example, people were supported by staff to take part in any religious activities or worship. We saw that people were also able to request care workers that were from similar cultural backgrounds or spoke the same first language.

People's care records identified people's specific needs and how they were met. Records also provided guidance to staff on people's preferences regarding how their care was delivered. We saw that people were supported to remain as independent as possible by staff. For example, we noted that one person's care plan said, "[The person] will sometimes attempt to make a cup of tea. Staff to support them by making sure there is enough water in the kettle for [the person] to do so."

People told us they had involvement in their care plan when it was reviewed and updated. There was evidence in the care plans and through our discussions with the registered manager that people were consulted and involved in their care and support. One person told us, "Yes I have seen my care plan and I contribute to the decisions about my care." This meant people had the opportunity to contribute and have their say about the support they would receive.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff were responsive to their care and support needs and they were happy with the care they received. One person told us, "The managers check up on things and ask if I need anything or if I am OK. We speak a lot." Each person had a care plan which reflected their personal choices and preferences regarding how they wished to be cared for. A relative said, "The staff always listen. The service normally responds quickly when we have queries."

People had a copy of their care plan in their homes. We saw that care plans were reviewed and updated to reflect people's changing needs. The care plans included details such as how a person wanted their care to be delivered and details of significant relationships, such as with friends and relatives. Staff were able to learn about the needs of the people they were supporting and check if there had been any changes to their needs.

We saw that care plans contained details of what support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by staff and found that they were hand written by staff and contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns. However, the care plans were not personalised and were not written from the point of view of the person. They did not contain sufficient details about people's individual likes and dislikes or their personal histories. The registered manager told us that they had given thought to implementing more personalised care plans.

We recommend that the service seek advice and guidance from a reputable source about developing personalised care plans to ensure that the care provided is more person centred.

People could contact the service if they wanted to raise a complaint. The provider had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints, although some people were not always sure how to complain. For example, one person said, "I did complain about my carer and they changed the carer for me but I didn't know how to make an official complaint. I didn't have the information." Another person told us, "I am not sure how to complain. I would just tell my [family member] to call the office."

We recommend that people are provided with more accessible complaints procedures, such as an easy to read guide.

We noted that any issues and concerns were brought to the attention of the registered manager. We looked at records and saw that investigations were carried out and action was taken promptly in response to incidents. We noted that people and relatives were informed of the outcomes and were satisfied with the response. People were complimentary about the service and said they had regular carers and were happy with their care arrangements. One person told us, "They are excellent, I don't have anything to complain about." Another person said, "I feel safe with staff but would complain if I need to. My carer is punctual and

reliable." A relative told us, "The carers spend quality time with my [family member] explaining what they are doing. The manager works hard to resolve any issues or queries that I may have."

The service received referrals from the local authority, for people who required assistance with personal care or directly from people that wished to privately purchase care in their home. Referrals were also received for people who were being discharged from hospital and required further care at home. The service ensured they had the staff available to provide care before agreeing any care packages. We saw that an initial assessment of people who use the service was carried out by the care manager before a care package was agreed, including any risk assessments. Discussions were held with other health or social care professionals for further information.

Good

Is the service well-led?

Our findings

The registered manager was responsible for the day to day running of the service with two other senior members of staff, they being the care manager and a finance manager. The managers were each nominated individuals which meant they were also part owners of the provider. The management team demonstrated good knowledge of the people who used the service and had experience in providing care to people. We found that people were satisfied with the quality of the service and told us the service was managed well. People told us, "The managers are very friendly, approachable and nice" and "Yes, I would recommend this agency." The management team had operated Care Associates (Recruitment) Ltd for over twenty years and the registered manager said, "We are well known in the borough. We offer consistency, good staff and professional care." The care manager told us, "We have seen lots of changes and have survived for a long time because we deliver good care and are experienced. We don't provide care to large numbers of people at the moment but we have loyal staff and service users. We hope to recruit more in the new year and receive new care packages."

Staff told us they were happy working for the registered provider. One member of staff said, "We have really good managers. We are well supported and I am able to ask the managers most things. They are really nice and we know each other well." Another member of staff told us, "I have been working here for over four years, we have a really good team and we work well together. I love working as a carer and looking after people."

However, we did not see that staff meetings took place regularly. The registered manager told us that where concerns or issues had arisen, they would discuss them with only a small group of staff. They said, "It is difficult to get staff all together. We do have small group discussions." We looked at records and saw that these discussions were between only two to three staff at a time. Important points from these meetings were not always distributed to other staff.

We recommend that where staff meetings are unable to take place, information on any important areas that are discussed with individual members of staff, is distributed to all staff to assist with team building and communication.

The registered manager or the care manager made routine telephone calls to people or received feedback from people who called the office. People were visited in their homes by the management team to ensure they were happy with the care and support that was delivered. Daily report records, which contained information on medicines that were administered, were completed thoroughly, were well written and easy to read.

We also saw that timesheets were completed by staff and signed off by people who received care. Timesheets were submitted by staff at the end of each week. This helped managers see that staff had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

The registered manager sent quality assurance surveys to people and relatives to seek their views and

opinions about the service. We saw questionnaires and telephone monitoring checks which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "Without my carers, I would not be able to live properly. I find the carers entertaining and I would be lonely without them." Another person wrote, "The carers are very good, very nice. We get on well and they always arrive on time, even when on foot." We noted comments from relatives and one said, "The care team play a vital role in helping my [family member] keep well and safe. I thank all concerned."

The registered manager understood their role and responsibilities. They sought advice and sourced training from local programmes such as the Redbridge Learning Collaborative, so that they could keep up to date with new training and guidance. Providers of health and social care have to inform us of important events which take place in their service. The registered manager notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. People's records were filed in secure cabinets which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies.