

# Everyday Recruitment Agency Limited

# Everyday Recruitment Agency

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Everyday Recruitment Agency (ERA) is a domiciliary care agency that provides care and support to people living in their own homes in Worthing and the surrounding areas. It provides a service to people who have a range of needs, including older people with a nursing need, people who live with dementia and children. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 35 people were receiving personal care.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records had not always been made for decisions completed in people's best interest. We recommended that the provider reviews guidance on the Mental Capacity Act 2005.

Staff understood how to keep people in their care safe from harm. Where risks to people had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. Staff had been recruited safely and there were enough staff to provide people with timely care and support.

The registered manager provided support to staff via team meetings, regular supervisions and appraisals. Staff received an induction from the provider and regular refresher training.

People were supported in the way they preferred and had positive, trusting relationships with staff. They were supported by staff who were caring and who knew them well, showed them respect and promoted their dignity.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans provided guidance to staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received.

People, relatives and staff were complimentary about the registered manager and how the service was run. A quality assurance system was in place to ensure the safety and quality of the service.

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

### Rating at last inspection

The last rating for this service was good (report published 29 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Everyday Recruitment Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 December 2019 and ended on 20 December 2019. We visited the office location on 16 December 2019.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about

the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, training manager and care workers. Four staff members additionally provided us with feedback via email. We also received feedback via email from two professionals who have involvement with the service. We reviewed a range of records. This included six people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We requested some information from the registered manager which we received. The registered manager also sent us information to clarify some of the feedback we had given.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. One person said of the support they received with their medicines, "They (staff) do very well."
- Staff worked alongside people and their relatives to ensure people were supported in the way they preferred with their medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medication Administration Records (MAR) only showed medicines administered by staff at ERA and did not include any medicines administered by others such as staff at a day centre or a person's relative. This meant records did not always clearly demonstrate whether people had received their medicines as prescribed. We discussed our concerns with the registered manager who implemented a system where the MARs were signed by all people administering medicines.
- Where medicines administration errors had occurred, the management team took appropriate action to ensure the safety of the person and reduce the risk of recurrence.

### Assessing risk, safety monitoring and management

- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. For example, staff members were able to tell us how they reduced the risk of choking for one person.
- Risk assessments were mostly in place for people regarding their care and support. However, we identified that risks associated with people's skin integrity had not always been assessed for some people. Despite this, staff understood how to mitigate these risks and contacted professionals for support when appropriate. We discussed this with the registered manager who told us of their plans to implement skin assessment tools to ensure they were able to promptly identify if anyone was at increased risk of skin damage.
- The provider had systems in place to ensure staff were updated on the changed needs and risks in relation to people's care. Supplementary information was added to people's care records where necessary.
- Environmental risks posed to people and the staff visiting them were assessed, monitored and reviewed regularly. These included the safety of electrical appliances and trip hazards inside and outside the home.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them coming into their home. One person told us, "The carers make me feel safe and happy."

- Staff knew how to prevent, identify and report allegations of abuse. They gave examples of how they were alert to potential signs of abuse and how they had reported concerns in the past. One staff member told us, "I have whistle blown on one occasion and it was dealt with professionally and swiftly by ERA and produced an outcome that benefited all concerned."
- Records confirmed the management team reported concerns to the relevant agencies and undertook investigations where these were required.

#### Staffing and recruitment

- Staffing levels were based on people's needs and the number and length of visits required to support them. There were enough staff to support people safely and to complete all care visits.
- People and relatives told us they received a reliable service. One person told us, "Carers are on time and they spend the right amount of time with me."
- Staff were recruited safely. Pre-employment checks were carried out as required to prevent the employment of unsuitable staff.

#### Preventing and controlling infection

- Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and assured us they used these whenever needed.

#### Learning lessons when things go wrong

- The service had an effective system for reviewing incidents to learn lessons. Incidents had been identified and actions taken to reduce the likelihood of them happening again. For example, where there had been a medication error, the registered manager investigated this and put measures in place to prevent it from reoccurring.
- Staff told us they were informed of any incidents and areas of learning through supervision and staff meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. However, additional decision specific MCA assessments were needed for some people. For example, people who lacked capacity to consent to their medicines being managed by staff, did not have decision specific MCA assessments and best interest decisions recorded. We discussed this with the registered manager who assured us that they would complete these assessments and best interest decisions.

We recommend that the provider continues to refer to current MCA guidance to ensure that where applicable, decision specific mental capacity and best interest records are made.

- People were supported to make every day decisions and staff had a good awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. One staff member said, "People should be given choices and encouraged to make their own decisions independently of any outside influence. I would not offer an opinion if I thought it might influence a person's decision making process but would actively encourage the person in their own decision making."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.

- People and their relatives told us staff were well trained. Comments relating to training included: "Definitely, I couldn't wish for better.", "Yes, they (staff) know how to use all the equipment." and "Yes, they (staff) are excellent at their job."
- Staff members told us they received enough training to help them to provide a good level of care and records we saw supported this information.
- Staff needed specific and enhanced training to meet the individual needs of some of the people they supported. This was provided in a variety of ways and specialist healthcare professionals and advisors were sought when necessary.
- New staff received an in-depth induction. They usually spent time shadowing experienced staff with the people they would then go on to support alone.
- Staff received regular supervision to support their development needs. The management team also observed the practice of care staff, to enable them to assess their level of competence and offer support if needed. Staff were positive about the support they received from the management team.

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

- The service had ensured people's needs and choices were assessed before a package of care was arranged. Information about people was gathered from a variety of sources.
- Records confirmed assessments of people's needs were comprehensive, identified expected outcomes and care and support needs were regularly reviewed.
- People confirmed their needs were being met in accordance with their preferences and wishes.

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

- Where staff were responsible for supporting people to eat and drink, we found people's dietary needs were assessed and met consistently.
- Individual dietary requirements were recorded in care plans and staff knew how to support people effectively.
- Some people used a specific medical device to receive their nutritional requirements and this was clear in their records. Their relatives told us that staff supported people with this competently.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The service worked with a range of community professionals to ensure consistent and timely care was provided. Records demonstrated that staff had recently contacted a person's GP, due to health concerns and the registered manager had contacted an occupational therapist so one person could have equipment to support their daily living.
- People confirmed that staff supported them to attend healthcare appointments when needed. For example, one person told us, "They support me with my medical appointments."
- Staff had a good understanding about the current medical and health conditions of the people they supported. Care records demonstrated that staff strictly followed any guidance issued by healthcare professionals, including specialists.

Adapting service, design, decoration to meet people's needs

- People were receiving care and support in their own home and so retained control over the decoration and design of the environment.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone spoke very positively about their care workers and the support they provided. They were described as 'respectful', 'polite' and 'lovely'.
- People told us they had built up good relationships with the staff who supported them. One person told us, "These girls are like my grandchildren, they are so loving and caring." And another person said, "I love the carers they send me, I get on really well with them."
- We heard about examples where staff demonstrated their caring nature and sometimes went over and above the requirements of their role. These included where a staff member had spent their own time finding and installing a radio and a television for a person who they felt could benefit from these. Another staff member had accompanied a person to hospital when they become unwell and another staff member had purchased food items for a person when they identified they had run out. A relative told us, "The carers are always volunteering to do extra for [Person]."
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Staff had received training in ensuring equality and valuing diversity.

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

- People, and relatives where appropriate, were fully involved in discussions about their care and support.
- Records showed that assessments were carried out which captured people's preferences in relation to how they would like to receive support.
- The provider aimed to match people with care staff who they felt comfortable with. Some people had asked to be supported by staff of a particular gender or nationality and this was respected and provided.
- People and relatives told us sometimes where a match had not gone well, staff were changed to ensure people felt comfortable with the staff members who were visiting them.
- Staff understood the importance of respecting people's individual lifestyles and decisions. One staff member told us, "[Person] lives the way he wants to live. It's not up to me to tell him, he's happy living that way and I respect that."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected the privacy and dignity of people. People and relatives were consistently positive about this. One person told us, "Yes, they do respect my dignity, they are marvellous like that."
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains.
- People were supported to be independent as far as possible. Staff gave examples of how this was achieved. One member of staff told us, "I offer the individual to assist themselves if they can and promote independence consistently."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was centred around each person's needs. This meant people received personalised care and support. One staff member told us, "All individuals being cared for by ERA have person centred care plans created for them once their needs have been assessed."
- People and their relatives confirmed to us that they were involved in planning their care, from the initial assessment through to reviews and updates when required. They were positive about the support they received and told us it was in line with their needs and preferences.
- Regular staff supported people for the majority of the time and they had got to know people well. Staff understood how to meet people's individual needs and spoke knowledgeably about their likes, dislikes, interests and what was important to them.
- Staff told us care plans provided them with guidance and instructions on how to support people effectively. Care plans clearly outlined how to meet the agreed outcomes for people and information about preferences and routines were clear for staff. However, we found some instances where people's care records could be improved. For example, one person did not have up to date information in their care plan and some people did not have detailed information about their health conditions recorded. The registered manager had plans in place to address this.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans.
- Staff informed the management team if any changes had been noted about people. The management team then ensured people's needs and any changes were communicated effectively amongst the staff.

Meeting people's communication needs

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

- People's communication needs were assessed and met. The registered manager confirmed that when needed, information was produced in other formats such as large print and pictures to support people to understand information.
- Staff demonstrated they had a good understanding of people's different communication methods. For example, one person communicated using body language, one member of staff told us "I know exactly what [Person] wants and how he is feeling because I have got to know him so well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required, people were supported and encouraged to engage in activities and interests. People chose what they wanted to do and staff would help arrange it for them.
- Staff regularly supported people to access the community and people enjoyed going shopping and to local places of interest.

Improving care quality in response to complaints or concerns

- The provider had systems in place to ensure complaints were managed well.
- People and relatives told us they would know how to make a complaint, should they need to do so and were confident any complaint would be investigated and resolved for them.
- We viewed the complaint records and saw each had been investigated and responded to, in accordance with the provider's policy.
- The registered manager told us they used complaints as an opportunity to learn from and improve the service.

End of life care and support

- At the time of the inspection the service did not support anyone who required care at the end of their life. The registered manager had attended relevant training and had systems in place to provide this support if required in the future.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were highly committed to delivering person centred and high-quality care for people. A wide range of compliments had been received by the service, which showed people had experienced good outcomes.
- People and relatives were positive about the management of the service. One person told us, "They [management team] ring me up to check everything's OK. I'm happy with the service I get." A relative said, "The manager is very approachable, she's lovely."
- Professionals also provided positive feedback and told us the service was well run.
- Staff told us they enjoyed working for ERA. One staff member told us, "It's a great company to work for, I can't fault them." and another said, "I've been here for quite a few years now, I still enjoy it, I wouldn't still be here if they (ERA) weren't any good."
- Staff felt well supported by the management team. One staff member told us, "[Registered manager] is the best manager I've had and I've worked with a few." Another staff member said, [Registered manager] is approachable and will always sort out any issues I have, she is also supportive of what's going on in my personal life."
- The registered manager demonstrated they understood the requirements of the duty of candour and told us they would be honest and open if things went wrong.

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

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. There was an on-call system in place so that people, relatives and staff could talk out of office hours with staff from the management team should they need to.
- The provider used care reviews to ensure people were receiving a high quality service. These records demonstrated that people had been happy with the quality of the service they received.
- A member of the management team additionally analysed people's care plans, daily records and medicine records on a regular basis. Although there was not a documented formal record of this, the registered manager described how improvements were made if any errors or omissions were identified. The registered manager told us how they would improve on this and plans were in place to formally audit people's care

plans and medicine records using an audit tool.

- Spot checks of staff's working practice were conducted which enabled the registered manager to ensure staff were working to a high standard.
- Providers are required to notify CQC of certain events that occur in the service. We discussed this requirement with the registered manager and although no notifications had been submitted, the registered manager demonstrated they understood the requirements of this and was able to explain when they would notify us. We did not find incidents that should have been notified to CQC.
- A copy of the latest inspection rating was on display at the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and staff were actively involved in developing the service. The provider had implemented systems and processes to consult with people, relatives and staff.
- Feedback was analysed and used to help drive improvement. For example, one person had asked that they were told when their regular carer was off sick and would like to know who was covering. This was put in place.
- Meetings with staff took place to share and encourage feedback. Staff told us they felt listened to and were confident that any suggestions they had to improve the service would be acted on.
- The registered manager considered people's and staff's different equality characteristics. For example, one member of staff told us that the registered manager adjusted some staff members work allocation so they were able to practice their religious needs.
- The service liaised with other organisations. For example, the Local Authority when they felt people required more hours of support allocated to them. A professional told us that the management team and staff worked well with them to ensure good outcomes for people.

Continuous learning and improving care

- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection. They demonstrated an open and positive approach to learning and development and were keen to continually drive improvement to ensure positive outcomes for people.
- The registered manager kept themselves up to date with developments and best practice in health and social care, to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice.