Everyday Recruitment Agency Limited

# Everyday Recruitment Agency

## Inspection report

17 Rowlands Road
Worthing
West Sussex
BN11 3JJ

Tel: 01903238636
Website: www.erahealthcare.com

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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 took place on 24 November 2016 and was announced.

Everyday Recruitment Agency (ERA) is domiciliary care service that provides support to people Worthing and surrounding areas. At the time of our visit the service was supporting 52 people with personal care and one person with nursing care.

The service had 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very satisfied with the service and the support they received. In one card of thanks written to the service we read, 'Thank you so much for being part of my life. You have been great, just been like a family to me'. Another relative had written to the provider saying, 'Thanks to all the girls… without them (name of person) could not have remained in her own home. We always found them to be friendly, caring and effective'.

People received a safe service. Staff understood local safeguarding procedures. Risks to people's safety were assessed and reviewed. People received their medicines safely and at the right time.

People had confidence in the staff who supported them. There were enough staff to provide care and to offer flexibility in the service. Staff received training to enable them to deliver effective care. They were supported in their roles by a system of supervision and appraisal.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. Where people could benefit from additional support, referrals were made to other healthcare professionals.

People were involved in planning their care and determining how they wished to receive support. They spoke highly of the care they received and of how staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes.

People felt able to contact the registered manager or staff if they had concerns and said that they received a quick response.

The registered manager and provider monitored the delivery of care and had a system to monitor and review the quality of the service. Suggestions on improvements to the service were welcomed and feedback encouraged.

## 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.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and minimise any risks.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

### Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

### Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care. They were encouraged to pursue their independence.

People were treated with dignity and respect.

## Is the service responsive?

Good

The service was responsive.

Staff understood how to support people.

People's care had been planned and reviewed to reflect their needs and preferences.

Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

## Is the service well-led?

Good

The service was well-led.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

The management team were readily contactable. Staff felt they were listened to and valued.

In addition to people's feedback, the registered manager used reviews, audits and unannounced visits to monitor the delivery of care. This helped to ensure that it was consistently of a good standard.

# Everyday Recruitment Agency

**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.

This inspection took place on 24 November 2016 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.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in caring for a young person with learning disabilities and in caring for an older person.

Before the inspection, we reviewed the provider's website and registration information. We also reviewed one previous inspection report and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

Although the provider had completed a Provider Information Return (PIR), this was not available to the inspector prior to the visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed key parts of this information during the inspection visit.

We visited the office where we met with the registered manager, training manager, senior care worker and one care worker. We looked at care records for six people, medication administration records (MAR) and visit

record sheets. We also reviewed five staff training, supervision records and recruitment files, minutes of meetings, staff rotas and compliments received by the service.

We visited three people in their homes and met with four care workers and one relative. We telephoned nine people, two relatives and two care workers after the visit to ask for their views and experiences.

Everyday Recruitment Agency was last inspected in January 2014 and there were no concerns.

Good

# Is the service safe?

## Our findings

People told us they felt safe with staff and the support they received. One person told us, "I feel very safe. They are very caring and always ask if they are hurting me. They only do what I want them to do". Relatives said they had total confidence in the staff. One told us, "I trust them all. I can go out and leave them with him (person receiving care). I know he's in safe hands with all of them. They're very good that agency". Another relative said, "I can go out of the door and I know he'll be fine". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including moving and handling, food handling, the home environment and medicines management. The assessment on the home environment considered the ease of movement around the premises, trip hazards such as loose rugs or pets, external lighting and appliances. Moving and handling assessments detailed the equipment needed, the number of staff required to support the person safely and information on how to carry out each type of transfer, for example from the bed to a chair. Where assessments had identified risks that could be resolved or minimised, action had been taken.

There were enough staff to cover the scheduled calls to people and to offer flexibility if additional or alternative hours were requested. One relative said, "They're on time, they stay their time, they're all very, very good". Staff told us that the rotas were managed well and allowed sufficient travel time. One care assistant said, "I'm not a driver and they allow time for that". The rotas were arranged in advance and copies sent to people each Wednesday, detailing the times and names of care workers who would attend from the following Sunday. Some calls were made by registered nurses if the person had been assessed as needing this level of support. The senior carer was not usually included on the rota which offered flexibility if cover was needed at short notice, such as in the case of sickness. The registered manager was also able to cover calls where needed. The registered manager told us, "I have a good team". She added, "We have enough staff to cover our calls comfortably but we are recruiting with a view to growing".

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. For nurses, their registration with their professional body was checked to ensure they were fit to practice. These measures helped to ensure that new staff were safe to work with adults at risk.

People were happy with the support they received to manage their medicines. One person told us, "They're very good. They give me my meds and get breakfast. They are reliable". The guidance for staff on how

people took their medicines included where they were stored and the arrangements for supply of medicines, such as delivery by the pharmacy. There was also detail on the route, for example oral or via a gastrostomy tube (administered by registered nurses). We observed as one care worker supported a person to take their morning medicines. The care worker checked the Medication Administration Record (MAR) before dispensing the medicines from the blister pack. They ensured the person had a drink and signed the records once the tablets had been taken. We noted that some MAR in people's homes contained gaps, though in each case there was a record in the corresponding notes confirming that medicines had been administered. One person told us, "There has never been a day when I haven't had two calls and my meds. They've never missed my meds, I can vouch for that". There was a system in place when MAR were returned to the office each month whereby any gaps or issues were identified, followed up and addressed with individual staff if necessary.

Good

# Is the service effective?

## Our findings

People were very satisfied with the care they received. They felt staff were competent and worked hard to provide them with the best possible care. One person told us, "The care staff are knowledgeable. I am more than happy". Another said, "They are excellent. I can't fault them at all". A third confirmed, "They are very capable". Relatives were equally complimentary. One relative said, "I'm over the moon. I wish I'd changed to this company years ago. All the girls are lovely. It's fabulous". Another told us, "(Name of person) has the best of care and he's delighted. Everyone who comes is so pleasant and so nice and efficient. They come in and do what they have to do efficiently".

Staff had received training and had confidence in their abilities. One care worker said, "ERA keeps us up to date. The training is the best I've ever had". Another told us, "We're always having to do courses". Training made mandatory by the provider included moving and handling, medication, safeguarding, fire, health and safety, infection control, food and nutrition. There were also courses in dementia care and the Mental Capacity Act 2005 (MCA) which had been completed by staff. The provider had their own trainer who delivered the majority of initial and refresher training to staff. This provided flexibility as training could be provided on a one to one basis if required. Staff could also access online courses for specific topics or to supplement their learning. Staff told us that they were required to complete their training before starting work. Where staff were due refresher training this had been arranged or had been booked in the coming weeks. One care worker said, "With them, you are up to date. If you don't do the courses, they won't let you go to work".

Where people had specific needs, such as to manage their epilepsy or for fluid, nutrition and/or medicines to be administered via gastrostomy tube, relevant training was available. We spoke with staff who supported two people who had specific needs. Staff confirmed their knowledge of the support required and said that they had received training, sometimes in previous employment. One care worker said, "ERA checked I knew what to do. I used to deal with epilepsy prior to ERA. I feel confident; I definitely know what to do". Another told us, "To work with (name of person) you must have all this training". Although staff demonstrated a clear understanding on how to support these individuals, the registered manager was unable to provide evidence that they had all received appropriate training. Where training had been given, this had not been recently updated, for example epilepsy training had been provided in 2014 and training on the use of a gastrostomy tube in 2010/11. There was a similar issue in ensuring that staff who worked with children had been trained in child safeguarding. We found evidence of training in this area for two out of four care workers who supported children, one from 2011 and one from 2014.

Although we did not have concerns over staff knowledge or the support that people received, we highlighted the lack of training records to the registered manager. We found that these additional courses did not form part of the provider's main training database. This meant that there was no flag to say when a staff member was due refresher training. Following our visit the registered manager wrote to us saying, 'The carers concerned and child care team have been on a course this morning. I have enclosed the certificate that was given for their attendance'.

When new staff joined the service they were supported. They completed induction and mandatory training with the provider's trainer, followed by a series of shadow shifts where they could learn from experienced staff. During the first three months of employment, staff who were new to working in care completed the Care Certificate, a nationally recognised qualification covering 15 standards of health and social care. Before working independently, experienced staff monitored the new staff member's performance to assess their competency.

Staff felt supported. One care worker said, "It's a lovely company to work for". Another told us, "They're so approachable, any problems you can talk to them. They'll sort it out for me". Staff attended regular supervision and received spot checks by a senior care worker. Registered nurses received supervision from a clinical nurse lead who was employed by the provider. One care worker described the purpose of supervision as, "It's to make sure I'm happy and if there is any other training I need or would like". The spot checks considered whether the staff member was appropriately attired, if they had their identification badge, assisted the person appropriately, ensured their dignity and completed the records of the visit correctly. Once a year, staff attended an appraisal meeting which considered their performance, professional development, approach and training objectives.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that people had been involved in determining how they wished to be supported. Where possible, people had signed their care plans to demonstrate their agreement. If this had not been possible, the records explained why, for example we read, 'Unable to sign but participated fully'. Where people lacked capacity to consent to the planned care we saw that relatives, friends and/or health and social care professionals had been involved in care planning. This would help to promote understanding of the person and how they might have chosen to be supported. The registered manager demonstrated a good understanding of her responsibilities under the MCA. She shared examples of referrals she had made to the local authority to review a person's needs, for example when they felt one person was struggling to safely manage their own finances. Where people had made advance decisions, such as setting out their wishes in a living will, this information was available and stored in the care records.

Some people were supported to prepare meals and drinks and to ensure that they ate and drank enough. People's care plans included details on their dietary preferences and on their individual support needs. For example we read, 'Can make own snacks' but also that the person needed assistance cutting up food. Where people had specific eating and drinking guidelines (written by a Speech and Language Therapist), these were available to staff. We accompanied a staff member on a morning visit to one person. The person was offered a range of options. Their choice was then prepared and served by the care worker. For one person who had a limited appetite, staff maintained a record of the food they consumed, which might be helpful if further intervention was required, for example by a Dietician.

People were supported to maintain good health. Staff had made referrals to the GP and other healthcare professionals when required. When one person injured themselves and sustained a skin tear, staff shared information with the relevant professionals involved in the person's care. The service maintained a hospital passport for each person. This is a document that details the person's needs and preferences and would

help hospital staff provide appropriate support if the person was unable to communicate their needs. The hospital passport could be generated directly from the provider's system to provide an up-to-date record.

Good

# Is the service caring?

## Our findings

People enjoyed good relationships with the staff who supported them. One person told us, "I am one hundred percent happy. Everyone I've met is very helpful and very pleasant. They look nice and are usually on time. I seem to get people I know most of the time. I can chat with them. They are very pleasant people and good company". Another told us, "I can have a joke with my carers. They have a nice sense of humour and that helps". The registered manager explained how, when appointing new care workers, they used an assessment to gauge the person's knowledge and empathy. In the PIR we read, 'On application for a position as a carer we would want to employ people who will provide all customers with dignity, respect, compassion and kindness. It (the assessment) tells us of their suitability and key qualities on how they would uphold the rights of the individual, their professionalism, understanding and caring for others, working with others and how they communicate and empower others'.

People enjoyed continuity in the staff who visited them. This helped to build and maintain relationships. The registered manager told us that they tried to introduce a main care worker and two others, to provide adequate cover. She added, "I'm quite good at matching carers with customers. I know the customers individually. We've had some customers for years". We observed that people and staff got on well. They chatted about their families and interests and clearly knew each other well. Staff confirmed that they had a regular rota. One care worker said, "I have nearly the same people every week". People and relatives spoke warmly about staff. One person said to their care worker, "You're wonderful. You look after me. We have a laugh". Another told us, "They (staff) listen and chat to me. I know them by their first names. They know exactly my routines and how things are done." A relative told us, "They have a good attitude. They are very cheerful and caring. There is one carer who is an absolute boon. He knows what my husband likes and he does it. They talk football".

People felt involved in their care and support. They told us that staff listened to them and acted on their wishes. One person said, "I can say how I want things done". Another told us, "They are a nice bunch of carers. They talk to me and they listen to me". Before a person started to receive care, an assessment was carried out. One relative said, "A lady came along and discussed my husband's care with him, myself and my daughter-in-law. There was quite a lot of discussion". Care plans included details on how each person wished to be supported. When we visited people in their homes, we heard staff checking with them as they assisted them. For example, if it was alright to wash their hair or asking if they felt dry after their shower. There were regular reviews of people's care. These meetings provided a formal opportunity to consider if the outcomes of the person's support were being met and for people to request any changes. People were asked how they felt about areas such as time keeping, staff approach, whether the care package met their needs and if they felt safe living at home. Where changes had been requested, the care plans had been updated. One relative said, "They clean up, wipe the bathroom. They do it just how I want. I'm fussy and I'm very, very happy".

People were encouraged to be as independent as they were able. Care plans directed staff to promote independence by detailing the tasks people could manage and those where they required support. For example we read, '(Name of person) is able to brush his teeth independently using his electric toothbrush

but help in putting toothpaste on his brush' and, 'Wash and dry up dishes – (name of person) likes to assist with this task'. People explained how staff supported them. One said, "I have to use a walking frame. I am not very able. The carers are all very helpful. They don't rush me. They take their time". Another told us, They are very good with my personal care and helping me dress. I say that I am a bit slow but they say don't worry, that is perfectly all right, carry on as you are".

People felt respected by staff and staff understood the importance of respecting people's privacy. Before a care worker explained to us about a person's health needs, they checked with the person if they were happy for this information to be shared. People told us that staff were mindful of their privacy. One said, "The people have been doing it a long time. There are mature ones and young ones. They are so respectful". Another said, "I have to get fully undressed. It is not very nice. They don't make you feel embarrassed". People received a schedule which set out their visits for the coming week. They told us that staff informed them if there were any changes. One person said, "If they are stuck in traffic they always phone me, it isn't very often". Another told us, "The office always calls if there is a change, which I like". We found that people were treated with respect and dignity.

Good

# Is the service responsive?

## Our findings

People received personalised care that met their needs. Before a person received support they were involved in setting up their care. This information was detailed in a care plan which guided staff on how the person wished to be supported. It included information about the person's medical history, their needs in areas including moving and handing or communication and a description of the tasks required on each visit. Examples of outcomes included, 'Encourage and assist (name of person) with personal care', 'Staff to administer medication and record on appropriate chart' and, 'Staff to encourage (name of person) as much as possible to minimise the risk of self-neglect'. One relative told us, "All of them understand (name of person) 100 percent. They know how to handle him".

The description of tasks clearly explained what staff should do to meet the outcomes for the person. For example we read, 'Make a cup of tea and take if to (name of person) in bed' and, 'When (name of person) is sitting up on the bed, put his slippers on'. Where people required nursing care, the care plans were of a different format and included detailed information including skin and wound care, oxygen use and personal hygiene. Staff completed monitoring records which demonstrated that care had been delivered in accordance with the plan. Staff felt the care plans were easy to use. One care worker said, "They're (care plans) great, it is all written down". Staff also had access to the most recent care plans via a secure online system. This meant that they could check details or plan their visits in advance.

In the PIR the registered manager wrote, 'When we initially go out to do an assessment with the customer we effectively listen to the family and the customer and what they want to achieve and what is important to them'. People were very happy with their support. One person said, "These are on the ball! They just do it automatically. I'm so happy with them". Another told us, "They are very, very kind. I would recommend them. They've all done everything that is required. They always ask the question 'Is there anything else I can do?'". A relative said, "They bend over backwards that agency to help me. I can really recommend them to anybody".

People said that staff were always willing to help them with additional tasks. When we visited one person, the care worker was assisting them to call and engineer as their boiler was faulty. In another care plan we read that staff had been to pick up a prescription as they had realised it would run out before the next pharmacy delivery. Where necessary people were able to amend the time or duration of their visits to suit their needs. One person explained, "If I want to alter my time I just have to phone up the office and say that I would like an extra early morning call and I will get it. I maybe have to give a couple of days' notice". A relative said, "They never let me down. They get me my staff". Another relative had written to the service saying, 'It has always been a big comfort to know that when more input was required, it was there within hours and all staff have been friendly and professional at all times. It has been comforting to have such a great team on the end of the phone'.

People felt able to share any concerns with staff and told us that any issues they had raised were quickly resolved. One person said, "I am quite content. If I had any concerns I would let them know. I have no qualms". Another told us, "They are very good. They always listen in the office. They are obliging". Each

person's home file included contact information for the office, both in and out of working hours.

People understood how to make a complaint. The complaints policy was included in each person's home file as part of the 'service user guide'. In the provider's feedback questionnaire, 15 of 16 people who responded said that office staff were able to deal with any complaints they had, the remaining person had responded 'not applicable' to this question. Although the service had not received any formal complaints, we saw that any minor issues raised had been logged and responded to appropriately. One person told us, "I have no complaints whatsoever. Not one".

Good

# Is the service well-led?

## Our findings

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. In the 'service user guide' we read, 'We aim to provide our service users with a complete service of care of the highest quality within their own home environment. We strive to offer a flexible, efficient and professional service which is tailored to meet each person's individual needs'. We found that the service listened to people and acted on their wishes. One relative said, "I'm very happy. It's the best agency I've ever had". Another told us, "I trust them completely. I don't think they could get any better. They really care".

The registered manager had been in post since 2011 and was well respected. People and staff told us that they could approach the registered manager with any concerns or suggestions. One care worker said, "She's lovely. I'd never leave them (ERA)". Another told us, "She's friendly, I can ask her if I have any questions". There were regular staff meetings to promote good communication and open discussion. In the minutes of the meetings we saw that reminders and updates on practice had been shared. The registered manager also told us they had regular contact with staff. She said, "The girls come and pick up their rotas, they come in for a chat and a cup of tea. They know we are there to support them".

The registered manager had systems in place to monitor the service and to identify areas for improvement. The care that people received was evaluated via reviews and through staff supervision. Spot checks on staff in people's homes considered how they interacted with the person, their ability to carry out the tasks required, their timekeeping and the records they maintained. Where issues had been identified, additional staff supervisions had been arranged and further training if required. People, their relatives and staff had been asked for feedback in surveys sent out by the provider. The results of these surveys had been analysed to identify any actions required to improve the service. In the most recent customer survey, from March 2016, just over 80% of respondents were 'very satisfied' with the service, with the remainder recording that they were 'satisfied'. The staff survey from 2014 to 2015 showed an improvement in how staff felt supported by the senior care workers and in their overall job satisfaction.

A system was in place to audit the daily care records and MAR. We saw that this had identified a number of gaps in MAR and these had been addressed with individual staff members. Any incidents or accidents were recorded and reviewed by the registered manager so that action could be taken to minimise future risk. A new system of file audits had also been introduced. This helped to ensure that all the necessary information was included in the care plan. We found that the systems in place were effective in monitoring the quality of service that people received, in sustaining it and working towards further improvement. One person said, "They are very good. I am very happy".