Pristine Recruitment Limited

Pristine Recruitment

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 9 November 2016. The inspection was announced. Pristine Recruitment is registered to provide personal care and support for people in their own homes. Pristine is also registered to treat disease, disorder or injury through employment of qualified nurses, in their own homes. At the time of our inspection eight people received care and support from this service. The provider had plans in place to start a care service for a further three people. There were no people receiving support for disease, disorder or injury from qualified nursing staff.

We previously inspected the service on 18 July 2013 and the service was found to be meeting the regulations inspected.

At the time of the inspection there was a registered manager in place. 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.

People who used the service told us they were happy with the care provided by the care staff.

The provider was unable to evidence safe recruitment practices. We found one reference for a staff member signed by someone who was no longer working at the referring agency. The registered manager had not sought another reference. Another staff member had been sent to work with vulnerable people for the provider prior to all recruitment checks being completed.

Staff told us they felt supported and management support was available. Some new staff told us they had undertaken training at their previous employers. We could see that staff had a three day induction and training took place in key areas. We noted eight to ten refresher courses were covered in one day for two staff members. Supervision took place regularly for staff.

Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. The risk assessments included information about action to be taken to minimise these risks.

Safe medicines support was provided where appropriate. People were prompted to take medicines and we saw that medicine administration sheets were completed by care staff.

There were some aspects in which the service was well led. For example, random checks were undertaken by the registered manager to ensure people were happy with the care provided and medicine administration sheets were audited by the registered manager. However, there were other areas of concern. For example, there was a lack of coherent systems for storing information, including staff recruitment records and records related to the provision of the service.

Some relatives, who had commissioned the service privately, told us they were not invoiced as regularly as they would like. This meant it was difficult for them to manage the finances for their family member's care package.

We identified two breaches of the regulations, in relation to the recruitment of staff and the governance of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider could not evidence safe recruitment processes were in place.

Risk assessments were in place to mitigate risks to people using the service.

People told us they felt safe with staff.

Staff had appropriate safeguarding systems in place and staff could tell us what they would do if they had any safeguarding concerns.

Is the service effective?

Good

The service was effective. Training and supervision took place.

The provider worked with health and social care professionals to ensure people had access to health professionals as required.

People were supported to eat and drink to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People using the service and their carers told us the staff were kind.

People told us they were treated with dignity and respect.

People and their relatives were involved in care planning.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and covered a wide range of needs.

Care plans noted the importance of providing choice when offering care.

There was a complaints process in place that some people had used.

Is the service well-led?

Requires Improvement

The service was not always well-led. Whilst some quality audits took place, there was a lack of effective systems for storing information related to care and staff recruitment.

Invoices were not always sent out promptly and this presented problems for some family members.

Pristine Recruitment

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 9 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office. The inspection team comprised of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the visit, we spoke with the registered manager and looked at four staff recruitment and supervision records which were paper based. We looked at care records that had been removed from people's homes and one care record that the registered manager brought to the office from a person's home. As we had been unable to view much of the necessary information at the time of the inspection, the registered manager sent us information following the visit. This included information related to care plans, complaints, training and recruitment information for another member of staff.

Following the visit we spoke with two people who used the service and four family members. We spoke with four members of staff and four health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the care staff. The majority of people and their families were happy with the care provided. One person told us she was "absolutely happy with the care." Relatives confirmed they felt the care staff looked after their family member well and they felt they were safe.

Most people and family members told us care staff turned up on time as per the care plan. Health and social care professionals spoke well of the care provided by the care staff.

Recruitment checks, including Disclosure and Barring Service certificates, were carried out on staff. We were concerned to see from records that one staff member started working with Pristine Recruitment before a formal interview had taken place. Rotas for staff showed that this staff member had been working as early as 19 September 2016 when her application form was dated 1 November 2016 and her induction took place on 7 November 2016. This meant the provider had not followed a safe recruitment practice in this instance. We discussed this with the registered manager who told us that the staff member had previously worked with Pristine Recruitment, and left in September 2016 to return in November 2016. This was contrary to the information provided by the rotas for September and October. The registered manager later sent a reference for this person dated 3 July 2016. The recruitment policy stated that two referees were required prior to a person starting work.

We found one reference for another staff member signed by someone who was no longer working at the referring agency. We spoke with the registered manager regarding this and they told us that they had phoned the referring agency to speak to the referee but was told she had left a year ago. The reference was dated 2016. The registered manager had not sought another reference. These issues were of concern as it is important for a provider to satisfy themselves that staff are safe to work with vulnerable adults.

The above concerns were a breach of Regulation 19 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. We could see that safeguarding issues had been managed appropriately and the local authority and CQC notified of concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments covered environmental areas in the home as well as the person's needs and behaviours. We could see that where a person was at risk of pressure areas on their skin this was noted on the risk assessment and staff were given guidance in how to manage these risks. Two out of six risk assessments were not dated so it was difficult to tell when they needed to be reviewed.

We checked the incident and accident forms completed. They were not contained in a separate log, but were found amongst historical care records in a folder. Of the two forms, one had evidence of the action taken following an incident but one had been completed by a care worker inappropriately. In the section

which asked what actions had been taken to minimise the risk of reoccurrence, "no idea" had been written by the carer. However, the registered manager was able to tell us what action had been taken following this specific incident.

People were prompted to take medicines and medicine administration records were completed by staff. We could see these were returned to the office and audited by the registered manager.

Staff had access to plastic over-shoe covers, gloves and aprons for use when carrying out personal care, to minimise the spread of infection.

Good

Is the service effective?

Our findings

People told us they felt the care staff had the right skills and knowledge to carry out their role. One person told us, "The carer is excellent." Relatives also confirmed the care staff were skilled in their role and were happy with the care provided to their family members. One relative said, "The carers are absolutely wonderful."

A number of care staff had recently joined the organisation. They received a three day induction on safeguarding adults, health and safety, basic life support, fire training, manual handling and infection control. Staff newly in post told us they had received training at their previous agencies. Some also continued to receive training through another current employer. We noted that eight to ten refresher courses in key areas took place on one day for two staff members. The registered manager showed us her certificate to confirm she was qualified as a clinical assessor.

Staff supervision took place on a regular basis for staff that were currently working, but was very brief and informal, checking staff were happy with the work. Although this was an important element in supporting staff, the registered manager did not routinely use this opportunity to check staff understood key areas of training or that they understood the implications of the policies they had been asked to sign they had read. Supervision records noted staff were offered opportunities to take up training opportunities.

We could find no evidence of staff obtaining training in pressure area care, and only one member of staff had received training in dementia care in 2013.

We discussed our concern at the 'light touch' supervision of staff with the registered manager who acknowledged supervision was more 'keeping in touch' and could be more in-depth to check staff understanding of key areas of knowledge.

One member of care staff provided support with percutaneous endoscopic gastrostomy (PEG) feeding for one person, and had been trained to do so. A health and social care professional told us other staff who did not directly support the person with the use of the PEG would benefit from training to understand how to provide personal care without disturbing the PEG. We discussed this with the registered manager who undertook to arrange this training.

We could see from e-mails that the registered manager was encouraging some staff to pursue national vocational qualifications. The registered manager also told us she intended to enrol staff on the Care Certificate programme, a set of standards that all new staff be enabled to demonstrate competency in key areas vital to the caring role.

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 told us they understood the importance of consent when providing care and were able to provide examples of how they offered choice to people in the way they helped support them in their daily life.

E-mails showed that the registered manager had contact with health and social care professionals when there were concerns regarding people's health.

People were supported with nutrition and we could see from care records that it was noted what food people liked and disliked. A relative told us that daily records noted her family member's food intake which she found helpful as her mother was not able to remember herself.

Good

Is the service caring?

Our findings

People told us staff were kind, as did family members. One relative told us "[staff name] is fantastic with him." People, family members and health and social care professionals spoke well of the care staff.

A number of the staff worked part time for the service and were employed to work with specific people. This meant the majority of people using the service had regular carers and this was positive as they had continuity of care with care staff understanding their routines and preferences.

People told us care staff showed them dignity and respect. Staff told us how they would ask people how they wanted their care provided. One member of staff told us she didn't wear her uniform at one person's house as they didn't like her to. This was positive for the person receiving the service.

People told us they were involved in their care planning and we could see evidence that people signed their care plans. Where people were unable to sign, family members were asked to sign documentation to show they had been consulted. Relatives confirmed they felt involved in the care provided to their family member.

Care records were personalised and recent documents were written as though the person receiving the service had drawn them up. This was positive and gave a voice to the person receiving the service. Care plans promoted people's independence and a person receiving the service told us staff encouraged her to do as much for herself as she could.

People told us their cultural needs were met, for example a person wore plastic covers on their shoes to accommodate the wishes of a person using the service. Food provided was appropriate to their requirements.

Good

Is the service responsive?

Our findings

Care plans were detailed and covered a range of needs including moving and handling requirements, bathing and personal care, toileting as well as medicines management and communication. The registered manager or another member of staff went out to assess people in their home environment and initial paperwork was drawn up prior to care staff going in to provide care.

Care plans were personalised and included people's likes and dislikes, the times they wanted care and how they wanted care provided. People using the service and family members told us they had choice in the way care was offered and in the way care provided was personalised.

Spot checks, that is, unannounced home visits, took place for some people we spoke with. This meant the registered manager was able to check on the care provided by staff and check with the person receiving the service or their carer if there were any concerns that were then addressed.

We spoke with the registered manager regarding complaints related to the service. She told us that each person had a copy of the complaints policy and process in the folder at their house. We saw one set of folders from a person's home who did not contain the complaints procedure, and another family member told us they were not aware of the complaints process. The registered manager undertook to audit the folders in people's homes to ensure each person had information regarding how to make a complaint.

The registered manager could show us she had dealt with some complaints and others were still in the process of being resolved. Following the inspection the registered manager sent us a log which outlined exactly what action she had taken. People using the service told us they felt the registered manager would deal with complaints as they arose, and the majority of family members of people currently using the service told us she had dealt with minor issues that arose.

Requires Improvement

Is the service well-led?

Our findings

We asked staff if they met up with other staff members at a team meeting. Team meetings provide staff with an opportunity to discuss issues that affect them at work and for the registered manager to convey information or best practice to staff. Some staff told us they did meet with others, whilst those working limited hours told us they did not have the time to meet up. We discussed this with the registered manager who told us she tried to meet with staff in coffee shops near to where they were working. One staff member told us she met up with the registered manager in the car park of a supermarket.

We saw elements in which the service was well-managed. People were provided with a statement of purpose which gave information regarding the service offered by Pristine Recruitment. The care staff were praised by people using the service, their family members and the health and social care professionals involved with them. The registered manager undertook a survey of people's views on the service and those of staff. The results we saw were positive. Spot-checks took place for some people to check the quality of the service. However, there was no systematic system for spot-checking staff on a regular basis.

There were elements in which the service was not well-led. There was a lack of coherent systems for storing information, both staff recruitment records and records related to the provision of the service. Due to IT issues on the day of the inspection the registered manager was unable to show us care documents and management documents including complaints for the people we picked out to track. The registered manager told us there was a back-up system in place at her home which she could access.

Some care records and medicines sheets were contained in a folder at the office. These were daily notes picked up from people's homes. The folder was not indexed. There were occasions when the registered manager would be on annual leave or unavailable. Another member of staff carried out both office and caring tasks and the registered manager told us she was training them to be the deputy. But there were no coherent systems for them both to work with, and it was not clear how the deputy would access the back-up system if the office based system and the registered manager were not available.

One staff member who provided care was not detailed either on the list of staff provided to CQC for the purposes of the inspection, nor the training matrix provided for the inspection. We only became aware of the staff member when talking with a family member. This was evidence of incomplete recording systems.

These concerns were a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had also allowed one member of staff to work prior to completing an application form, and having an induction, and another staff member presented a reference which was signed and dated in 2016 when the referee had left the organisation in 2015.

A relative of a current user of the service told us that whilst the care staff were of a good standard they had had the service for over five weeks and were still waiting to be invoiced. This was important to them for two

reasons. One was that they wanted invoices to be presented quickly so they could manage their finances. Secondly, as there had been some occasions when the family member reported a member of the care staff had not provided care they told us it was important to receive invoices in a timely manner so they could check their accuracy.

The registered manager told us she was planned to introduce a new IT system which would incorporate and provide a structure for retaining information necessary for the effective running of the organisation in the beginning of 2017.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider could not evidence effective records were kept in relation to the provision of the service and persons employed by the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider could not evidence safe recruitment practices were in place at the service.