Hayes Staff Recruitment Limited

Hayes Staff Recruitment Limited (Hayes Branch)

Inspection report

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Date of inspection visit:
01 February 2018

Date of publication:
09 March 2018

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

This inspection took place on 1February 2018 and was announced.

At our last inspection in January 2017, we rated the service Requires Improvement overall and in the key questions of 'Is the service safe?' and 'Is the service well-led? We also found a breach of Regulation 18 of the Registration Regulations in that the registered manager had not notified the commission in a timely manner of any injury and/or allegation of abuse in relation to a person using the service as required by law. During this inspection, we found that the registered manager was meeting this regulation and we found the service to be Good overall.

This service is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults, and children with learning disabilities.

At the time of our visit, the provider offered a service to 73 people. However not everyone using Hayes Staff Recruitment (Hayes Branch) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our visit, 27 people received the regulated activity.

There was a registered manager in post. 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.

Relatives described care staff as good and caring. Staff demonstrated they knew how to build a positive relationship with the people they supported.

Staff followed health care professionals' guidance and people were supported to access appropriate health care. Care staff recorded what people ate and drank to monitor their nutrition and hydration. Care staff reported any concerns about people's health to the registered manager or office staff so they could take appropriate action.

The registered manager ensured there was ongoing recruitment to meet the staffing requirements within the service. The provider had robust recruitment procedures to ensure care staff employed, were safe to work with people. Staff were offered training and support to develop their skills.

The management team had undertaken risk assessments to identify and mitigate the risks associated with the delivery of care in a person's home and when out in the local area.

Care staff had received training to administer medicines safely. They were provided with clear guidance about the type of support people needed with their medicines. Staff understood safeguarding procedures and knew to report any concerns.

The management team understood their responsibility under the Mental Capacity Act 2005 and ensured people's rights were being upheld. Staff demonstrated they asked people's consent before proving care and support.

The registered manager met with people and their family and undertook an initial assessment before providing care and support.

People had person centred plans that gave guidance to staff about how they wanted their care delivered. Care plans were reviewed on a regular basis to capture people's changing circumstances. The registered manager worked with people's families, other agencies, health and social care professionals including schools and colleges to ensure care plan information was up to date and accurate.

People and relatives said they knew how to complain and the registered manager addressed complaints in a timely manner.

The registered manager had a good oversight of the way the service was provided because they had quality assurance systems including audits and checks to ensure the quality of the care provided.

The provider had joined a national organisation and the registered manager had accessed training to ensure they kept abreast of good practice.

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. The registered manager and staff understood their responsibility to recognise and report safeguarding adult concerns to the local authority. The registered manager had ensured the CQC were notified in accordance with the regulations.

The registered manager and office staff completed risk assessments to identify and mitigate the risks to people.

The provider had robust procedures for the safe recruitment of staff. The registered manager recruited staff on an ongoing basis to ensure they had enough staff to meet people's support needs.

The provider had systems and procedures in place for the safe administration of medicines.

The registered manager investigated and made changes when errors in service provision occurred.

Is the service effective?

Good

The service was effective. The provider provided a thorough induction and ongoing training to ensure staff were equipped to undertake their role.

The registered manager undertook a thorough needs assessment prior to offering people a service.

Staff supported people to eat healthily and remain hydrated.

The registered manager understood their responsibility under the Mental Capacity Act 2005. Staff asked people's consent before providing care and support to them.

Is the service caring?

Good

The service was caring. Staff spoke about people in a caring manner and told us how they built a caring relationship with people.

Staff demonstrated they understood the need to protect

people's dignity and privacy.

Care plans described how people communicated their wishes and staff were able to tell us what support people required to communicate.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that stated how they wished to be supported. The registered manager ensured there was clear guidance for staff to follow in the care plans.

The provider had a complaints procedure and the registered manager responded to complaints appropriately.

Is the service well-led?

Good

The service was well-led. The registered manager ensured that all notifications to the CQC were made in a timely manner as required by the regulations.

The provider asked staff, people, and relatives for their views on the service provided.

The registered manager had systems and procedures in place to audit and check the quality of the service provided.

The provider worked in partnership with other agencies and health and social care professionals to help ensure people received a seamless service.

Hayes Staff Recruitment Limited (Hayes Branch)

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 1 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the action plans the provider had sent us to address the concerns found during our inspection in January 2017. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events that the provider is required to send us by law.

We reviewed three people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We were introduced to two people who used the service and we spoke with five people's relatives following our visit.

We reviewed three staff personnel records, including their recruitment and training documentation. During the inspection we spoke with three care staff, the senior care coordinator, and the registered manager.

Good

Is the service safe?

Our findings

At our last inspection in January 2017 we found a breach of Regulation 18 of the Registration Regulations in that the registered manager had not notified the commission in a timely manner of any injury and/or allegation of abuse in relation to a person using the service, as required by law. During this inspection we found the provider was meeting the regulation as the registered manager was ensuring all notifications were sent to the CQC in a timely manner.

Staff had received safeguarding adults training and could tell us how they would recognise and report safeguarding concerns appropriately. Their comments included, "I would report to [registered manager], you need to always report it [bruising] because it could be a safeguarding." Another care staff said, "I would report to the manager and then they ring the safeguarding in social services. If I thought they didn't take action I would ring social services." The registered manager looked at incidents and accidents, daily records, and medicines records to ensure that all safeguarding concerns had been reported to them. We saw that the registered manager had taken appropriate action to report concerns to the local authority and had notified the CQC on each occasion.

People had clear risk assessments with guidance for staff to follow to manage risks. Risks assessed included the environment, personal care, financial support, food preparation, nutrition, and behaviour. There were detailed risk assessments to ensure appropriate support when moving and handling people at home or when out in the local area. Risk assessments contained control measures to mitigate the risk of harm to people. They were reviewed on a regular basis by the registered manager and updates were in red to highlight to the care staff that the guidance had changed. Each person had an ICE (In Case of Emergency) card that contained their photo, contact details of the agency, and flagged medical conditions such as epilepsy. This was a good safety measure to support people to remain safe when out in their local area.

The provider had a designated administrator for the recruitment of staff who also co-ordinated the Disclosure and Barring Service criminal records checks. The registered manager told us that prospective care staff completed an aptitude test that gave an indication of their suitability for care work through answering, "everyday care scenarios." Care workers completed an application form and there was a thorough check of their previous employment history. Gaps in employment history were checked, as was their right to work in the UK. References from previous employers were obtained. Once all checks were completed there was a final interview that checked experience, knowledge and skills. Candidates were asked relevant questions associated with a care workers role.

Most relatives said care staff were consistent and that they were informed about changes of staff. One relative told us, "Same person for the last twelve years." Another said, "They will text me who is coming, everyday more or less." They explained they had three regular care workers who attended "One at a time." In addition, another relative said, "It all depends they just turn up."

Most relatives said there were no missed visits. One relative said, "Couldn't be happier, even when she is not supposed to be here she will pop in and help me." However, one relative we spoke with told us they were

not receiving a good service for weekend calls. They explained when they were expecting a staff member to take their family member out there were sometimes cancellations. They said they had been told on occasions there were not enough staff. We spoke with the registered manager who told us that they had been working with the local authority and the family with regard to this matter, there had been a number of meetings to move forward with the concern.

Relatives told us staff were mostly on time. Staff told us they had enough time between and during care calls. Their comments included, "I personally do have enough time between calls" and, "Yes most of the time there is enough time." Another staff member said, "Yes enough staff from what I have seen, it's pretty consistent." At the time of our inspection there were seventy-three staff working varied hours. The registered manager told us to ensure there were enough staff they recruited on an ongoing basis. To do this they used recommendations from established care staff, a recruitment site and their website.

Spot checks took place to ensure care staff were punctual. A member of the office staff described, "I will place myself so I can see them walking with their client and see if they are on time and are engaging with the client. I also speak with the day centres and the parents." Staff confirmed that the office staff undertook unannounced checks. The office staff also asked for feedback from relatives as to staff performance in reviews.

We looked at two people's medicines records. Medicine administration records (MAR) reviewed were completed without any gaps. Records stated who was responsible for administering medicines and where the medicines were kept. When care staff were to give medicines the information provided clearly stated the medicines dosage and when each medicine should be given. Medicines recorded on the MAR included ointments and sprays prescribed by the GP. There was information to tell staff about the use of each medicine and if there were side effects, so staff could monitor people's wellbeing.

There was guidance for 'as and when needed' medicines. For example, one person's records contained a protocol for epilepsy medicines to be used when the person had a seizure. The guidance was in line with the hospital guidance available in the care plan. It was highlighted in red to ensure care staff were aware of the contents. Care staff supporting the person had received epilepsy training to administer the medicines. One staff member who had received the epilepsy training told us, "I feel confident after it."

The provider investigated when there were errors or mistakes. The registered manager told us that they look at what went wrong and said it was important to "hold your hands up" rather than deny if there was a fault. They described that the focus was moving forward to ensure that the same mistake did not occur again. They explained that they had improved communication as they found that was often the cause of mistakes being made. They had developed more robust communication channels, following verbal communications they used memos, e-mails and written handovers to both office and care staff. In addition, letters to relatives had ensured verbal communications were received and understood.

Staff received infection control training so they could prevent cross infection occurring. Staff confirmed they were issued and used protective equipment such as gloves and aprons. During the spot checks the office staff checked that protective equipment was being used appropriately.

Good

Is the service effective?

Our findings

The registered manager met with the people and their family prior to offering a service and completed a thorough initial assessment of the person's needs. The assessment covered all areas of support and included for example, health, gender, sexual, cultural and religious needs, personal care, memory, sleep and education support needs. The registered manager took into account professional assessments, for instance, local authority social services assessments and school reviews in the needs assessment of the person.

Care staff all told us they felt well supported. Records reviewed showed that care staff received an induction prior to commencing their role. Training included role of the care worker, induction awareness, care and confidentiality, record keeping, infection control, first aid, medicines administration, safeguarding adults, managing challenging behaviour and the Mental Capacity Act 2005 (MCA) . There was ongoing training and refresher training, specialist training included dementia, and epilepsy training. There was a large well-equipped training room with mobility equipment. Care staff had received moving and handling practical and theory training.

One care worker told us "I shadowed for a week to get to know the service users." The registered manager confirmed that new care staff shadowed experienced care staff working with the people they will eventually support for up to twenty hours. They explained that some care staff were already very experienced and did not need to shadow as long as others. The provider carried out a supervision session after the first month and then four monthly. There were also three monthly observations of care staff practice. This helped to ensure that care workers were appropriately supported in their roles.

Care plans detailed the support people required to eat and drink. Some people were able to choose what they ate and their care plans stated their preferences for breakfast, lunch, and evening meal. There were guidelines as to the support required for each person with their meals. For example, "[Service user] chooses what meal they would like for dinner, which is heated in the microwave." Details on the care plan included the day the delivery of meals took place, what cutlery they required to eat their meal and where in their home they liked to eat their meal as well as any support they might need.

Care staff worked with some people who required pureed/ soft food due to swallowing difficulties. Care plans detailed the need to blend food to a smooth consistency and contained speech and language therapist guidelines with regard to positioning the person before eating to reduce the risk of aspiration. Some people were fed through a percutaneous endoscopic gastrostomy (PEG). A PEG is an endoscopic medical procedure in which a tube is passed into the person's stomach through the abdominal wall, and is used when oral intake is not adequate. Staff supporting the person had received training on PEG feeding to support the person appropriately.

People's care plans had information if there were concerns around their eating and food intake. They specified what action staff should take if the person was refusing their meals. Daily logs reviewed showed that care staff recorded what was eaten and they flagged to the registered manager if there was a concern around food intake.

People's care plans contained information when they required support to remain hydrated. One person's plan in particular contained detailed information with regard to the use of thickened liquids to enable them to swallow and reducing the risk of choking. Staff completed a fluid chart to monitor daily fluid intake and ensure that the GP guidelines contained in the plan about the amount of fluid that should be taken each day was met.

The registered manager and care staff liaised with a number of community health and social professionals such as the mental health team, GP, district nurses, occupational therapists, and local authority social services teams. Care plans contained guidance from health professionals, for example occupational therapy guidance for moving and handling that was updated and reviewed. In addition, the registered manager worked closely with day centres, colleges, and schools where they attended reviews to share information and work together to deliver effective care. Information from external reviews was shared with staff through care plan updates and through written staff handovers. Staff had received first aid and epilepsy training and we saw they had taken appropriate actions and called the emergency services in line with the care plans and protocols to manage epilepsy on a number of occasions.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We found the provider and staff were working under the MCA appropriately. Staff had received MCA training and were able to tell us about how they supported people to make decisions. One staff member told us "The person needs to be able to make an informed decision at the time it needs to be made." They explained they offered people support to make choices about what they wore, what activities they attended and what they would like to eat and drink.

We saw in some people's care plans that there had been mental capacity assessments undertaken when there was a concern that the person did not have capacity to consent to an area of their care and support. These included capacity to consent to care and treatment, to manage finances, leisure activities, medicines, and personal care. For instance, one person had a mental capacity assessment to determine if they had the capacity to consent to support to eat. A best interests decision was recorded as the person was found not to have capacity. In line with good practice, the person's family had been asked their views and there had been a review of the decision to ensure it was still appropriate.

Good

Is the service caring?

Our findings

Relatives told us "Yes, the staff are not bad, quite good, look after my son very well" they confirmed staff were "nice and friendly." Another relative said "Yeah, yeah just happy with them."

Care staff told us how they built a caring relationship with people. Their comments included, "There is a gradual build up of the relationship, my attention is with them all the time" and "I give them a chance to express themselves." Another care staff said, "Just got to talk to them. I ask about their background, children, if there are any grandchildren. They like to talk, I ask if there is anything else they need, let them know you are a caring person. I don't believe in rushing. If you get to know them they open up to you."

During our visit, we met two people who dropped into the office to have a drink and talk with the office staff. The office staff encouraged people to call in to say hello and spend time sitting on the comfortable sofas provided. There was a large 'scrap book' decorated with sequins and beads that some people had made with staff support. This activity book contained photos of people who used the service. There were ideas for activities and events to attend. The office staff explained they wanted to welcome people and make them feel at home in the office. People knew who the office staff were and could raise any concerns with them when needed.

The registered manager and office staff explained that they aimed to give each person a minimum of two to three care workers as a team so that they could cover the visits should one care worker be absent and still provide the person with a care worker familiar to them. The office staff undertook unannounced spot check visits and observed to ensure staff approach was kind and caring and that they respected people's dignity and privacy. People and relatives were also asked at review and in quarterly telephone reviews if they were happy with the care staff's approach.

People's care plans stated how they communicated and if they needed equipment such as glasses or hearing aids. Care plans described how they made a decision. For example one person's care plan stated, "Will communicate by giving a thumbs up" to agree with an option. Some people's care plans stated that they used specific forms of communication such as Makaton, this is a way of communicating that uses signs and symbols. One care staff member described, "Sometimes they [person using the service] used their own signs, and it might not be a Makaton sign." Staff observations recorded when they communicated effectively with people and described for instance a care staff member using basic sign language and when talking ensuring they faced a person who used lip reading to understand what was being said.

Care plans were reviewed on a regular basis, the person, family and involved professionals attended reviews with the provider. Some care plans were in a picture format to support people to understand what was being discussed at their care plan reviews.

Care staff told us they promoted people's dignity by ensuring that they were dressed appropriately when out in the local area. One care staff member told us, "I shut the bedroom and the bathroom door when I'm supporting with personal care. If I'm hoisting [for bathing] I put a towel around to cover them and maintain

their dignity and I let relatives know I'm supporting the person so they don't burst into the room." They also described how they talk to the person throughout the whole procedure so that they knew what was taking place and would feel included and in control of the proceedings.

Good

Is the service responsive?

Our findings

People had person centred plans that informed staff about their background, ethnicity, culture, religion, and languages spoken and understood. People had their circle of support in their care plan naming specific family members who were important to them.

Care plans stated clearly what support people required and what they could do for themselves. One office staff member told us they said to the care staff, "Treat the ability not the disability" and "Promote independence not dependence." One care staff told us, "I always promote independence, like encouraging them to handle the money, to take the change and receipt, it gives them confidence." People's care plans identified the support they required during personal care and their preferences. Clear guidelines were in place with regard to moving and handling. When people had complex physical support needs there was a schedule for use of physiotherapy aids and equipment for staff reference.

Care staff supported people to identify and attend activities of their choice. Care staff described to us that they and other care staff supported people to attend day centres and colleges. Their care plans identified this was part of the agreed support. Other people were supported to choose activities on a daily basis. One care staff member told us, "[Service user] chooses where he goes." We saw the person going through the office activities book and they choose bowling. We saw in their care plan this was named as an activity they enjoyed and often attended. One relative confirmed that they are involved in the activity planning and they told us, "They come and they ask me where I want him to go, they just take him to shopping centres, movies, bowling and tell me he really enjoyed it."

Care staff explained they encouraged new activity experiences. One care staff member told us they supported someone who was anxious. They had found the person enjoyed sitting in a day centre sensory room with, "nice lights and soft music." The care staff member tried massage and found whilst the person did not like hand massage, they did like a forehead massage and this had helped calm their anxiety. Care staff also supported people to socialise and make friends. They had developed a weekly meeting in a local pub. Office staff told us that this had become popular as people enjoyed meeting and it gave them an opportunity to widen their social circle.

The provider was not providing any end of life care to people when we inspected. However, they did provide information to staff about end of life care for people with dementia. This was to keep care staff well informed and familiar with the end of life aspects of care should the need for this support occur. The registered manager was able to tell us how they would work with the person, their family and other professionals to develop an end of life care plan should this be required and what extra training they anticipated staff might require.

The provider had a complaints policy and procedure displayed in the office. People and their relatives were informed how to complain in the service user guide. The registered manager and office staff met with people in the office informally in addition to formal reviews and spoke on the telephone to check the service received was good. This gave people the opportunity to raise concerns. We saw that the registered manager

had recorded five complaints in 2017. They had acknowledged and investigated all the complaints and have apologised where things have gone wrong. There was an overview matrix so the registered manager could ensure all actions had been taken and analyse complaints to identify any service trends.

Good

Is the service well-led?

Our findings

At our last inspection in January 2017 we found a breach of Regulation 18 of the Registration Regulations in that the registered manager had not notified the commission in a timely manner of any injury and/or allegation of abuse in relation to a person using the service, as required by law. During this inspection we found the provider was meeting the regulation as the registered manager was ensuring all notifications were sent to the CQC in a timely manner.

There was evidence of good oversight of the service from the registered manager. Robust auditing took place aspects of the service including care plans, mental capacity and risk assessments and daily records to ensure they were of a good quality and that all concerns had been reported and appropriate actions taken. The provider used a quarterly review form that checked all audit documents had been updated and which facilitated performance to be compared with previous quarters. Telephone monitoring of people views about the service took place on a quarterly basis to ensure that people were satisfied with the service received. There had been a survey of both staff and people using the service. The provider had analysed the feedback and had an action plan to address any areas that had been identified as needing to improve.

There was a positive and open culture in the service. People and relatives were invited to drop in and the registered manager had an open door policy. It was the aim of the service to be as accessible as possible for people and to promote independence and fuller lives for people with learning disabilities and older people. Information with regard to the service was shared through a service users guide and a staff handbook so people understood the service being offered.

Care staff and office staff spoke very highly of the registered manager. Their comments included, "[Registered manager] is lovely, understanding and helpful, if she is not in the office she will get back as soon as she can" and "[Registered manager] is clever and a strong manager, organised and understanding, but if there's a procedure we must follow it."

The registered manager told us that now all office staff had a designated area of responsibility, therefore there was clear accountability for work undertaken. One office staff member told us "[Registered manager] leads strongly as a manager. She gives everyone a specific task, it's your role and you own it, she gives you targets and a routine."

The care staff confirmed that the office staff were responsive when they asked for support. One care staff told us "These girls [office staff] are always at the end of the phone if you need them." They confirmed that the out of office hours support was also consistent.

Most relatives spoke positively about the service from the registered manager and office staff. They said for example, "I think they are a very good agency. I think [Named office staff] is quite good and approachable." Another relative said, "Perfectly happy with it all," and, "They are quite friendly, always reply straight away."

The registered manager worked with the provider's Watford location to share good practice and to plan for

the future. The registered manager had attended local authority forums and had joined a national home care organisation to ensure they were aware of innovations and changes within the section and in the law.

The registered manager maintained their knowledge and kept up to date with new developments in their area of work to be effective. They had a Health and Social Care qualification in Management. In addition, they had attended webinars with Skills for Care to update their management skills and gain more awareness about their regulatory responsibilities. They refreshed their mandatory training each year to ensure, for instance, that they were aware of changes to moving and handling, epilepsy protocols and children's safeguarding procedures. They had recently attended local authority sepsis training to be more aware about this issue.

The provider worked in partnership with health and social care professionals, day service provisions, schools and colleges, and commissioning bodies to ensure that as far as possible people received consistent and seamless care. This was achieved through joint working and reviews to share knowledge and updates.