

Pristine Recruitment Limited

Pristine Recruitment

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 November 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that somebody would be available at the office to assist us with the inspection.

Pristine Recruitment is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults who are older or younger adults who have a disability.

The agency is also registered to treat disease, disorder or injury through employment of nurses to provide treatment to people in their homes. At the time of the inspection, the service was not providing nursing care and there were no nurses employed with the service.

The office is based in Totteridge and people receiving care were living in Barnet, Enfield and Hertfordshire. At the time of this inspection there were seven people receiving a service from Pristine Recruitment.

There is a registered manager. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection of this agency in November 2016 there were two breaches of legal requirements. These were about safe staff recruitment and overall governance of the service. At this inspection we found that improvements had been made in both these areas.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve and they told us what they would do to meet the legal requirements. We found that governance of the service had improved as the provider had introduced a new electronic record keeping system which was more effective than the previous system in place. They were also carrying out regular spot checks in people's homes. Staff said they felt well supported working for Pristine Recruitment.

Staff recruitment had improved since the last inspection as the provider had improved the recording of checks carried out on staff but there were still areas for improvement as the provider had not ensured explanations were clearly recorded for how a reference was verified, gaps in application forms and the reason why a last employer reference had not been requested. The registered manager told us that they also would ensure that future interviews of potential staff would be recorded in a written record as these had not been recorded to date. A new template was ready for the next care worker interviews. We have made a recommendation that staff recruitment improves further in line with best practice.

People told us they were happy with the care provided by this agency. Each person had their own allocated

care worker or team of care workers and had opportunity to form a good relationship.

Staff understood how to safeguard people and what to do if they had any concerns that a person might be subjected to abuse.

People had risk assessments to advise staff on how to help the person to keep safe in their home. The registered manager carried out health and safety and fire risk assessments with people in their homes.

Staff received training and supervision and told us they felt well supported by the registered manager.

People received effective support with personal care, their meals and medicines and in accessing health care. The registered manager liaised with GPs, pharmacists and healthcare professionals to ensure people received the support they needed.

Care was provided with people's consent and where a person did not have capacity to consent there was a record of who could make decisions in their best interests. Care plans detailed people's needs and they told us their care was personalised to suit their preferences.

There was a clear complaints procedure and people said they felt able to raise concerns.

The registered manager had recently made improvements including introducing improved record keeping, training and supervision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe. Staff recruitment procedures had improved in the last year but further work is recommended to ensure recruitment is robust and protects people from risk of unsuitable care workers.

Staff understood how to keep people safe. They had good knowledge of safeguarding and were trained in helping people to move around safely. People received the required support with their prescribed medicines.

Is the service effective?

Good 

The service was effective. People using the service were satisfied that care workers knew their needs and provided them with effective care. Staff found their training useful and felt well supported in their roles.

The registered manager was proactive at ensuring people had support from healthcare professionals when needed.

Is the service caring?

Good 

The service was caring. People using the service, and their relatives, said that they found their care workers to be caring towards them. Staff demonstrated a caring attitude and had formed good positive relationships with the people they provided care to.

Is the service responsive?

Good 

The service was responsive. Each person received care that met their individual needs. The registered manager responded to people's changing needs. The service had support from a palliative care service to assist care workers in providing the most appropriate end of life care.

Is the service well-led?

Good 

The service was well led. Staff gave very positive feedback about the registered manager, saying that they communicated well and were always available to call for advice and support.

The registered manager had made improvements since the last inspection in the quality monitoring of the service and in introducing an improved system for keeping required records. The service promoted a person centred culture.

Pristine Recruitment

Detailed findings

Background to this inspection

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

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection site visit was on 30 November 2017. We visited the office location to meet with the registered manager and to review care records and policies and procedures.

The inspection team comprised two inspectors.

Prior to the site visit we reviewed all the information we held about the service which included correspondence, information from other parties, notifications and safeguarding alerts.

After the site visit we talked to four of the seven people using the service and the relatives of five people using the service. We talked to six care workers. We carried out pathway tracking where we read people's needs assessments, risk assessments and care plans, checked these against records of care provided to them and talked to them and/or their next of kin and their care workers about their care. We did this for four people using the service.

We also looked at records. These were; policies and procedures, medicines records, four staff files with recruitment records, staff training records, supervision records, quality monitoring records, complaints and safeguarding records.

We had feedback from two professionals, one who commissioned the service and one healthcare professional who worked with the service in providing care to people.

Is the service safe?

Our findings

At the last inspection we found a breach of legal requirement relating to staff recruitment. This is because one staff member had started work before they were interviewed and before induction training. One person had a reference from a person no longer working at the referring agency which suggested that the reference had not been verified by Pristine Recruitment.

At this inspection we found improvements in staff recruitment. There were no records of interviews but the manager said she was about to introduce these and showed us the template that was ready for the next applicant. Staff had references and the manager had written on the reference that she had verified the reference with the referee. However the detail of how it was verified was not recorded. The manager explained it was verified by phone. One person had omitted to record their employment history on their application form and we had to ask for this person's history to be sent to us. The dates on one reference and application form did not match but the registered manager provided evidence afterwards of the referee's mistake.

Some staff did not have a reference from their last employer. Due to the particular circumstances we agreed it was acceptable to employ these staff without a reference from their last employer. We advised the registered manager to record the reason for no last employer reference on the staff files as this had not been done. They had recently introduced a new form to record that recruitment checks had been carried out. Overall there had been recent improvements in staff recruitment.

We recommend that the provider reviews their recruitment in line with best practice guidance to ensure it is always as robust as possible.

We found that systems and practices in place safeguarded people from the risk of abuse. Staff received training in safeguarding children and adults from abuse as part of their induction training and we saw evidence of this in the form of certificates.

There had been three safeguarding alerts since the last inspection. The registered manager had not notified us of one of these alerts at the correct time as required but it was reported to the police and safeguarding authority and the registered manager ensured action was taken to make the person safe. The registered manager explained that not reporting to CQC was an oversight and sent the report after the inspection. Staff had good knowledge about safeguarding people and knew the local protocols for reporting allegations and abuse were in people's files for them to refer to. Staff said they would report any concerns directly to the registered manager in the first instance.

The registered manager carried out health and safety risk assessments in people's homes before providing a service to them. They also advised the person using the service of equipment that could help them maintain their independence such as a stair lift and Zimmer frame.

Staff had good knowledge about issues relating to safety and knew the risks they had to consider for the

person they were caring for. Each person had risk assessments in their files relating to risks to their health and safety such as falling over, taking medicines and moving and handling.

One person had a falls risk assessment which stated that they were at high risk of falls but there was no guidance written on mitigating risk. The person said that they were satisfied with their care and had "no concerns whatever" and staff said they knew the risks. We recommended to the registered manager after the inspection to review falls risk assessments to ensure a risk management plan was included even when the person had a care worker who knew their needs well.

Staff followed good infection control practices. Staff said they always used aprons and gloves appropriately and had received training in infection prevention and control. Stocks of personal protective equipment were stored in the office as well as in people's own homes for staff to use.

The registered manager provided good support for people to obtain equipment needed to help them mobilise safely at home. One person had been supported to get a stair lift and another walking frame. One person using the service needed a full body hoist to move in and out of bed. Staff who provided care for this person had been trained in using the hoist. They said they felt suitably trained and were confident in using the equipment safely. One person received their food directly into their stomach via a tube and staff that care for this person had been trained by a nurse to use this equipment.

One person's care plan said they could be nursed in seclusion which is not acceptable practice or terminology outside a hospital setting. This may have been in the person's care plan when they were in hospital. The registered manager agreed and said they would remove this information from the person's care plan.

There were 12 staff employed to provide care to the 7 people using the service. Two people had 24 hour live in care workers. Staff and people using the service thought there were enough staff and the consistent staff team meant that people were able to form good relationships with staff. The registered manager introduced staff to people using the service and new care workers shadowed existing care workers until they were familiar with the person's care needs and the person was familiar with them.

People received support to take their prescribed medicines safely. People said that they were happy that they had their medicines on time and those who were able to manage their own medicines were supported to continue to do so. Staff who gave medicines were trained in medicines administration. People had a risk assessment for medicines on their file. Medicines Administration Records (MAR) were completed by staff when they helped people to take their medicines. There were no gaps on the charts we saw. The registered manager audited the MAR regularly to ensure they were completed properly. Staff said they could call the registered manager if they had any query about someone's medicines. One staff member said, "She is always on the end of the phone and will always help me."

One person who was prescribed medicines for pain relief did not have a written protocol for when this medicine should be given. The person's care worker knew them well and the registered manager said they could tell when the person needed the medicines but they agreed to ensure a written protocol for pain relief was devised straightaway. At the time of the inspection the person was in hospital so was not at risk. The registered manager agreed to ensure a written protocol was in place. They consulted the person's GP, pharmacist and specialist nurses to ensure that the person had the correct medicines in place. They had specialist advice from a palliative care team to assist with devising an appropriate protocol.

Nobody was receiving covert medicines at the time of the inspection and everybody had consented to care

workers supporting them with their prescribed medicines.

Staff were trained in the prevention and control of infections. We saw one care worker's certificate and asked them about the training. They had a good understanding of infection prevention. Staff were provided with personal protective equipment such as aprons and gloves for providing personal care. The written procedure for infection control was out of date but practice was appropriate due to up to date training. The registered manager agreed to update the policy.

The registered manager was able to give examples of how they learned and made improvements when things went wrong. A relative also gave examples of where the registered manager had made changes when things went wrong and replaced workers who were not the best match for a particular person using the service.

Is the service effective?

Our findings

Care was delivered in a way to ensure effective outcomes. The registered manager visited all new people referred to the service to assess their needs. The registered manager assessed the person's mobility to advise them on equipment as well as appropriate moving and handling techniques and then devised a care plan for them.

Training had improved since the last inspection. The registered manager carried out training using teaching aids such as workbooks and videos. Staff said they enjoyed the one to one training and had passed the written tests. We checked two people's files to assess the training provided to them since they joined this agency. We saw that they had completed training in mandatory topics. One person had completed 11 topics over three days but said that the training had been carried out properly and that they had learned from it.

Staff who required more specialist training, for example of managing a PEG feed were provided with this training. A Gujarati speaking family were provided with one Gujarati speaking worker. There was no evidence to suggest that staff did not have the right skills to provide effective care. People told us that they were very satisfied that their care worker knew their needs and provided the care they wanted.

The registered manager had made improvements to staff supervision since the last inspection. The content of supervisions was more formal and included training needs and care issues discussed. Regular spot checks were carried out in people's homes to ensure staff were present and carrying out their care duties correctly. Staff told us they felt well supported by the training and supervision and day to day support from the registered manager. One care worker said the registered manager, "helps me all the time" and another said they thought the level of support was better than in other agencies they had worked. One care worker said that any problems were always discussed rather than the registered manager imposing a solution and the care worker's views were listened to and acted on.

Care workers supported people with their diet. People said they were satisfied with the support they had in preparing meals. Live in care workers prepared all meals. For one care worker this involved heating up ready meals which were delivered. Another cooked homemade meals for the person. Other care workers prepared simple meals and supported people to eat and drink where needed.

The registered manager worked alongside other professionals to deliver effective care. This included social workers, an occupational therapist, GPs, physiotherapists, district nurses and palliative care teams. We received feedback from one professional who said the registered manager kept them up to date with information.

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

manager had a good understanding of the Mental Capacity Act. People had signed consent to care. Where somebody did not have capacity to make an informed decision this was recorded appropriately.

Is the service caring?

Our findings

We asked people and their relatives whether they felt that their care workers treated them with kindness and respect and offered them emotional support when they needed it. They all said they were happy with the care workers who looked after them. People told us their care workers; "had very good manners", were "really friendly and polite" and "really kind and caring." One person said, "I'm getting a wonderful service."

Relatives told us they were happy with the care workers who treated their relative in a caring way.

People told us they were involved in decisions about their care. They said they could choose how things were done and that the care workers always asked them before providing any care. Staff said they always offered people choices. One care worker gave us an example of knowing that the person liked a particular type of soup in the evening and how she always made sure they prepared this for them and followed the evening routine according to the person's own preferences.

People said that care workers respected their privacy. They said they were encouraged to maintain their independence and treated with respect. One person said, "she respects me and I respect her. She does everything how I like it and never rushes me."

Staff had completed training in dementia awareness so that they were able to relate compassionately to people who were living with dementia and understand their experience.

None of the people using the service at the time of the inspection needed any support to follow their religion. Where one person and their family spoke Gujarati the registered manager had supplied one of their three care workers who could speak Gujarati to communicate better with the family.

Is the service responsive?

Our findings

People felt their care was person centred and responsive to their needs. They said they were satisfied with their care worker who provided consistent care and knew their needs well.

One relative said that their relative using the service had specialist needs and there had been challenges in using this agency which was not specialised. However they were satisfied that the agency had done their best to adapt to a challenging situation and the registered manager was keeping them up to date and overseeing the care.

Care plans and care records showed personalised care was provided. We asked three people questions related to information in their care plans and they said that their care needs were as described in their care plan and that their care worker carried out their care tasks in the way they wanted. Comments included, "She has known me a long time and knows exactly what I like" and "We are very happy with our carer who does things the way we want."

Each person using the service had a copy of the service's complaints procedure in their file in their home. People said they had not made complaints as they had no reason to. One person said, "Nothing to complain about, no concerns whatever." A relative said they had raised a concern and were satisfied that it was addressed appropriately without delay.

We looked at the record of complaints made in the last year. There had been two complaints which were recorded and responded to.

At the time of the inspection the service was supporting one person who was receiving palliative care. The care was planned and overseen by the palliative care team from a local hospice and care workers were supporting the person with their medicines. The registered manager was overseeing this care and available to the care workers at all times to advise and to liaise with the professionals to ensure a continuity of care.

Is the service well-led?

Our findings

At the last inspection there had been a breach of legal requirement as there was a lack of evidence of effective records in relation to staff employed and the provision of the service. There had been recent improvements in the service. A new electronic IT system was in place which helped to keep records more organised than previously. There was no longer a breach of legal requirement in relation to records. The registered manager was able to produce all the records we asked for and the quality of recording had also improved.

One authority that commissioned care from this agency had similar concerns to us about staff recruitment practices prior to our inspection. We found the registered manager had recently made some improvements in this area and we gave advice on further improvements to be made.

The registered manager, who also owns the company, carried out regular checks to ensure the service provided was of a satisfactory standard. There had been improvements in the quality of staff supervision and the supervision records which was evidence that the registered manager had acted on feedback from the commissioners of the service. There were records of regular spot checks where they visited a person's home to check their care records, talk to them and talk to staff on duty. There were monthly audits of care delivery and medicines records so any areas for improvement could be picked up quickly.

Staff and relatives had positive feedback about the registered manager. Care workers gave very positive feedback about the registered manager and said they were always available to advise them. Comments included; "She is always on the ball" and "goes out of her way to make sure everything's ok. We can always get hold of her." One care worker said the best thing about working for this agency was that, "the communication level is amazing."

The registered manager told us there was a person centred culture within the service. People themselves said they felt happy with the service. Some people thought they didn't see the manager often enough but the only thing they wanted to improve was reduced costs of the service as they were happy with the quality of the care. The registered manager regularly updated people's next of kin and professionals involved in their care.

Although the registered manager had informed us that they were planning to introduce electronic call monitoring they had not yet done so. They explained that as there were only seven people using the service and some staff lived in it was easy to monitor the care workers' calls without electronic monitoring. They said they still planned to implement it in 2018.

The registered manager told us that they encouraged care workers to address people's holistic needs and gave an example of where a care worker also looked after a person's cat. Staff said that they were fully involved in reviewing people's care needs and that their views were listened to.

The registered manager had been training staff on mandatory topics and was booked onto Train the Trainer

course in February 2018. This course was to ensure they refreshed their skills in delivering effective training.

The registered manager had attended fire safety training and used the learning from the training to help people assess fire risks in their homes and had arranged a visit from the Fire Brigade for people who wanted this. This was something they were proud of since the last inspection.

The registered manager attended local provider forums and had made a link with another agency where they planned to "inspect" each other's services and help each other with continuous learning and improving. This plan was on hold due to reasons beyond the registered manager's control.

A quality assurance survey had been sent to all staff in November 2017 so that the registered manager could assess their satisfaction at working for this agency. The results were not available at the time of the inspection but our contact with staff found them to be satisfied working for Pristine Recruitment.

We found some written policies in the service, for example infection control and MRSA, were dated June 2012 and therefore did not reflect current best practice. We advised the registered manager to update their policies and they agreed to do this.

The CQC rating for the service was not displayed on their website as required. We advised the registered manager that this is a legal requirement. They agreed to display the rating. A technical issue delayed this taking place.