

## Femack Training and Recruitment Consultancy Ltd

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 26 January 2018 and was announced. This was the first inspection of the service since they registered with the CQC in February 2017.

Femack Training and Recruitment Consultancy Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection 10 people were using the service.

The service had a registered manager in post. 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.

Staff knew how to safeguard people from abuse. Staff understood signs to identify abuse and how to report their concerns. Staff knew their right to whistle-blow if necessary to protect people. The registered manager assessed risks to people and put management plans in place to reduce identified risk. There were sufficient staff available and well organised to support people with their needs.

Staff were trained in the safe management of medicines and there was a medicine policy and procedure in place. Staff had been trained in infection control and followed good practice to minimise the risk of infection. The service had systems in place to report incidents and accidents and staff knew them. The registered manager reviewed incidents and took action to reduce a repeat.

The registered manager involved people and their relatives in assessing their needs. They devised care plans on how people's identified needs would be met. Staff were supported to do their jobs through regular training, support and supervision. Staff supported people to meet their nutritional needs and requirements. Staff supported people to access the health care services they needed to maintain their health. The service had systems in place to ensure people received well-coordinated care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before they were delivered.

People were cared for by staff who were caring and compassionate. Staff respected people's dignity and privacy. Staff encouraged people to maintain their independence as much as possible.

Staff supported people in a way which met their individual needs and requirements. Staff understood people's communication needs and supported them accordingly. Staff respected people's cultural, religious and belief systems.

People knew how to report their concerns or complaints about the service. The registered manager followed the provider's procedure to address complaints. The registered manager assessed and monitored the quality of service delivered through spot checks, monitoring visits and obtaining feedback from people and their relatives. They used feedback received to improve the service.

The registered manager worked in partnership with the local authority to develop the service and meet people's needs.

## 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. Staff knew how to recognise abuse and what actions to take to report it to their manager. The registered manager understood their role and responsibilities to protect people from abuse. Staff had received training in safeguarding adults and understood their role to protect people.

The registered manager assessed risks to people and devised action plans to minimise harm to them. Staff knew how to report incidents and accidents. The registered manager took actions so lessons were learned from incidents and accidents and to reduce the chances of them reoccurring.

The service followed safe recruitment practices to employ staff. There were enough staff available to support people. Staff were trained in the safe management of medicines.

Staff understood and told us they followed infection control procedures to reduce the risk of contamination.

### Is the service effective?

Good ●

The service was effective. The registered manager assessed people's needs and developed care plans on how needs identified would be met.

Staff were trained and supported to be effective in their roles. People and their relatives consented to the care and support they received. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs and requirements. Staff ensured people received the care and support they required by sharing information appropriately. Staff supported people to access healthcare services they needed to maintain their health.

### Is the service caring?

Good ●

The service was caring. Relatives told us that staff were caring and kind towards their loved ones. Staff maintained positive

relationships with people. Staff involved people in their day to day care delivery. Staff respected people's choice and decisions about their care.

Staff respected people's dignity and privacy. They encouraged people to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care tailored to meet their individual needs. People had care plans in place which set out their needs and the support they required from staff to meet those needs. Care plans were regularly reviewed to reflect people's circumstances and needs.

Care plans detailed people's communication needs and support they required.

Care records detailed people's cultural and religious needs. Staff had completed training in equality and diversity and respected people's individuality and differences.

People knew how to complain about the service if they were unhappy. The registered manager responded to concerns appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led. There was a registered manager in post who understood their role and responsibilities. The registered manager provided guidance and leadership to staff. Staff told us they felt well supported in their roles.

The registered manager obtained feedback from people and their relatives and acted on feedback received to improve the service. The registered manager carried out monitoring visits and spot checks to assess the quality of service provided to people.

The registered manager worked in partnership with the local authority to improve and develop the service.

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## **Detailed findings**

### Background to this inspection

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

This announced inspection took place on 26 January 2018. We gave the service 48 hours' notice of the inspection 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.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. 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. We used this information in the planning of the inspection.

During the inspection we spoke with the provider, registered manager, and two care staff. We reviewed four people's care records including their risk assessments and care plans. We looked at four staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments.

After the inspection, we spoke to three relatives to gather their views about the care delivered to their loved ones and the management of the service.

# Is the service safe?

## Our findings

Relatives told us they felt their loved ones were safe in the care of the agency and staff. One relative said, "I have no worries about [loved one's] safety. I trust the staff." Another relative commented, "[Loved one] is safe. I know they are safe with staff."

All staff had completed training in safeguarding adults from abuse. Staff knew signs to identify abuse and how to report their concerns. One member of staff told us, "If I suspect abuse I will report it to my manager immediately. It is not in my hands to deal with." Another staff member said, "If I notice any abuse, I will call the manager to inform what has happened or happening. I definitely trust my managers that they will investigate it." Staff told us they know the registered manager and provider would take actions to keep people safe from abuse. Staff knew how to whistle blow if needed to keep people safe. The registered manager and provider understood their responsibilities to address any safeguarding concerns including notifying the local authority safeguarding team and CQC, conducting investigations, and cooperating with relevant agencies. The registered manager told us and records showed that there had not been any safeguarding concerns since the service started in 2017.

The risk of avoidable harm to people was minimised. The registered manager carried out risk assessments which covered people's mental and physical health, skin integrity, mobility, falls and environment. It also looked at risks arising from tasks such as personal care, medicine management and moving and handling. Risk management plans were devised on how identified risks would be mitigated. For example, one person at risk of falls due to poor mobility had a Zimmer frame to aid their mobility. The plan recommended they were supervised when mobilising and the environment kept free from hazards. There were management plans to guide staff on the safe transfer of people. Two staff members performed moving and handling tasks which involved the use of specialist equipment such as hoist to minimise the risk of harm. One person at risk of developing pressure sores had a plan in place to prevent this. The plan included encouraging and assisting them to reposition regularly, keeping the skin dry and well moisturised. Staff told us they followed the plan in place to reduce risk to people.

The service had a medicine management procedure available and staff had been trained in the safe administration of medicines. At the time of our inspection the service was not supporting anyone with their medicines as either people or their relatives were doing managing their medicines themselves. People's care plans indicated if people were able to administer their medicines or received support from their relatives to manage their medicines.

The provider ensured staff recruited to work with people were fit and suitable to do so. The provider checked applicant's employment histories, proof of identify and right to work in the UK. They also obtained two satisfactory references and checked the Disclosure and Barring Services (DBS) database to ensure applicants had not been barred to work with vulnerable people. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions.

There were sufficient staff available and appropriately deployed to provide care to people. Relatives we

spoke with told us their loved one received the care they needed from staff when needed. One relative said, "Time keeping was an issue in the past but now it's spot on. They are good with time. I know public transport can be difficult but they get here around the time agreed." Another relative commented, "They [Care staff] get here on time most days and they do what they need to do before they go." Staff told us the time allocated to them to support people was enough. One care staff said, "I very much have enough time to care for people properly." Another care staff told us, "Time is enough but we spend extra time sometimes for some clients because of their conditions. We let the managers know and they review with social services and increase the time for those clients who need extra time."

The registered manager told us they planned the rota in advance and considered availability of staff and location. They said they allocated staff to people within the same location or as close as possible. This helped reduced travelling time and the risk of late or missed visits. Staff told us the registered manager was supportive and she covered visits in emergencies. There had not been any missed visits recorded and people confirmed this.

Staff knew how to reduce the risk of infection. Staff told us the provider provided them with personal protective equipment (PPE). They said they ensured they used PPE as necessary, washed their hands effectively, and disposed clinical waste appropriately. The registered manager told us they checked how staff followed infection control procedure during spot checks and care observations.

Staff knew the procedure for the reporting of incidents and accidents. Record of incidents, accidents and near misses was maintained by the service. The registered manager reviewed these and took actions as necessary. For example, one person with frequent falls had their care visits increased as they needed additional support due to their declining mobility. Their assessment was also updated to reflect their current situation.



# Is the service effective?

## Our findings

Relatives told us staff provided care to their loved ones in a way that met their needs. One relative said, "They [Care staff] meet [loved one's] needs. They are able to help them with whatever they need – personal care and others." Another relative told us, "I think the carers are trained. They do the things we want them to do and they do it well."

The registered manager assessed people's needs initially before they started providing a service to them. The assessment enabled them to establish people's needs and how to provide care and support that met people's needs. Assessments covered medical conditions, physical and mental health; personal care, and nutrition. The registered manager involved professionals like occupational therapists and district nurses where necessary to adequately establish people's needs and care plan. For example, a district nurse had been involved to assess one person's needs around maintaining their incontinence. They had provided the equipment as needed. The registered manager told us they reassessed people's needs when their circumstances or situations changed.

Staff had the training to care for people effectively. Staff confirmed that they received induction and training when they started. One member of staff told us, "I had the care certificate induction. It covered all the mandatory courses in care. I also shadowed an experienced staff member." Staff told us and records showed that staff received regular training to update their skills and knowledge in the job. Training completed included safeguarding, medicine administration, infection control, health and safety, Mental Capacity Act 2005; and moving and handling. One staff member commented, "The training courses help me do the job and care for people better."

Staff were supported to be effective in their roles through one-to-one supervision and observation of practice. One staff told us, "The registered manager always comes to observe what we doing and how we are doing our jobs. They check that you are following protocol and doing things properly. They give us feedback on how we are doing. They help you improve." Another staff said, "I feel supported. The managers do observation and supervision with us. I get feedback on my performance, areas to improve and training I need." Annual appraisals had not been completed as when we visited staff were not due for one as they had been in post for less than a year.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the registered manager told us they were not

providing care or support to any people who required Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and understood people's rights under this legislation. One member of staff told us, "I let people make their own decisions. I support them to make a decision by giving them choice." Another staff member told us, "You need to always respect people's rights and privileges. Respect their decisions. Do not force people to do anything." Records showed that people and their relatives were involved in making decisions about their care. Relatives we spoke with confirmed this too. The registered manager understood their responsibilities under MCA.

Care plans stated what support people required to meet their nutritional needs. Where people needed support with meal preparation, shopping and feeding it was stated in their care plans. Where relatives supported with this it was also stated. Staff understood what support people needed and provided it. For example, one person needed encouragement to eat. Their care plan indicated this and staff told us they encouraged the person by sitting with them and ensuring the person had a drink and snack close to them.

Staff supported people to access healthcare services they needed to maintain their health. One relative confirmed that the registered manager always liaised with district nurses and GP with regards to their loved one's care. Staff told us if people were unwell they contacted their GP's for advice and to arrange appointments.

The registered manager and staff told us they ensured people had a copy of their personal profile sheet when they went to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive well-coordinated care and support when they went to use other services.

## Is the service caring?

### Our findings

People were cared for by staff who were kind and compassionate. One relative told us, "They are quite caring and kind to [loved one]." Another relative said, "The carers are very patient. [Loved one] can be difficult but the carers know how to work with them. They are kind and considerate." Another relative commented, "The carers are caring and nice to us. They are polite and respectful."

People's care records detailed what people liked, disliked, how they preferred to be addressed; and background. Staff told us this information enabled them to care for people as they wished. One staff member explained that some people may not want to be addressed by their first names. If you don't know this and you call them by first names, they may get upset with you and it could affect your relationship with them. Staff told us they always checked with people what they wanted and followed their preferences. Staff explained they encouraged people to participate and make decisions about their care. One staff member told us, "I always inform my clients about what I am doing. I ask them what they want to eat, drink, wear and what they want to do." Another staff member said, "I follow the wishes of the clients. For example, they may prefer to have a wash instead of a shower. It's their choice and I respect it."

Relatives told us they were involved in planning their loved ones care. One relative said, "The registered manager discussed it with us. I tell them what to do and the care required and they follow it." Another relative mentioned, "They [Staff] always inform us what they are doing and check we are happy with it." Care plans showed input of people and their relatives. The registered manager told us that they agreed care with people including times of visits at the start of the service.

Staff built positive relationships with people. The registered manager explained that as much as possible they strived to maintain consistency and continuity in care by assigning regular staff to work with the same people. The registered manager explained that it helped build relationships and trust. Staff told us that this enabled them to meet people's needs as they had learnt the routine of people and how they want to be cared for.

People's privacy, dignity and independence were respected. One relative told us, "The carer knocks on the door before they come in. They treat [loved one] with dignity and respect." A relative told us, "They [carers] support [loved one] in a way that they are not embarrassed. [Loved one] is comfortable with the carers."

Staff gave us examples of how they cared for people in a dignified way. One staff member commented, "Be sensitive in how you do things. For example, some clients will not want you to touch them. Always tell them what you are doing and ask if they are ok before you touch them. Encourage them to wash certain parts and to do the things they can do for themselves. Another member of staff told us, "I ensure I do not expose people unnecessarily. I give them their space. If they are able to dress themselves I let them do it." Record showed and staff confirmed that they had received training in dignity in care. Care plans emphasised the importance of promoting people's dignity and detailed good practice guidelines for staff to follow.

## Is the service responsive?

### Our findings

Relatives told us their loved ones received the care required to meet their needs. One relative said, "They [Staff] help them with personal care, preparing meals, shopping and cleaning." The registered manager devised care plans based on people's assessed needs and agreed the plan with them beforehand. Care plans showed what care people needed to maintain and manage their physical health, personal care, mental health, nutrition, skin integrity and domestic tasks. Times of care visits, the duration of the visits and the tasks to be undertaken were also set out. Staff told us care plans were made available to them and provided them with information they needed to care for people. One member of staff said, "I follow the care plans always. Before I start doing anything with the client I make sure I first read the care plan. It talks about them – their nutrition, medication, moving and handling, and personal care." Staff told the registered manager updated them with changes in people's needs.

Daily care notes we reviewed showed staff delivered support to people in line with their care plans. People were supported with their personal hygiene, skin care, nutrition, incontinence and mobility. Care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs. For example, one person had additional care visits and increased length of time for their morning visit due to their declining functional abilities. Their care plan was updated to reflect these changes.

Care records detailed information about people's disabilities, religion, and cultural needs and what support people needed. Staff understood equality and diversity and told us they treated people with respect and as individuals irrespective of their differences.

Care records detailed people's communication needs and requirements. One person's care plan stated they were unable to express themselves or communicate verbally due to their cognitive impairment. There were guidelines for staff to follow to communicate with people. The guideline stated staff should be patient and use and observe the person's gestures and body language. Staff told us they also used objects of reference as a means of communicating with the person and they involved relatives where necessary. Care records also detailed what support people needed with their sight and hearing. For example, if they used glasses or hearing aids. Staff told us they ensured they supported people to put on their hearing aids or glasses.

Relatives we spoke with knew how to complain if they were unhappy with the service. One relative told us, "I know how to make a complaint and have done so in the past. They dealt with the issues properly and things improved." Another relative said, "If I have concerns I will speak to the manager and if not resolved I will go to social services. I have not had any reason to anyway." Information about how to complain was included in the service user's handbook which people received when they started using the service. The registered manager also gave people and their relatives opportunities to express their concerns through their monitoring visits and spot checks. Records we reviewed showed that the registered manager had resolved issues and concerns promptly before they escalated.

## Is the service well-led?

### Our findings

There was a registered manager in post. The registered manager was supported by the provider to operate the service. They showed they understood their role and responsibilities in line their CQC registration requirements including submitting notifications of significant incidents.

Relatives told us the service was well run and met their needs. One relative told us, "The management of the service is very good. They are on ball with things. I have no complaints." Another relative commented, "We are very happy with the agency. We have no concerns about them. They listen to us and do what we want."

Staff had the direction and leadership they needed to do their jobs. Staff gave us positive comments about the registered manager and provider. One staff member told us, "I am happy working with the registered manager and provider. They are very supportive. I couldn't ask for a better manager or company to work for." Another staff member said, "I am very impressed with the way the organisation is run. They are very supportive. Their approach encourages you to want to work even when it is difficult. They make the job easier or manageable for us."

The registered manager held regular meetings with staff to listen to their views, consult and provide updates. Concerns about people's care and support were discussed. They also discussed issues they faced in their roles such as difficulty with travelling. They found solutions together. For example, a rota was planned looking at travel time and locations of people and staff. The registered manager and provider also used team meeting to discuss good practice guidelines, policies and procedures and the principles of care. Minute of a staff meeting we reviewed showed discussion on safeguarding adults from abuse. Staff were reminded of their role and responsibilities to protect people.

The registered manager assessed the quality of service provided through regular spot checks and monitoring visits to people. They used this to observe staff performance and practices; and obtain feedback from people about the service. They also checked the daily notes completed by staff to ensure it reflected people's care needs. Action was put in place to address areas of improvement identified during spot checks. For example, the registered manager identified that staff documentation were not always clear and legible. They used team meetings to address this concern and reminded staff of the importance of ensuring documentations were properly written and accurate.

The service sought the views of people and their relatives through questionnaires. They checked various aspects relating to the service including care provided, staff conduct and attendance; and management. Following feedback received the registered manager told us they endeavoured to maintain regular care staff to work with people.

The service worked closely with the local authority commissioning, brokerage and contracts teams to improve and develop the service and meet the needs of people. They had a subscription with the Skills for Care. They received updates from them which they shared with staff to improve the way they deliver care to people. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.

