

Pristine Recruitment Limited

Pristine Recruitment

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pristine Recruitment is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of the inspection the service was supporting 15 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Following the last inspection, two recommendations had been made in relation to recruitment processes and risk management. The service had implemented the required improvements.

Recruitment checks were complete and adequately assessed staff suitability to work with vulnerable adults.

People received their medicines safely and as prescribed by care staff who had been trained and assessed as competent to administer medicines.

Risk assessments and management plans had been compiled to ensure people were supported to remain safe and free from harm. Staff knew the people they supported well and described their risks and how to support them.

People and relatives told us they felt safe and confident with the care and support that they received from their care worker. Care staff had received training on how to recognise abuse and the processes to follow to report their concerns.

Care staff had access to the required personal protective equipment (PPE), information and guidance to prevent and control the spread of infection.

People and relatives spoke positively about the management of the service, the quality of care delivery and the registered manager who they found to be responsive and accommodating.

Care staff felt supported and valued in their role.

The registered manager ensured systems and processes were in place to monitor the quality of care people received and ensure where issues were identified these were addressed.

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

Rating at last inspection (and update)

The last rating for this service was good (published 03 February 2018). At the last inspection we had made two recommendations relating to assessing risk and recruitment processes. This meant that the key question of safe was rated as requires improvement. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check that the provider had implemented the recommendations made and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those recommendations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The rating of the key question of safe as improved to good. The overall rating for the service has remained as good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Pristine Recruitment on our website at www.cqc.org.uk.

Follow up

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

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pristine Recruitment

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience who spoke with people and relatives of people using the service by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May 2021. We spoke with people and relatives of people using the service on 18 May 2021. We visited the office location on 10 June 2021. The other days were spent reviewing records and speaking with staff.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the administrator. We reviewed a range of records. This included five people's care and one person's medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five people using the service and five relatives of people using the service. We also spoke with three care staff. We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider follows current best practice guidance and carry out checks to ensure that all employment records meet the required standards. The provider had made improvements.

- People were supported by care staff that had been assessed as safe to work with vulnerable adults.
- Staff files contained criminal record checks, references confirming performance in previous employments and proof of identity.
- Sufficient staff were available to safely meet people's needs. People and relatives told us that they were supported by a regular team of staff who arrived on time. Where staff were running late, people and relatives confirmed that they were informed. One person told us, "I had a consistent team [care staff] especially during COVID-19 I have a great relationship with them." One relative stated, "They ring if they are going to be late."

Assessing risk, safety monitoring and management

At our last inspection we recommended that the registered manager reviews their falls risk assessments to ensure a risk management plan was in place. The registered manager had made the required improvements.

- Risks identified with people's health, medical, social and environmental needs had been assessed and recorded as part of their care plan.
- Assessed risks included moving and handling, falls, pressure sores, specific health conditions, the environment and for equipment used. Risk assessments provided guidance to staff on how to support people with their identified risk and how to minimise risk of harm. However, some risk assessments lacked person centred detail on how the risk affected the person and specific detail on how to support the person safely. Following our feedback, the registered manager sent us updated risk assessments with noted amendments.
- Staff told us that they supported people who were well known to them. They demonstrated an awareness of people's support needs and associated risks. One staff member explained, "There are risk assessments like fire risk, risk assessment for clients who live by themselves to make sure they are safe."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of abuse.

- People and relatives told us that they felt safe with the staff member that supported them. Feedback included, "Safe oh yes I think so", "Yes, my grandmother is very safe" and "I feel mum is safe."
- Care staff told us and records confirmed that they had received safeguarding training which was refreshed annually.
- Care staff clearly explained the different types of abuse, how they would recognise possible signs of abuse and the actions they would take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns.

Using medicines safely

- At the time of the inspection there was only one person receiving support with the administration of medicines.
- Policies and systems in place supported the safe administration of medicines. Records seen confirmed that the person received their medicines safely and as prescribed.
- Whilst care staff knew the people they supported well and knew when to appropriately administer as and when required medicines (PRN), we did find that written PRN protocols were not as detailed on how and when to administer these medicines. PRN medicines can be administered to help with pain relief or anxiety. Following our feedback, the registered manager sent an example of an updated PRN protocol.
- Care staff received medicines training and their competence was assessed to ensure they understood their training and were implementing the correct procedures when administering medicines.
- Monthly checks and audits were completed to ensure people received their medicines on time and as prescribed. Where issues were identified these were recorded and addressed.

Preventing and controlling infection

- The registered manager explained the steps they had taken to ensure people and staff remained safe and protected from infection. Policies and procedures were in place to support their practices.
- People and relatives told us staff always wore Personal Protective Equipment (PPE). One person told us, "They always wear masks." A relative stated, "During COVID-19 they wore PPE, the carer is very careful."
- Staff were provided with the required personal protective equipment which included gloves, aprons and masks. Staff were part of an organised testing regime to minimise the risk of transmission of COVID-19 to people.
- Care staff told us that information and guidance on infection control and the correct use of PPE was exchanged with them regularly including all relevant updates.

Learning lessons when things go wrong

- Systems and process were in place to report and record all accidents and incidents. Details of actions taken were also documented.
- The registered manager explained that accidents, incidents, safeguarding concerns or complaints were shared with the care team so that learning and improvements could be implemented, and future re-occurrences prevented. The registered manager said, "We bring into meetings as well so that everyone can learn, and we can share ideas as well."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke highly of the registered manager and told us that they were always available to speak with and addressed their concerns and issues immediately. One person told us, "Sometimes the manager comes herself. I have her number to ring and no I have never had any complaints." One relative stated, "We have worked with her [registered manager] for many years now we know her and she listens to us you always get a response from her."
- People and relatives also told us that during the COVID-19 pandemic the registered manager had maintained regular contact with them, checking how they were and giving them updates.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had systems to assess, monitor and improve the quality and safety of the care and support people received.
- A variety of audits and checks were completed regularly which included unannounced spot checks, medicine and daily record audits, telephone monitoring and regular reviews of the care and support people received.
- Whilst we identified some minor issues around recording detailed, person centred information around risk and PRN protocols, the registered manager was eager to learn and address the issues identified. Following the inspection, the registered manager sent records to us evidencing the improvements they had made.
- The registered manager understood their regulatory responsibilities and were keen to ensure that these were adhered to and people received safe and good quality care.
- Care staff understood their role and responsibilities and knew they could approach management at any time with their issues or concerns. Care staff spoke positively about the registered manager, their work ethics and the way in which they were supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us that they were fully engaged and involved in the care planning process and reviews.
- People and relatives had been asked to complete satisfaction surveys in very recently in May 2021. Feedback had been positive. Where issues had been noted these had been acted upon to make the required improvements.
- People and relatives also told us that the registered manager kept in touch with them regularly to check on how they were and the quality of care they were receiving. One person said, "I know the manager she is good very informative when she answers the phone she runs it well." One relative told us, "Yes the manager asks my opinion she rings about once a month I did make suggestions about the personal care and they took it on board."
- Care staff were supported through regular training, supervisions, appraisals and staff meetings. One staff member explained, "We talk about teamwork, what you go through, the challenges, we have different experiences, everybody is given a chance to speak and she listens and takes note,"
- Care staff told us that the registered manager also encouraged them to get involved with the running of the service through staff meetings and the completion of staff surveys. Care staff felt able to express their views and ideas and these were listened to and valued.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, GP's and the local authority.