

Etiquette Recruitment & Staffing Ltd

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Inspection report

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21 March 2019
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25 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Etiquette Recruitment & Staffing Ltd is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported three people.

Why we inspected:

This was a scheduled inspection 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.

Rating at last inspection:

This is the first rating inspection of this service.

People's experience of using this service:

- Governance systems and audits were not effective in identifying where improvements were needed. The provider did not have processes in place to measure, document, assess and evaluate the quality of care.
- A person and people's relative's told us they were happy with the care people received.
- Staff training was not thorough or well organised and did not fully protect people from unsafe care.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- People's rights to make their own decisions were respected.
- People's dietary needs were assessed and where required people were supported with their meals.
- People received caring and compassionate support from the staff.
- Staff respected people's privacy and dignity and people's independence was recognised.
- People's care was personalised to their individual needs.
- The service met the characteristics for a rating of "requires improvement" in some key questions and requires improvement overall.

Enforcement:

At this inspection we found the provider to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action we told provider to take is recorded at the end of the

report.

Follow up:

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

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

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 not always safe

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

Etiquette Recruitment & Staffing Ltd

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.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Etiquette Recruitment & Staffing Ltd Limited is a domiciliary care agency. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people living with dementia, people with sensory impairment, younger disabled adults and children.

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: The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

What we did: We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The service was providing care to three people. We spoke with one person and two relatives of people using

the service. We also spoke with a company director who was the business quality and compliance lead and two members of staff. We inspected the agency on 7 March 2019 and made phone calls to a person who used the service and people's relatives on 21 March. Staff phone calls were made on 22 & 25 March.

We looked at two people's care records including their and daily records. We also examined other records relating to the management and running of the service. These included staff recruitment files. We also looked at the complaints information.

Is the service safe?

Our findings

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

Requires Improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- The company director told us that staff did not currently support or administer any medicines and this task was undertaken by the people, a close relative or a full-time carer employed. However, staff informed us they assisted people with medicines. This is not a safe practice as it does not ensure the person has access to the correct medicines at the correct time.
- Staff informed us they had no training on administering medicines.

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

- There were systems in place to ensure people were safeguarded from abuse. Relatives felt their relations were safe. One relative told us, "I feel [named] is safe."
- The provider had a recruitment policy in place. We reviewed the staff recruitment files and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care and support.
- Staff spoken with were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk. Staff had received training in how to safeguard people.
- The provider had not made referrals to the safeguarding authority as no concerns had been identified. The company director was aware of the circumstances under which a notification had to be completed and forwarded to the safeguarding authority.

Assessing risk, safety monitoring and management:

- Where there were identified risks to people, assessments had been completed to reduce the risk where possible. The assessments in place were detailed and explained how staff should support people safely.
- Risk assessments were reviewed regularly.
- Staff were aware of the risks that may affect the people that were cared for, and confirmed they had access to people's risk assessments.

Staffing and recruitment:

- People confirmed that staff were available to support them when they required. A person and people's relatives confirmed staff arrived on time and were employed in numbers to ensure continuous care.
- There were sufficient numbers of staff, deployed consistently to meet people's needs. The provider had ensured enough staff were deployed to provide visits on time.

Preventing and controlling infection:

- The company director told us they supplied Personal Protective Equipment (PPE) to all staff, and people's relatives confirmed staff wore the PPE.
- Staff managed the control and prevention of infection well.
- The director told us, and staff confirmed they had received training in the control and prevention of infections. A person and people's relatives confirmed staff used personal protective equipment such as gloves and aprons when providing personal care.

Learning lessons when things go wrong:

- The company director told us they had not had any accidents or incidents since they started providing support to people. They were able to describe actions they would take should an incident occur and how they would share information with staff to ensure everyone learnt from the incident.

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

Requires Improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- The company director told us staff received an induction, and then ongoing training and support to enable them to carry out their roles effectively. However, the provider had no record of what courses staff had attended. The staff records we viewed did not have any confirmation of courses completed or copies of training certificates. That meant we could not be assured staff were trained or experienced to provide safe and effective care and support.
- Staff we spoke with told us they had an induction and some online training when they commenced employment.
- Staff told us they had not undertaken any staff supervision since commencing employment. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group.

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

- Before care delivery commenced the provider undertook an assessment to ensure people's needs could be fully met by Etiquette Recruitment and Staffing Ltd.
- Care plans were developed for each identified need people had. Care and support plans were regularly reviewed. This ensured that if a person's needs changed this was reflected in changes to the care that was offered.
- A person told us they were satisfied with the care and support they received.
- People's relatives also agreed the care offered met their relations needs. This demonstrated staff delivered care and support in line with people's needs.

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

- Staff prepared or reheated meals for people as required and encouraged people to take fluids to maintain their health and wellbeing. One person said, "They [staff] tell me what choices are in the freezer I decide from that."

Staff working with other agencies to provide consistent, effective, timely care:

- Staff and management worked in partnership with social care organisations and staff and provided effective care in conjunction with other staff and carers.
- Staff and management knew people well and could identify when people`s needs changed and when to seek further advice.

Supporting people to live healthier lives, access healthcare services and support:

- A person and people's relatives told us they arranged all access to health professionals so there was no need for staff to arrange any health intervention.

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. We checked whether the service was working within the principles of the MCA.
- A person and people's relatives confirmed staff sought consent to provide care for people.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- The company director explained how people's confidentiality was respected. People's care records were kept confidential, electronic records were password protected.
- Staff were aware of people's preferences. One member of staff said, "I ask [named] if they want a shower, if they said no I would not do it, they've never said no yet."

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

- Relatives told us staff involved their relation where possible in making decisions about their care. One person said, "I feel fully involved [registered manager] came out and spent a long time completing it [care plan]."
- Staff told us they involved people in making decisions about their care. For example, one staff member said they would engage the person in conversation, explain what the task was and ensure they were fully aware before commencing care.

Respecting and promoting people's privacy, dignity and independence:

- Relatives told us staff respect people's privacy and dignity. A relative told us, "Staff are kind, they are able to gently persuade [named] to have a shower."
- Staff were able to describe how they provided support to people and promote their dignity. One staff member said, "I close doors and curtains and cover them [person] up."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's support needs were detailed in care plans, there was clear information what level of support the person required.
- The provider understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place. To date there have been no complaints made to Etiquette Recruitment and Staffing Ltd.
- People and people's relatives told us they knew how to make a complaint. Complaint details were included in the Service User Guide, but this did not include the contact details for the local authority. This was added following the inspection.
- The company director said they would re-issue the guide to people to ensure they had the additional information.

End of life care and support:

- No people received end of life support at the time of our inspection.

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

Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The company had been operating but not commenced any quality assurance audits. This had resulted in a missed opportunity for the provider to develop and improve the quality of care.
- There was no recognised quality assurance system in place. That meant there was no quality overview of the business, which could be used to provide direction and prompt growth.
- The company director said they were developing a new auditing and governance system in line with the new company who supplied their updated policies, but currently they had no evidence of quality audits. The company director told us they had recently changed to another company for their policies and information back up system. They added they had yet to commence their quality assurance of the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

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

- There were few opportunities for people or their representatives to share their views about the quality of the service provided. There were no spot checks or quality visits undertaken by the registered manager.
- The company director told us there had been a telephone survey, the results of which were not available.
- Staff told us there had been a questionnaire provided to the people using the service but none of the people using the service or their relatives could remember that being provided. The company director was not aware of this and could not find any evidence of it taking place or any feedback.
- Staff told us if they were unsure about anything they were supported by the management team. One staff member said, "There was one time a client was unsettled, I rang the manager and they came out straight away."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The company director was aware of their duty to inform relatives, stakeholders and the Care Quality Commission of accidents and incidents.
- The company director had a good business insight and outlook to provide a good caring service. They said, "You can start any business to make money, you should only start a care business if you care."
- People and people's relatives we spoke with felt the service was well managed. People knew who the registered manager was and the details of the office staff they could contact. One person said, "They manage to get someone to attend the calls, one or two previous agencies have let me down."

Continuous learning and improving care:

- The company director was aware of changes in practice by accessing information articles relevant to care provision and domiciliary care.

Working in partnership with others:

- The company does not have a contract with the local authority to provide domiciliary care services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided to people.</p>