

Xperience 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

The inspection site visit took place on 14 November and was announced. This service is a domiciliary care agency. It provides personal care to adults living in homes. Only one person was receiving the regulated activity of 'personal care' at the time of our inspection visit.

When we last visited the service in May 2014, we were not able to carry out an inspection, because the service was dormant; no-one was receiving the regulated activity of 'personal care'. The service had become active again in August 2017, so we scheduled this first comprehensive inspection under our new methodology.

The registered manager had been registered with us since February 2011. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively.

People and their relatives were included in planning how they were cared for and supported. Risks to people's individual health and wellbeing were assessed and their care was planned to minimise the risks.

The manager ensured staff had the necessary skills and experience to support people safely and effectively. They observed staff's practice, arranged for them to attend regular training and supported them to obtain nationally recognised qualifications in health and social care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

People and relatives had no complaints about the service. People and relatives knew the registered manager well and were invited to share their views of the service through conversation and meetings with the registered manager.

The registered manager checked the quality of the service to make sure people's needs were met safely and effectively. They understood that their personal, professional development enabled them to improve and develop the service.

Further information is in the detailed findings below

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 their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were confident to raise any concerns or complaints about the service.

Is the service well-led?

Good ●

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff were supported to carry out their work safely and felt supported by the management team. The provider's quality monitoring system included checking people received the care and support they needed.

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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 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.

The service had been dormant since January 2014 and had begun actively delivering the service in August 2017. This inspection was the first inspection of the service using our new methodology.

This service is a domiciliary care agency. It provides personal care to adults living in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where they provide personal care we also take into account any wider social care provided.

The inspection site visit was conducted by one inspector. Due to the short timescale between scheduling and conducting our inspection visit, the provider was not asked to complete a 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 provider was able to tell us the information we would have asked about in the PIR. We reviewed the information we held about the service and information that was shared with us by the local commissioners of care.

This inspection site visit took place on 14 November 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office, providing care or attending professional development training. We needed to be sure that they would be in.

We spoke with the manager and office staff and reviewed care records and policies and procedures. Only one person was receiving the regulated activity of 'personal care' at the time of the inspection visit. We

spoke with their relative, because the person did not wish to speak with us. We also spoke with their regular member of care staff, by telephone on 17 November 2017.

Is the service safe?

Our findings

The relative told us they had confidence their relation was supported safely. They were supported by the same regular member of care staff, who arrived when they were expected and stayed as long as the written care plan said they should stay. The relative told us the care staff were always punctual and their relation was always pleased to see the care staff. Care staff told us they always had enough time to support the person safely and never felt rushed.

The registered manager had assessed risks to the person's health and wellbeing and written a care plan that minimised the risks. The care plan included an assessment of the person's needs and abilities and explained how staff should support the person, while promoting their independence. The registered manager told us, "For new clients, I go and assess their needs, to see if we can meet the demand of staff and time. Many staff have limited time."

The assessment included an assessment of risks related to using equipment and risks related to the person's home. The risk control measures included instructions for staff about how to enter the person's home, how to make sure the person was safe when they finished their call and the actions they should take in an emergency. Care staff told us they had training in health and safety, moving and handling and first aid and knew what to do in an emergency.

The registered manager had developed and trained their staff to understand and properly apply appropriate safeguarding policies and procedures. The registered manager told us all staff had to read the policies, including whistleblowing and safeguarding policies, when they were first employed during their induction to the service. Staff attended regular training in safeguarding. The registered manager understood their responsibility to refer any concerns to the local safeguarding authority.

Daily records clearly showed how the person was supported at each visit by care staff, which matched the care plan. Records showed the person's level of independence had improved over time and their care plan was reviewed and changes to their care plan had been agreed to match the person's needs.

There were enough trained staff to ensure continuity of care for the person. The registered manager had assessed the person's needs and written their care plan, so they knew the person's needs and abilities. The regular care staff told us they had no concerns about being available to support the person regularly, because they lived nearby. The relative told us that other care staff, who worked regularly as care staff with the provider's care staff agency, had visited the person to get to know them and learn about their needs, in case they needed to support the person at short notice.

The registered manager checked that staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff recruitment records included the dates and results of the checks.

The person who was receiving care did not need support with managing their medicines, but care staff had training in medicines management, to make sure they would be able to support them safely and effectively, if the person's needs changed.

Care staff had training in infection prevention and control. The relative told us staff demonstrated they understood the need for good infection prevention practice. They told us they saw staff used protective gloves appropriately and said staff always left the premises clean and tidy.

Is the service effective?

Our findings

The relative told us their relation's needs were met because the registered manager understood their relation as an individual and had written a 'person-centred' care plan. They told us the care staff met their relation's needs effectively, because the care staff treated their relation as an individual and enabled them to take the lead in how they were cared for and supported.

The relative told us that care staff had adopted a good routine that their relation liked and looked forward to. The relative told us their care staff was, "Quick, efficient and caring in her work." The registered manager told us, "When I have a new client, I do the calls first and staff shadow, then I observe them in practice. It satisfies me when I know staff do it right." Care staff told us they had read the care plan and had been introduced to the person and their relative before they started working with them, so they had time to get to know each other.

Staff had training in the fundamental standards of care at the start of their employment with the service, to make sure they understood the responsibilities of their role. Staff were encouraged and supported to obtain nationally recognised qualifications in health and social care. The person's regular care staff told us they had obtained a level 2 qualification and planned to start the next level qualification in health and social care. They were confident the registered manager would support them to achieve this.

The person who was receiving care was supported by their relative when they needed to access healthcare services. Daily records showed that staff noted how the person was at each visit, so their relative could read and know of changes in their appetite or mood, which could be a sign they needed advice from a healthcare professional. The relative said, if their relation's needs changed, "I would be more than happy to upgrade the package and can increase it if needed."

The person who was receiving care was supported to maintain a balanced diet of their choice. For example, their care plan explained exactly how choice should be offered, the size of the portion of food and the type of milk they preferred. The care plan clearly described the actions for staff and the actions the person could undertake independently with preparing their meal.

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. The person being supported by the service at the time of our inspection had the capacity to make their own decisions. No-one needed to make decisions in their best interests.

Is the service caring?

Our findings

The relative told us the registered manager and their regular care staff were caring and kind. They told us, "[Name] loves it. Care staff are jolly and [Name] is really happy." The relative said, "I would recommend [Name of care staff]. Right from the outset, they were so easy going. It's about building the relationship, that friendship."

The relative told us their relation 'loved' the care and support they received because the staff involved the person in all decisions and discussions about their care, for example, which shampoo would be best to wash their hair.

The relative told us they had been fully involved in discussions about the person's needs and abilities, because the person had asked them to be involved. The relative had signed the care plan on behalf of their relative, because their relative had asked them to. Records showed the letter accompanying the initial plan of care was addressed to the person. The registered manager respected the person's independence, even though they did not sign the care plan in person.

The relative told us the registered manager had given them a 'service user guide', which included information and explanations about the person's rights, what they could expect of the service, how to contact the office and how complaints are handled.

The member of care staff told us they enjoyed their work because they enjoyed working with people. They told us they had enough time to do everything they needed to and time to 'chat' with the person. They said they 'could stay all day', because they enjoyed the person's company, but had to leave at the agreed time, because they had other responsibilities.

The member of care staff told us they understood the person's need for privacy and respect. We found care staff protected the time they spent with the person. For example, the member of care staff would not answer calls to their mobile phone while they were spending time with and supporting the person.

The registered manager told us it was important to match people and care staff by their personalities and staff availability, and by people's cultural needs and traditions. They told us, "Every package of care is unique, and we match clients to specific staff." They told us, for example, they had to decline a recent request for care, because they were not able to supply staff who spoke the same language as the person who needed care.

Is the service responsive?

Our findings

The relative told us their relation's care plan had already been reviewed and updated to match their relation's changing needs and abilities. Daily records demonstrated staff only attended on the days the person currently needed care and support. The relative told us they appreciated the facility to, "Step it up or down" to meet their relation's changing needs. They had every confidence the service would be able to continue to support their relation if their needs or abilities changed again.

Records showed the registered manager assessed the person's physical, mental, emotional and social needs. Their care plan clearly described how care staff should support the person to maintain their preferred routines and preferences, and to respond according to the person's decisions at each call.

The person's care plan included details of those people who were important to them, which enabled care staff to understand and support the person to maintain their familial relationships. Their care plan explained their cultural and spiritual beliefs, which helped care staff to understand their habits, traditions, preferences and needs to socialise. Care staff supported the person to go out in their local community, where and when the person wanted to go out. The person was happy to share their plans with staff, to make sure their future care and support needs were known and planned for.

The service user guide included information about the complaints process. The process invited people to complain by telephone, fax, email or in writing. The service user guide explained that complaints would be investigated by the registered manager personally, if people were not happy with the immediate efforts to resolve them by the office staff. The relative told us they had a copy of the service user guide at their home. They told us they would be confident to approach the office staff if they had any concerns, because they were sure any complaints would be treated seriously and resolved. They said, "I wouldn't hesitate to complain, if I needed to."

Is the service well-led?

Our findings

The relative told us they thought the service was well-led and well managed. They said they trusted the registered manager, because they had met with them at the initial assessment and the registered manager had delivered care at the start of the contract. The registered manager had made sure staff were competent and understood their relation's needs, before allowing staff to work independently with their relation.

The registered manager was also the provider, or owner, of the service, so they had complete oversight of the service. They conducted the assessments of care, so they could be confident that the service was able to meet people's needs before agreeing a package of care and support. The registered manager recognised the limits to their service and declined new requests for care if they could not be confident they had the right staff with the right skills to meet a person's individual needs.

The registered manager had included their mission statement in the service user guide, which was given to each person that used the service. The mission statement explained their vision and values, as "We aim to offer a flexible, efficient and professional service, which is tailored to meet each person's individual needs" and "To promote the clients' independence and personal dignity." This statement meets the expectations within the Regulations.

The registered manager told us they had looked at the guidance for providers on the CQC website when we had announced our inspection. They said they wanted to be sure they understood the changes in our inspection methodology and the requirements of being a registered person, because the service had been dormant for more than three years. The service has not been inspected since we introduced our 'fresh start' methodology in 2014.

The registered manager had ensured all staff maintained their skills and competence, during the period that the service was dormant from January 2014 until August 2017. Staff who were available to deliver the care at home service were also available to work as agency staff, through the registered manager's associated business. The associated business is a care staff agency that supplies agency staff to providers of care homes in the local area. All the staff that had signed up as 'available to work' for the service had to complete five days' training every year. The registered manager prepared a 'profile', or CV, for each member of care staff, which explained their skills, experience, training and availability.

The registered manager's quality assurance system was effective. It included asking people if they were happy with the service and monitoring staff's practice. Records showed that when staff worked with people in their own homes, the registered manager observed their practice through unannounced checks at the person's home. The observation checklist included checking whether staff used the personal protective equipment appropriately and whether people's medicines were administered safely, when people needed support with their medicines. After their observations of staff's practice, the registered manager invited staff to one-to-one meetings to give them feedback and to discuss any development needs.

The registered manager told us that staff team meetings were 'rare', due to the nature of the work and staff's

availability. They told us they maintained regular contact with staff through phone calls and text messages. The service was supported by an administrator during core office hours and the registered manager was on duty at the office early in the morning and during the evenings. Care staff told us the arrangements worked for them. They said they felt well supported by the registered manager and the office staff. Care staff told us, "I get all the help I need, when I need it. Whoever is in the office is good and calls me back promptly."

The registered manager told us they wanted to continuously learn, improve and be innovative in delivering the service. At the time of our inspection, the registered manager was studying for a level 5, leadership and management qualification in health and social care. They told us their final year dissertation would cover the topic of 'service improvement'. They told us they were enjoying the course and were using their learning to implement improvements to the service. They told us, "I have learnt so much. The course has really built my confidence."