

A.R.U Recruitment Ltd

# A.R.U Recruitment Ltd - ARU Homecare

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who are living with dementia, have learning disabilities or autistic spectrum disorder, mental health needs, physical disability, sensory impairment, young adults and older people. The majority of people using the service live in or around Beverley. At the time of our inspection there were 27 people using the service.

Not everyone using ARU Recruitment receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service. The inspection was undertaken on 1 December 2017, by two inspectors and an expert by experience.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed and they were going to make a registered managers application to the CQC.

People who used the service told us they felt safe with the staff. Staff understood how to identify signs of abuse and knew how to report concerns to protect people from harm and abuse. Infection prevention and control measures were robust. Risks present to people's wellbeing, and those present in their home environment were assessed and monitored by staff to protect the wellbeing of all parties. There were sufficient staff provided to meet people's needs.

Accidents and incidents were monitored and assessed to help to prevent further incidents from occurring. A business continuity plan was in place to inform the staff of the action they must take to maintain the service in the event of an unexpected emergency. Staff undertook training in health and safety and medicine management to help to maintain people's wellbeing.

Staff received training and supervision and an annual appraisal had started to occur. This helped to monitor and develop the staff's performance. Spot check visits occurred to assess the staff's skills and observe the quality of the service provided to people.

People's independence was promoted, potential risks to people's wellbeing were known by staff. Staff shared information with relevant health care professionals, with people's permission, to promote their wellbeing. People were supported to go out and socialise, where this was required.

People's capacity was assessed and care and support was provided in line with the Mental Capacity Act

2005, which helped to protect people's rights.

People were treated with kindness and their privacy, dignity and diversity was respected. People's confidentiality was maintained and care records were stored securely, in line with data protection legislation. Advocates were provided to people to help them raise their views, if necessary.

People had personalised care records detailing their individual preferences for their care and support. People's communication needs were recorded and staff were aware of this information. People's dietary needs were met, staff offered choices of food and drinks in line with people's preferences. There was a complaints policy and procedure in place, feedback was welcomed from people their relatives and staff. Any issues raised were investigated and this information was used to improve the service provided to people.

The providers visions and values were clear and the registered manager was working to develop the quality assurance audits and checks for all aspects of the service. Further time was required to ensure these were embedded at the service. We will look at the quality assurance in more detail at our next inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to safeguard people from harm and abuse.

Recruitment procedures were monitored. There were sufficient staff provided to meet people's needs and provide a safe service.

Staff supported people to take their medicines as prescribed. Staff used personal protective equipment to maintain infection control.

Information was available to help guide staff in the event of an emergency.

### Is the service effective?

Good ●

The service was effective.

Staff monitored people's health and gained help and advice from relevant health care professionals, as required, to maintain people's wellbeing.

Staff undertook training which helped to maintain and develop their skills. Supervision occurred and a yearly appraisal to help to support and develop the staff's skills.

People's nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us the staff were kind, caring and protected their privacy and dignity. Staff understood people's needs and involved them in decision making.

People were provided with information and explanations to help them make choices about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People needs were assessed and monitored. People received person-centred care and their health was reviewed and monitored by staff and relevant health care professionals to maintain their wellbeing. End of life care was provided.

People were supported to socialise or undertake activities, where this was required.

There was a complaints policy in place. Issues raised were investigated and rectified.

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

The service was not always well-led.

Quality assurance systems were still being reviewed developed and strengthened. Where issues were found corrective action was taken to maintain or improve the service. Further time was required to develop the quality assurance checks in place at the service.

The manager and management team were approachable and asked for and acted upon feedback they received.

**Requires Improvement** ●

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## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 1 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by two adult social care inspectors and an expert by experience who conducted telephone interviews with some people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of domiciliary care.

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. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held. We spoke with the local authority to obtain their views about the service prior to our visit. We reviewed all of this information to help us to make a judgement about the service.

During the inspection we spoke with two people who used the service, three relatives, the provider, a management consultant involved with the service and four staff. We also visited one person in their own home to gain their views.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files, supervision records, staff training records and staff rotas. It also included three people's care records and medicine charts, where this support was provided. Minutes of

meetings, quality assurance audits, policies, procedures and complaint and compliment information. Further quality assurance information was supplied to us, as requested, following our visit.

## Is the service safe?

### Our findings

People told us they received a safe and reliable service and no issues with the safety of the care and support they received. We received the following comments, "I feel very safe with them [the staff]. They support me and walk with me to the bathroom with my chair, because I tend to fall over sometimes", "They [staff] help me with my medicines when they are here. Staff are always attentive and helpful, making sure I'm ok. Yes I feel very safe with them."

Relatives we spoke with confirmed their relations received a safe and reliable service. Comments received included, "I definitely feel they are safe with the staff. They help them with medicines and it's all written up in the book. Staff always wear gloves and aprons. They are very professional", "They [staff] only visit to help with medicines because it's important that they get their medicine at set times. Everything is written up on the medicine administration sheet. I have no concerns" and "They are a very good group of carers that visit. Their timekeeping is good and I think they have a very good approach. I definitely feel they are safe with them."

We found people were protected from harm and abuse. Staff undertook training to make sure they were aware of the potential signs of abuse and were informed about how to report concerns. A safeguarding and whistleblowing policy and procedure was in place to guide staff about the action they must take if they suspected abuse may be occurring. The registered manager and staff understood their responsibilities to reported issues to the relevant agencies, including the Care Quality Commission (CQC). A member of staff said, "I would report abuse straight away."

We found staff were provided with training in first aid and health and safety, which helped them to deliver a safe service to people. Staff told us how they had dealt with emergency situations and had stayed with people until medical help and advice was gained. This helped to maintain people's wellbeing. The office staff and relatives were informed of these situations and provided assistance, as required.

There were risk assessments in place for known risks to people's health and wellbeing, for example, the risk of falls. Risks in people home environment were assessed, such as trip hazards, electricity or gas supply issues. This helped to inform the staff of any potential hazards to keep all parties safe. Staff we spoke with knew the risks present for each person and they told us they monitored and supported people to maintain their safety, whilst respecting people's independence and choice.

Staff working for the service wore uniforms and identity badges so they could be recognised as representing the service when attended to people in their homes. Information about people's home security and key codes for key safes were kept secure. People we spoke with were satisfied with how staff maintained their security when leaving their home.

Infection control training was provided for staff. They were issued with a supply of personal protective equipment, such as gloves and aprons to help the staff promote and maintain infection control in people's homes.



There was an 'on call' system in place outside of office hours. People who used the service, their relatives and staff were able to phone up for help and advice at any time. The 'on call duty' was undertaken by the registered manager who was just implementing a senior staff team to help with this. All relevant information about people's needs were available to the on call team so that situations which may arise and queries could be dealt with effectively.

The provider was recruiting staff and growing slowly to ensure a safe service could be provided to people. The registered manager told us they only took on care packages if there were enough skilled and experienced staff available to meet people's needs. The registered manager was fully trained and undertook care calls on a routine basis and in emergency situations to ensure people were safely supported.

Staffing levels were monitored to make sure there was enough competent, skilled and experienced staff to safely meet people's needs. People's needs were assessed, where possible so staff understood the support people needed. Staff we spoke with told us they covered each other's leave so people were looked after by staff who knew them and the risks present to people's wellbeing. There was an electronic tag system in place to monitor people's calls. Staff tagged in and out and the call was recorded on a computer system which prevented calls from being missed. If staff were going to be late for a call people were contacted so they were aware.

We inspected the recruitment systems in place. We found staff completed application forms, provided references, and had a disclosure and barring service check (DBS) undertaken. A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. Staff were not permitted to work for the service without having all the necessary checks undertaken. This helped to prevent staff working for the service who may not be suitable to work in the care industry.

The provider used current good practice guidance relating to medicine management. The support people required with their medicines was understood by staff. Only staff who had undertaken medicine administration training were allowed to support with this. We looked at people's care records; relevant information was present regarding prescribed medicines which informed the staff. Audits of people's medicine records had just been commenced. The provider followed the National Institute for Health and Clinical Excellence medicine management guidance to promote the safe management of medicine for people.

We found there was a transparent culture in place regarding safety. Staff were aware of their responsibilities and were able to report any safety concerns to the registered manager who addressed them immediately. The registered manager had started to audit any information received about accidents and incidents that occurred to look for any patterns or trends. They told us advice and guidance would be gained from relevant health care professionals to help to prevent further issues from occurring, where necessary.

The registered manager sent us a copy of the services business continuity plan, this was created following our inspection. This informed staff about what to do in an emergency, for example, a utility failure or fire at the office. It told us how the service would be maintained for people if the office could not be used to make sure people received the care and support they required.

## Is the service effective?

### Our findings

People who used the service told us the staff who provided their care and support were well trained. They confirmed the staff asked what support they wanted to receive and respected their decisions about their care. People said the staff did not rush their care and always checked if there was anything else they needed before they left. We received the following comments, "I think the staff are very well trained. When they are helping me, they always ask what I want done and check whether it's done the way I want. It's down to me. They help me with breakfast and always ask if I've got everything I need", "The staff are all trained and know what they are doing" and, "All the staff seem well trained to me, they are all very supportive and never make me feel like I am just a job to be got through. They include me in everything. They tell my wife if they think I need to see the doctor about anything."

Relatives we spoke with confirmed the service was effective. Comments we received included, "Its only medicines help they have at the moment. What they [staff] do is all in order and works well for her at the moment. I'm sure if they found [relative] was unwell they would let me know, but it's never happened - yet", "I think they [staff] are excellent, very well trained. They chat to [relatives name] and involve them in what they are doing and make sure they are happy with everything. It [care and support] is never rushed or forced. Staff heat the meals up for them and make sure they have had their medication. The staff are good at noticing if there's any little health issues that they think need attention and they let me know if I need to get the doctor in" and "New staff shadow an existing one before coming out alone and I know their timekeeping is good because they have an electronic tag system where they have to scan the tag in the folder to sign in."

The registered manager told us assessments of people's needs were undertaken, so that people's needs were understood. We saw information from the local authority, relevant health care professionals and discharging hospitals was gained to inform the staff about people's current needs. We saw staff used this information to produce individualised care plans and risk assessments for people. People told us they were encouraged to do what they could for themselves to maintain or help to improve their independence. One person we visited told us the staff understood their needs and delivered their care effectively.

We found there was a small team of staff at the service who supported people. They had information about people's care requirements so that if staff had to be allocated to care for a person they had not met before, all the information they required to deliver effective care was known to them.

We saw the provider followed good practice guidance, such as the Herbert Protocol (guidance about people at risk from wandering from their home), to advise the staff. The provider used CQC and the National Institute for Health and Clinical Excellence (NICE) guidance to inform the staff. The registered manager told us it was important to follow good practice guidance to promote people's wellbeing and maintain standards.

We found staff undertook equality and diversity training and understood the importance of allowing people to live their lives how they chose as individuals. The registered manager promoted equality and diversity for the staff team.

Staff were provided with training in a variety of subjects such as, safeguarding, fire safety, food hygiene, medication management, first aid and dementia care. This ensured the staff had the skills they needed to support people. We saw new staff had to complete a period of induction and they were commenced on the Care Certificate (a nationally recognised care qualification). Once their induction had taken place, they were allocated to work with senior care staff to help to develop their caring skills. Staff we spoke with told us this process had been thorough. One member of staff said, "I had induction training and shadowed senior care staff as well as undertaking a variety of training courses."

We saw staff supervision was taking place and supervision dates were diarised for the year ahead. Appraisals were also scheduled to take place. Supervision and appraisal records that we looked at highlighted staff's further training needs and any future goal for them to achieve. We saw performance issues were discussed, which helped to develop the staff's skills and potential.

Staff told us they cared about people's wellbeing and if they had any concerns these were reported to the senior staff, registered manager and to relevant health care professionals, as necessary. Staff were aware of risks to people's wellbeing and told us they monitored and observed people to make sure their wellbeing was maintained.

People's nutritional needs were assessed on the commencement of the service and periodically, if necessary. Where people needed help with their meals staff supported them and asked people what they wanted to eat and drink. Staff reviewed people's dietary needs and intake, and their care plans detailed the type of food required and if any swallowing problems were present. We saw staff alerted relevant health care professionals, the registered manager and people's next of kin if they had concerns about people's nutritional needs.

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. The registered manager and staff were aware of this legislation and acted to protect people's rights if they lacked capacity by providing support following gaining people's consent and in their best interests. Staff completed training on the MCA. Staff we spoke with confirmed they gained people's consent before providing care and support. We were told if people lacked capacity their relatives or relevant health care professionals were involved in making decisions to protect people's human rights. No one using the service had Court of Protection guidance in place.

## Is the service caring?

### Our findings

People told us all the staff were caring and kind. We received the following comments, "They [the staff] are all lovely", "They [staff] close the curtains and the door when they are helping me and always keep me covered up", and "The staff are very kind nice people. They talk to me - I don't see many people so it's a nice start to the day to have someone come in with a smile and chat to you. I can honestly say I've never felt they treated me with anything but absolute kindness. They are very good to me." And, "I have a small team of staff who are all lovely. (Name) is my favourite, they are brilliant. It is the personal touches that make all the difference. The staff at the office have my best interests at heart and the service is reliable."

Staff told us they loved working for the service and they confirmed they cared for people with dignity and respect. For example, by ensuring people were covered when assisting them with personal hygiene. Staff told us they treated people as they would like to be treated and followed their guidance. They confirmed the service was planned to allow them enough time to provide the care and support people required and they had time to sit and speak with people and involve them in conversation and decisions about their care. People we spoke with said the staff listened to what they said and acted upon it. They told us staff were not rushed and spent quality time with them, which helped them feel supported.

People told us they made decisions about their care. Care records we looked at confirmed this and ensured people were involved. People were provided with information and explanations to help them make choices about their care and support.

As part of the inspection, we visited one person in their home who was being cared for by staff from the service. We were escorted by the registered manager and the person gave their permission for us to visit. We were informed they were very happy with all aspects of the care they received. The person told us the staff looked after them and nothing was too much trouble. We observed the registered manager was attentive and kind and friendly professional banter took place, which the person enjoyed.

People were provided with a 'service user' guide. This provided information about the agency in a suitable format for people. Telephone numbers were provided so the management team could be contacted for help and advice at any time. This helped to ensure any issues were dealt with swiftly so people were supported. Information about advocacy services was provided to people so they could get assistance to raise their views, if necessary.

The registered manager told us the staff team were recruited for their caring nature. We found staff covered each other's absence and annual leave, where possible to provide continuity of care to people. The registered manager told us they worked with staff and covered calls because they enjoyed this and wanted people to be looked after by a team of people who understood their care and support needs.

Staff were provided with training about how to deliver personalised care and support to people to enhance their care. We saw the registered manager made sure there were enough staff available to provide timely care for people who used the service. The registered manager told us the service would grow at a sensible

pace to make sure the care for people was maintained and not compromised.

Staff recognised the importance of treating people equally and respecting their diversity. Staff completed training about this. Information about people's religious needs was recorded and understood by the staff.

Information about people was held securely in line with the Data Protection Act 1998. Staff understood their responsibilities to maintain people's confidentiality. The provider had a confidentiality policy in place to inform the staff. Computers used by staff were password protected to maintain people's privacy in line with current law and legislation.

## Is the service responsive?

### Our findings

People we spoke with told us the staff were responsive to their needs. People commented, "Staff help me to get ready for bed. Once I am in they bring me my gin and tonic, perfect", "I've never had a situation where there's been any need for them to call a doctor, but I'm sure they would if it happened", "They [staff] talked to me about the help they were giving me right at the start and they check, review it, as you call it, from time to time and ask me if I want more help" and "The staff are very friendly and helpful. When they come to see me they always ask 'what do I need or want.' It's never just this is what is in the care plan. I only have girls as that's what I'm comfortable with and they come at the time I asked for. I've never had to complain about anything."

Relatives confirmed the service was responsive. One said, "It's a really good set up. On one occasion [relative's name] nearly ran out of medicine because the pharmacy had cancelled the prescription for some reason but the manager picked up on it and sorted it all out and let me know what had happened. They are very good at keeping you informed." Another said, "Social services sorted out what help was needed and then the manager at the service came and talked it all through with me."

We found an assessment of people's needs was undertaken by the registered manager, unless an emergency request to start a service had been received from the local authority who then provided information about the person's needs. Where an assessment occurred this allowed people and their relatives to ask questions and find out what could be provided for them. People's care records contained information from relevant health care professionals, the supporting local authority and from discharging hospitals to inform staff about people's health and wellbeing. We saw the staff used this information to develop personalised care plans and risk assessments for people.

People's care records detailed their wishes and feelings regarding the support they required. They contained holistic guidance for staff about how to support people in all aspects of their care, for example, nutrition, skin care, mobility and communication needs. A summary of people's needs was provided to staff along with people's care plans and risk assessments so staff understood the care people required. We saw people's needs were reviewed regularly or as they changed with the person and their representative, where necessary. This helped to keep all parties informed.

People's care records also contained key information including their next of kin details, life history, involvement of relevant health care professionals, assessment, past medical history, areas of independence and goals to be achieved. This helped staff to understand people and engage with them.

Some people who used the service were receiving social care or support to go out in the community. People chose how they wished to spend their time and stated what help they needed from staff to maintain their social activities.

End of life care and support was provided, when necessary for people who used the service. The staff and

registered manager told us it was vital they met people's needs at this time and they supported people's relatives.

There was a complaints policy in place and this was provided to people. It informed them about how complaints would be handled and expected response times. It also detailed how to take further action if the response received was unsatisfactory. People we spoke with told us they had no complaints to raise. One person said, "I've never had to complain about anything." The registered manager used complaints to maintain or improve the service provided to people.

## Is the service well-led?

### Our findings

At the time of our inspection the registered manager had been in post since the beginning of November 2017. Due to this they were still reviewing, implementing and reviewing the quality monitoring checks and audits that were in place. There was a management consultant helping and advising them about how to develop these systems further and action plans were in place to make sure quality auditing relating to staff files, staff training, people's care records and medicine management was strengthened. We found these quality monitoring systems and checks needed to be embedded by the registered manager and we will review these further at the next inspection of this service.

The registered manager had a clear vision about what they wanted to achieve and about the type of quality service they wanted to provide for people. We found senior staff had just been appointed to help to support the registered manager to move the service forward. For example, senior staff had just been recruited to undertake spot checks, help with staff supervisions and on the call provision for the service. This made up the management team, the staff were just starting to develop their skills in these areas.

The registered manager was supported by a management consultant who attended regularly and provided constructive feedback to help them develop their skills. The service was being developed to make sure people's views were sought and to develop and maintain good communication with commissioners. We found the registered manager and management consultant were open and transparent. They worked as a team along with the senior staff to see how they could maintain or improve the service in any way. For example we found a business continuity plan was not in place, this was immediately created and sent to us following our inspection.

People we spoke with told us the service was well-led and the manager was accessible to them and their views about the service were sought. Without exception people said they would recommend the service. We received the following comments, "The manager is very passionate about the service wanting to provide quality of care to people. They want a service that people want to use and one that would be what you would want for any of your own family", "The manager does not want to lose the personal touch to the service. They have put off taking more care packages on because they want to build the service and ensure everything is maintained at a good level", "The manager is a nice person and very willing. I think from my point of view they run a very good service and I would recommend them to others needing help", "The service is managed effectively. They ask for my views" and, "The manager is very good; all the staff say so too. They check with us from time to time and step in if another carer can't make it."

Relatives were satisfied with the service. One relative said, "The manager is always contactable and there have been no problems with anything. I would recommend them."

All the staff we spoke with told us the manager was approachable and supportive to people who used the service and to staff. One member of staff said, "The manager keeps us informed. Staff meetings are held." We found the registered manager was positive and determined to support the staff.



People were provided with a statement of purpose which set out the aims and objectives of the service; the aim was to provide consistent good person-centred care to people and to support staff to work together to achieve this.

The registered manager had an 'open door' policy in place so that people who used the service, relatives, and staff could speak with them at any time.

Staff meetings were held so staff could raise their views. Minutes of the meetings were produced and were circulated to help to keep the staff informed. Staff we spoke with said their feedback was welcomed by the registered manager.

The registered manager sent out surveys to people who used the service. We looked at those which had been received and found they were positive.

A newsletter was produced for people, this informed people about the staff working for the service and about positive changes that were going to be introduced. This helped to keep people informed. We found the service was developing links with the commissioners of the service; GP's and district nurses who supported people.

Services that provide health and social care to people are, as part of their registration, required to inform the CQC of accidents, incidents and other notifiable events that occur. We found the registered manager reported issues to CQC, in the form of statutory notifications, which meant we could check appropriate action had been taken.

The management team held regular discussions to look at how the service could learn, improve and innovate. For example a recruitment file audit and medicine audit had just been introduced to help ensure these records were robust.

The registered manager was complimentary about the staff team and worked with them to deliver care. This enabled them to monitor the quality of the service provided to people. Staff we spoke with told us they appreciated this support and it helped them all work as an effective team.