

Axis 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Axis Recruitment Limited is a domiciliary care service. At the time of the inspection the service was providing personal care to one person.

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

We made a recommendation in relation to audits and monitoring of the service. Systems were in place to ensure any safeguarding concerns were dealt with appropriately. Staff understood the actions to take in the event of a concern. Staff had been recruited safely and relevant training was undertaken. People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Environmental and individual risks were assessed. The provider confirmed the actions taken to ensure all of the individual needs were assessed and managed appropriately. The service demonstrated partnership working. They discussed their plans to ensure liaison with relevant professional was embedded to support good care to people. The person received good care. Relatives were happy with the care provided by the staff team. The provider took action to ensure care records which reflected people's individual and current assessed needs. We made a recommendation about this. Staff supported the person to access activities.

Systems were in place to act on complaints, no complaints had been received. The relative we spoke with raised no concerns about the service. Team meetings were being undertaken and positive feedback was seen about the service provided. A range of policies and guidance was available to support the care provided. The provider understood the operation and management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last ratings at the last inspection was good overall with requires improvement in safe (published 6 April 2017).

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.

Axis Recruitment Limited

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

The inspection team consisted of two inspectors on day one of the inspection. On day two one inspector spoke with the provider on the telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

Prior to our inspection we looked at the information we held about the service. This included any feedback, investigations or statutory notifications which the provider is required to send to us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

To understand the experience of people using the service we spoke with the relative of the person currently in receipt of care. We also spoke with two care staff and one member of staff based in the office. We also spoke with the nominated individual and provider of the service. The nominated individual is responsible for

supervising the management of the service on behalf of the provider. We reviewed a number of records relating to the operation and management of the service. These included the care file for the person, two staff records, training records, feedback and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed further records in relation to the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff had received training and competency checks which confirmed staff were safe to deliver medicines had been undertaken. Policies and guidance was available to the staff team, which supported the safe delivery of medicines.
- Medicines records had been completed appropriately and no gaps in staff signing were noted. The provider confirmed all medicines records were signed as checked by management on returning to the office.

Systems and processes to safeguard people from the risk of abuse

- The provider had developed systems which demonstrated allegations of abuse were dealt with appropriately. The relative we spoke with raised no concerns in relation to the service provided.
- No safeguarding concerns had been raised; however records and guidance was available to support any investigations received. Staff understood the actions to take if they had any concerns. One said, "I have a responsibility to report to the manager and make sure they are safe. I feel people are safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Safe processes were in place which ensured risks were assessed. Environmental risk assessments had been completed that supported the safe delivery of care to the person. However, we noted not all of the identified risks for the person had completed risk assessments in place. For example the person was at risk of skin breakdown. No risk assessment had been developed to manage this risk. The provider took immediate action to assess the persons individual needs and developed risk assessments to manage these safely.
- The provider had ensured systems were in place to record and act on any incidents and accidents. No incidents or accidents had been received but records were in place to record any concerns and the actions taken. This would support any lessons learned in the future.

Staffing and recruitment

- The provider had ensured safe recruitment practices were in place at the service. Relevant checks had been completed including proof of identity, application forms and interview questions.
- Appropriate staffing was in place which ensured the person who used the service received timely support to meet their needs. The relative we spoke with raised no concerns in relation to the staff team. They told us, "The three carers [staff] are very familiar with [person's] needs and we are really happy with them."

Preventing and controlling infection

- Safe infection control practices were in place. Policies and guidance was available to support safe

infection control. Training record confirmed staff had received relevant training. This ensured people were protected from the risk of infection.

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.

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

- The service ensured people's needs and choices were assessed and the person's needs were met. A range of up to date policies and guidance was available which supported the delivery of care to people who used the service. A relative of the person using the service told us, "The needs assessment was done before a package of care was arranged." Care records contained evidence of completed pre-admission assessments undertaken by the local authority and the provider.

Staff support: induction, training, skills and experience

- Staff received training which supported them to deliver effective care. Records we looked at confirmed training was provided to enable them to undertake their duties. Staff told us, "There is enough training to do my job, I didn't do it before [I worked here] done it now." Records confirmed staff had completed an induction on commencement with the service. Supervision was being completed with the staff team. This enabled them to discuss any support needs, the care of the people using the service and duty rotas.
- Relatives confirmed staff delivered good care to people and raised no concerns about their knowledge and skills. They told us, "It is good that [person] gets such good continuity in care, as he has Alzheimer's and needs the consistency. They are very skilled and experienced. They cover every day."

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

- The provider ensured the nutritional needs of people were supported. Staff supported the person who used the service to eat and drink according to their needs. However; we saw a specific need in relation to how they ate their meals; but no risk assessment had been completed by the service. We discussed this with the provider who took action to ensure a choking risk assessment was in place which guided staff.

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

- The provider worked with other people to ensure consistent and timely care was provided. Records confirmed local authority assessments were in place and had been shared with the service. The provider confirmed they liaised with the person's GP when required.

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

- The service was managed from a purpose built office.

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.

- The provider had ensured systems were in place which supported staff understanding of the principles of the MCA. Training records confirmed staff had undertaken MCA training. Policies and guidance had been developed to support staff knowledge and skills.
- The relative of the person using the service told us consent had been sought in relation to the care and treatment their family member received. We saw some evidence that the provider had considered the person who used the services capacity. However, records completed needed further information to ensure they reflected the persons individual needs. The provider took action to ensure relevant capacity assessments were completed and reflected the detailed needs of the person who used the service.

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

- The person who used the service received good care and their diverse needs were considered. Relatives told us they were happy with the care their family member received. They said, "We are quite satisfied with the service received." Staff we spoke with told us, "He is well cared for."
- Policies and guidance were available to the staff team to support them in ensuring people's diverse needs were met. The care record we looked at included information to support the persons individual and diverse needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were supported to express their views and be involved in making decisions about their care. Assessment records demonstrated that relatives had been involved in decisions about the person who used the services care. Their likes, dislikes and choices had been considered.
- The relative we spoke with told us, "The care plan was gone through in great detail. Communication by Axis is very good. They always consult us."
- A range of policies, procedures and guidance was available to support staff in delivering care. These included privacy, dignity, respect, and service user rights and choices. Staff were provided with training about advocacy. This would ensure people received support with important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- The service ensured confidential information was stored securely in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Information was held electronically with secure access required. Policies had been developed to guide staff about confidentiality.

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 provider had developed systems to ensure people's care needs had been recorded to reflect their individual needs and the support required. The relative we spoke with told us the service had discussed the individual need of the person and a care plan had been developed. They said, "The care plan was developed from the assessment."
- Care records were in place which demonstrated how to support the person who used the services individual needs. However, further detailed information was required to ensure staff had access to detailed information about how to meet the needs of the person using the service. Following the inspection the provider confirmed a further assessment of the persons needs had been completed and the care records had been updated to reflect this.

We recommend the provider considers current guidance on ensuring care files reflected people's current and individual needs.

- Technology was being used to good effect at the service. Computer systems were being used to develop care planning, staff records and information relating to the operation and oversight of the service. A range of information was available on the website for staff to access including guidance and policies.

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 being met. The person who used the services care file contained information about how to communicate effectively with them. Cues had been recorded about how to understand their needs as well as any aids required. The provider confirmed they were undertaking further reviews to reflect more detailed information about alternative ways to communicate with the person who used the service.

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

- The provider supported people to access activities of their choosing and likes. The provider told us and records confirmed the person who used the service was supported to access the local community as well as

their place of worship. The relative we spoke with told us that staff supported the person who used the service in activities in the home. They said, "[Person] used to like reading; and so the carers [staff] spend some time reading to [person]."

Improving care quality in response to complaints or concerns

- The provider had developed good systems to investigate and act on any concerns or complaints. The relative we spoke with raised no concerns about the service. They told us, "We have had no cause to make a complaint. It has been a really great experience for [person] and us so far."
- An up to date policy was in place which provided important information about how to raise a concern as well as managing any concerns raised. No complaints had been received. However, forms had been developed to record any concerns.

End of life care and support

- The provider had developed systems to ensure people received appropriate end of life support. No one was receiving end of life care. Policies and guidance was available to support staff in delivering good end of life care and developing care records to support this when required.

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.

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 service demonstrated its responsibilities for monitoring the service provided.
- The provider carried out audits and checks on care records. The provider told us the care records were audited on commencement of the care package and going forward further audits will take place at more regular intervals. The provider told us checks were taking place on the medicines records where returned to the office. We noted however one record had not been signed as checked. The provider confirmed the management team would ensure all checks on medicines records were signed when completed. The provider told us no further audits were being undertaken in relation to the management of medicines.

We recommend the provider considers current guidance on audit and monitoring care quality and take action to update their practice accordingly.

- Where staff records identified areas for further assessments; risk assessments had been developed to ensure staff were safe to work with vulnerable people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had developed a positive culture supporting good outcomes for people. Registration certificates were displayed appropriately on the website as well as information relating to the operation of the service.
- All of the staff and the provider were supportive of the inspection process and requests for information were provided.

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

- The provider demonstrated their understanding about the operation and oversight of the service. Staff spoken with understood the person who used the service's needs. The relative we spoke with was positive about the service and the support they provided.
- Staff we spoke with were positive about the management and the support provided by the service. They told us, "I am well supported by the managers and very happy working for the service" and "I have no issues everything is fine, I feel supported, the manager keeps in touch. I will call them if I need anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and or their relatives were engaged and involved in feedback about the service. Regular positive feedback about the service provided was seen. The relative we spoke with confirmed they had provided feedback about the service. They told us, "We were asked for their feedback and completed a form a few months ago."
- Records seen confirmed team meetings were being carried out. The provider confirmed going forward team meetings and supervision records would be recorded separately.

Continuous learning and improving care

- The provider had developed systems which supported learning and improvements in care. Policies and procedures were in place. A range of guidance was available to support staff in providing good care to people who used the service. The provider ensured staff and the wider public had access to guidance and information on their website. These were linked to the fundamental standards.
- The provider demonstrated their commitment to ensuring staff had access to training relevant to their role. Training had been provided to the staff team.

Working in partnership with others

- The provider confirmed their plans going forward to ensure partnership working was promoted to support good outcome for people.