

Central Care 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

Central Care Recruitment Limited is a domiciliary care agency providing personal care to three people in their own homes at the time of the inspection.

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.

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

People told us they felt safe and relatives believed their family members were kept safe. They said they had not had any missed calls, and usually received care from staff they knew well. The provider had systems to safeguard people from harm and abuse. Risk assessments helped protect the health and welfare of people who used the service. There were enough skilled and safely recruited staff available to meet people's needs. People's medicines were managed safely.

Staff received appropriate induction and training to equip them to support people well. The registered manager carried out an assessment of needs before people started using the service. 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.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity. People were encouraged to maintain their independence for as long as possible.

When people's needs changed, staff would notify the registered manager and they would communicate with other health professionals in order to ensure people received the right care and treatment.

There were quality assurance and auditing processes in place, and they contributed to service improvements. The nominated individual and registered manager continued to deliver care to people that used the service.

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

This service was registered with us on 21 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Central Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 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 or registered manager would be in the office to support the inspection.

Inspection activity started on 23 February 2022 and ended on 1 March 2022. We visited the location's office on 23 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people that used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual, the registered manager and care staff.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who work with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. One staff member told us, "If I was worried about a person I would at first report this to the manager. We must look out for all our clients and I would escalate this to CQC if I was still worried."
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.
- People and relatives told us they felt safe when staff were in their homes. A relative told us, "We feel very safe. We do not know how we would manage if this care was taken away from us. "

Assessing risk, safety monitoring and management

- People's risks to their health were understood by staff. Care records provided information around identified risks to support staff to keep people safe. A professional told us, "They started [person's] support straight away. The service user has very complex issues and there were a lot of risks to the wellbeing of the individual when they initially started, these have now reduced, now that Central Care are providing the support needed."
- Care records were on an electronic system which meant staff, people that used the service and relatives had access to this information. One staff member told us, "We have full access to the care plan, we must know about the person before we visit them. When you know what people's, needs are you can prepare before a visit. I read about them and their conditions so we know what we should do."
- Staff told us that the management team was regularly checking they were working safely. The registered manager and nominated individual worked alongside staff members to help cover visits to people when needed.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- People and family members told us they had not had any missed calls. They told us staff were occasionally late due to traffic, but they were usually notified when this happened. A relative told us, "When we talk to them about carers being late, they try to do something about it."

Using medicines safely

- Medicines were managed safely. Only trained and competent staff administered medication.
- The registered manager carried out regular checks of medicines records.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control.
- Staff we spoke with confirmed they were provided with masks, gloves and aprons when supporting personal care as part of infection control management.

Learning lessons when things go wrong

- The service was new so there had been no accidents or incidents at the service. The registered manager was aware that all incidents and accidents should be documented and investigated, and any areas of learning identified and shared appropriately with staff to improve safety.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- Spot checks were carried out on staff to ensure they were providing people's care safely and in line with relevant guidance. Spot checks assessed whether staff completed all the elements of people's care plans and checked staff communicated with people effectively and in a respectful way. A staff member said, "They [registered manager and nominated individual] do spot checks to see what we are doing, and they talk to people to see if they are happy."

Staff support: induction, training, skills and experience

- Staff had received training in areas relevant to their role. This included medicines, moving and handling, safeguarding and infection control.
- The registered manager had accessed additional training for staff specific to individual people's needs. A staff member told us, "We have done positive support training and it helps us understand different needs. When people are uncomfortable, they might be trying to communicate with us. Training helps us to focus and know what we are doing to handle things."

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. One person's care plan recorded their specific requirements and included guidance for staff to reduce their risk of choking.

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

- The service made referrals to other agencies such as GPs and district nurses where required. During our inspection the registered manager was chasing a person's medicine order to ensure they received their medicines promptly.
- A professional told us, "Central Care Recruitment alerts me to any issues and concerns that arise as well as a general overview of the current situation."

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 MCA 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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- A staff member told us, "You need a lot of background information in relation to people's capacity and with new clients you need to build the trust and get to know people well."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives spoke positively about the standard of care provided and said staff treated them well. One person told us, "I am very happy with the attitude and the service. I get treated as a person and not a patient." A relative said, "The carers are kind so we cannot complain, they never make us feel we are a burden. They smile and are positive." A professional when asked if staff are caring said, "I would say absolutely from the feedback I have received from the people I have referred."
- People's diverse needs were recorded. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures.

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

- People's preferences and choices were clearly documented in their care records. For example, how they wanted their care and what they liked and disliked. One care plan recorded, "I don't like it when people talk over me."
- People were involved in planning their care and described feeling they were in control of their service. A relative said, "One of the best things about Central Care they listen to our needs and try to do whatever they can."

Respecting and promoting people's privacy, dignity and independence

- Care records were stored securely in the provider's online system.
- People's privacy, dignity and independence were respected and promoted. One staff member told us, "People we care for rely on us and we must treat them right. We respect their privacy and dignity and treat them with respect and kindness, we ask them how they want things done."
- A relative told us, "Occupational health therapist has been here, and the carers encourage [person] to do as much as they can, they [staff] told us, 'use it or lose it!'"

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were tailored to meet people's individual needs. Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. A professional told us, "The team have gone above and beyond for a complex service user, as well as supporting with the identified daily living tasks, they have supported building relationships with distant family members, purchasing clothes, encouraging [person] to spend money wisely and any appointments."
- Staff were allocated to regular care visits and this ensured people received good continuity of care.
- People had not been using the service long but told us the registered manager and nominated individual visited to check how things were going. One relative told us, "The manager has been here a few times, and they often ring me to catch up. [Family member] had a hospital appointment they rang to find out how we were getting on and if we had transport."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's communication. Care plans described people's individual communication needs and any support they needed.
- The registered manager understood their responsibilities relating to the accessible information standards.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and a record of complaints, their outcomes and any required actions. A person said, "I have no complaints and they do everything they can to address any concerns."

End of life care and support

- End of life care was not being delivered at the time of inspection.
- People's future wishes for end of life care were recorded when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff told us they received good support from the registered manager and the nominated individual. They said they were available for advice and support when they needed them. A staff member told us, "I do find the manager supportive; we talk with them regularly. It is a brilliant service to work for so far."
- People and relatives told us the service was well led. One person told us, "It is very good, excellent service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.
- Both the registered manager and the nominated individual were highly visible and worked alongside staff to provide clear and direct leadership.
- The service used a number of audits to monitor the quality and safety of the service. These included spot checks where staff competency was assessed, and care and medication records were checked.

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

- People and relatives had opportunities to give feedback about the service.
- Staff told us they were supported with training, supervision and meetings. A staff member told us, "It is a good service and we exchange ideas. They have given us bonuses and they respect us and like what we do."
- The registered manager was planning to send regular newsletters out to staff and people that used the service every two weeks. They were also looking into joining an employee benefit and reward programme.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with others, for example, the district nurses, health and social care professionals and GPs to support care provision. A professional told us, "With the experience I have had, I feel that the service is well managed." Another professional said, "I feel it is managed very well, Central Care have been able to provide care support in area's that are very rural and historically there is low capacity."
- The registered manager told us about other training opportunities they were looking at to further develop their staff team.

- The registered manager and nominated individual looked at all aspects of their service to identify any areas that could be improved.