

Hayes Staff 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?	Outstanding ☆

Summary of findings

Overall summary

About the service

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 younger adults, and children with learning disabilities. There are some older people also receiving a service.

At the time of our visit, the provider offered a service to 15 people with 'personal care' and help with tasks related to personal hygiene and eating. We also take into account any wider social care provided. The service offers services and support outside the scope of this inspection, as they supply staff to organisations as well as outreach support to individuals, focusing on people with a learning disability or autism.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Relatives and health and social care professionals praised the staff, the service, and in particular the management of the service. The registered manager was praised for her effectiveness, kindness and compassion in leading the service by relatives, professionals and staff.

Right Support:

The service provided a range of support to people including personal care. Staff were matched with people and families, taking into account their specific cultural and religious needs. Relatives and health and social care professionals praised the support offered by the service, with one professional describing the moral and value views of the staff and management team as a good quality. The staff team provided care that maximised people's choice, control and independence.

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

Right Care:

Care records were person-centred and promoted people's dignity, privacy and human rights. Risk assessments were comprehensive, up to date, and covered a wide range of activities, behaviours and elements of care giving. The management team worked hard to support staff in their caring role, supervision took place regularly and training in all key areas was in place. The management team had developed effective systems and audit processes to ensure good quality care was in place. Health and social care

professionals praised the service, and in particular, the effectiveness of the registered manager in their leadership role.

Right Culture:

From discussions with people and their relatives, we were aware that the service provided good quality care, which promoted and supported people to lead confident, inclusive and empowered lives. People were enabled to participate in a wide variety of community activities and the registered manager ensured that staff were encouraged and supported to work to the values of 'Right support, right care, right culture.'

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

Rating at last inspection

Since the last inspection, this provider has re-configured their services, and this service has moved location. The last rating for the service at the previous premises was Good, published on 9 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Hayes Staff Recruitment Limited

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 Health and Social Care Act 2008.

Inspection team

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.

Service and service type

Hayes Staff Recruitment Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and in specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We carried out the inspection visit on 4 October 2022. We gave the service 48 hours' 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 28 September 2022 and ended on 10 October. We visited the location's office on 4 October 2022.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory notifications and information from the local authority and other commissioners. We requested and received feedback from six health and social care professionals who worked closely with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, two care workers, and two office staff who support the registered manager in the management of the service.

We reviewed three care records, three recruitment records and complaints and compliments documentation. We viewed supervision and observation records, and the registered manager showed us the systems for tracking training, supervision and quality checks. We reviewed audits of medicine administration records (MAR).

After the inspection visit

As people receiving personal care were unable to communicate with us on the phone, we spoke with ten family members. The service provided non-regulated care to other people and feedback from health and social care professionals reflected their views of both aspects of the service.

We also clarified some areas of quality monitoring information with the registered manager.

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 good. At this inspection this key question remained the same

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- Staff had completed safeguarding training and were able to tell us what they would do if they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident action would be taken.
- Relatives told us "Yes the fact they are with her makes me feel she is safe," and "I can tell she feels safe with them from her body language." Another said "I am very confident he is safe with her."

Assessing risk, safety monitoring and management.

- Risk assessments were in place, were comprehensive and up to date.
- The management team assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life. They covered a wide range of risks including personal care, complex health conditions, such as epilepsy, and community and leisure activities, such as swimming.

Staffing and recruitment

- Staff had been recruited in a safe way and there were enough staff to keep people safe and meet their individual needs.
- Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people receiving support. . Staff always turned up and were on time.
- One relative told us "There is a team of between seven and eight ladies, so continuity of care. They are always on time." Another said "Having a regular carer is good for her and a regular one that covers illness or holidays. They are always on time and stay the allocated amount of time, don't leave early. Her carer is very reliable."

Using medicines safely

- Management of medicines was safe.

- For the majority of people using the service, relatives administered and managed medicines. However, there were exceptions, and for these, suitable documentation was in place, which was completed and audited by the management team on a regular basis.
- Some people required emergency medicines for conditions, such as epilepsy, which meant those staff were specifically trained in the giving of these. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- All staff were trained in the giving of medicines. Those who had this as part of their role, were observed and competency checked every four months. Records were kept of competency assessments.

Preventing and controlling infection

- Staff had received training in infection control practices. There was sufficient personal protective equipment (PPE) for staff and relatives confirmed that staff always used it. "Full PPE always" and "PPE for personal care, yes."

Learning lessons when things go wrong

- Records were kept of accidents and incidents, and the registered manager understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a log was kept of all actions taken, including actions to support staff. All learning or improvements were considered to prevent any re-occurrences, and this information shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their families were given the opportunity to be involved in the care planning process.
- Prior to a package of care being started, the service reviewed the referral and arranged to meet the person and their family to ensure they could meet the person's needs, and have suitable staff available, before they made the decision to take on the care package.
- Initial assessments were individualised, detailed and appropriately completed, which then become support plans and risk assessments.
- People's personal history, cultural and religious needs and sexuality were recorded. People and their family members were asked about their routines, wishes and choices in the way they wished to be supported. The manager considered people's protected characteristics under the Equality Act.
- Staff were aware of equality and diversity issues, and the management team were aware of the need to match people with staff appropriately.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- Training records for staff were reviewed and they evidenced staff were up to date with their mandatory training. For people with additional needs, there was specific training supplied by other health professionals. Health and social care professionals told us "We have found the staff to be fully trained and up to date with the current government guidelines to comply with CQC regulations," and "The staff have the skills to care for and support the service users that I work with."
- Relatives praised highly the skills of the care staff. Comments included "They are brilliant, understand his needs", "They are very good at their job. I don't know what we would do without them", and "they are very good with my daughter and me. They use a manual hoist to transfer her from bed to chair or her wheelchair."
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff told us they felt very well supported. Staff praised the support from the office staff, and in particular, the skills, knowledge and support of the registered manager. Comments included "[Name] is such an amazing manager; I have worked in a lot of care places but [Name] has carer at the centre of it all. She knows the clients and staff."
- Staff told us they were given opportunities for progression within the organisation which they valued. This also meant that staff had the opportunity to build on their skills by taking roles in the office. They could then bring their on-the-ground experience to the administrative and support roles, which care staff appreciated.

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional requirements.
- Family members often prepared food and the care staff then supported people to eat and drink.
- Referrals were made when required, to appropriate professionals such as speech and language therapists (SaLT) or dietitians to seek guidance and support with managing people's intake of food and fluids safely.
- Where people significant problems with eating or drinking orally, a percutaneous endoscopic gastrostomy (PEG) feeding tube was used. Care staff were trained to use this system as a way to give food, fluids and medicines directly into the stomach by passing.
- Food and fluid intake charts were kept for people staff had concerns about.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service documented people's health conditions in their care plan.
- People's care plan had details of their GP and any other health professional's involvement. Hospital passports were in place which summarised key information to facilitate as smooth transition to hospital as possible.
- Many people had complex health conditions, so care staff worked closely with allied professionals on a daily basis. Staff had guidance in the use of specialist equipment including the use of leg gaiters; suction machines and a vibration vest to facilitate the most effective breathing.
- One relative told us "The carer has a good understanding of her condition. She carries a diary with her and writes everything down from what she's eaten, seizures and whether medication has been given."
- The provision of highly skilled staff contributed to positive health outcomes for people. This is highlighted further in the well-led section of the report.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were satisfied that mental capacity assessments (MCA) documents for people were in place. MCA were completed and covered all areas of care including, personal care, continence management, the giving of medicines and eating and drinking. These had followed best practice and current guidelines as the assessments were decision specific. The good quality of these documents is further discussed in the well-led section of the report.
- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interests decision making.
- Staff confirmed and records showed that they had undertaken training in relation to the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection the rating has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, and supported to maximise their independence. Relatives told us "They are always kind and caring to her and to us", they are "always kind" and a third relative said "They love him, they fight over who is with him." This kindness and care was praised by all the relatives we spoke with, and provided great comfort.
- Care records set out what people could do for themselves, and staff understood people's abilities well. One relative said "They encourage and remind him to wash his hands and pull his own trousers up if he uses the toilet. They make him as independent as possible."
- The care staff came from a diverse range of backgrounds and religions, and these were considerations as to who was placed with them.
- Staff understood how to meet people's religious and cultural needs, and this was confirmed by family members. Care records set out people's cultural and religious needs.
- Most relatives of young women who needed support stipulated they wanted a female carer for their loved one. This was always provided.
- Respect for people's privacy and dignity was at the core of the provider's culture and values. All staff were trained in dignity and respect to ensure they were supported to care for people appropriately. One relative said "Privacy and dignity always." Health and social care professionals praised the values of the staff. Comments included "The staff have the right skills, ethics and values that we want from staff who work with us, in fact we have recruited a few to our team as permanent staff."
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

Supporting people to express their views and be involved in making decisions about their care

- Relatives were central to making decisions regarding the care provided. One relative told us "I was involved in the plan. The times suit me. If we have an appointment the support worker will come with us as well if we want them to or if not alter the times to fit around the appointment." Another said "I was involved in the plan. The timings work for me and I am able to change them if something comes up, I just contact the office."
- Regular reviews of care took place so relatives were able to give feedback on care and make any adjustments as necessary to the care package.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided people with person-centred care. Detailed care plans and risk assessments were in place to provide guidance to staff. Person-centred plans and one-page profiles added more personalised information including people's likes and dislikes, and what they felt was important to them.
- Staff were given a significant level of detail to provide personalised care. For example, one care record gave instructions on the exact words to say when changing incontinence pads as this would prompt the person to pull up or down their own trousers. Records showed, and we were told the service worked in conjunction with family members and a range of health and social care providers to provide person-centred care.
- People's varied interests meant they were involved in a range of activities. Records highlighted the activities that people enjoyed doing. One care record stated "[Name] enjoys sensory stimulation, music, nail painting, being read to and being taken out for a walk/local library."
- Staff supported people to attend day services as well as other leisure activities. One relative told us "They are very nice part of the family now" another said, "Sometimes they ask my thoughts on different places to take her."
- We saw evidence of outings, religious celebrations, charity fundraising events and parties, which all included the people they supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated.
- We saw detailed information on how to communicate with people. For example, one care record stated "[Name] is non-verbal but vocalises; uses thumbs up and cries to show emotion."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and were known to people and their family members.

- Records showed that the few complaints received were dealt with in line with the policy.
- Relatives told us "No complaints. They are really good it's working." This was confirmed by all the relatives we spoke with.
- Health and social care professionals told us "The manager is very responsive and her team step in whenever she is off" and "[Registered manager] also raises concerns raised by carers and is quick to respond to queries I have also. "

End of life care and support

- The service did not currently provide end of life care and support to people. If this were to change, they would commission additional appropriate training and support.

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 domain was rated good. At this inspection, the rating has improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from all seven health and social care professionals and ten family members praised the skills, compassion and leadership shown by the registered manager. Comments from relatives included "[Name] is the manager, she is brilliant, and has been fantastic to me explaining how it all works" and "They are excellent," and "They are an extremely professional company and my son has really benefitted from the support."
- Relatives told us of the positive contribution the staff and in particular, the registered manager had made to their lives. People's disabilities were not seen as a barrier to achieving anything. People had taken part in regular activities within the community appropriate to their age. The impact of the culture and positive ways of working was clear.
- Health and social care professionals told us "It is my personal and professional opinion that the service is well led and managed," and "Yes, the service is well led and managed, it is the agency we signpost people to."
- Another health and social care professional who worked closely with the service said "Yes, communication is good, profiles are of a high standard, training needs are addressed, staff receive supervision and report to us, they are proud to work for Hayes Staff Recruitment."
- Staff who worked for the service also highlighted the outstanding support the registered manager provided to them. Comments included "[Name] is such an amazing manager" and "[Name] is incredible. She has good systems; always open." Staff told us the registered manager listened to any concerns they had, took remedial action quickly when required, and was always prepared to do the tasks she asked her staff to do. This included going out and providing care at short notice.
- The management team were excellent role models for other staff. They actively sought and acted on the views of others and genuinely saw individual people with distinct personalities and interests rather than viewing people's disabilities and needs. They had an ethos of helping people and staff develop their skills.
- We saw evidence of good outcomes for people. For example, through the support of staff, we saw evidence one person overcame their agoraphobia and this enabled them to have maintenance work undertaken at their home. As a result of exceptional service delivery and continuity of care, another person is transitioning from their family home to a supported living scheme, and will retain the support of the same staff in the new setting.

- The provider used any available opportunity to support people to get work experience so they could find work, including by volunteering in the office to develop skills. The service has also supported one person to volunteer in a charity shop and this is now part of their package.
- People's health outcomes were good as a result of joined up, skilled and compassionate caring and management of the service. Where the provider supported people with complex needs, they supported their staff to learn new skills so they could better support the person and to avoid hospital admissions. For example, staff had been trained to use a suction machine which minimised this person's admission to hospital due to chest infections. We saw another example of care staff monitoring the wellbeing of a person and identifying a concern which they highlighted to community nursing staff. This resulted in new guidance on how to care for the person to avoid complications.
- One health and social care professional said, "In my opinion they work well, they care about the health and well-being of service users."
- Audits took place of care records, recruitment and other care documents including MAR. Spot checks were in place and regular care reviews took place.
- The management team had an outstanding awareness of the importance of complying with the MCA, and documentation was of an exceptional quality. This was also evident in discussions with staff who understood and worked to empower people to make choices.
- There were effective systems and processes in place to provide good quality care, and the management team provided effective cover for each other's roles. This provided a continuity for people, their relatives and staff.
- We could see that the registered manager and management team provided outstanding leadership, and were viewed as going 'the extra mile' for both people they supported and their families, which improved people's experience of receiving care. One relative told us "Fantastic company. Support to family as well and I could not do without them."

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 notified CQC and local authorities appropriately when issues of concern arose, and they understood the duty of candour requirement.
- We found the management team very open and transparent, and the enthusiasm and commitment to providing good quality care was evident throughout the inspection. The management team were keen to take on board suggestions for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team worked in co-operation with people and their families, and was viewed as an exceptionally well-managed service.
- Every six months service users, (or their representatives) and staff were sent an anonymous questionnaire. This was a chance for them to go through all aspects of their care needs, visiting all areas e.g. physical, social, cultural and emotional needs. It allowed all parties to note what is working well and if there were any room for improvement. This feedback informed the action plan.
- The service also phoned each service user, or relative, every three months to ensure they are happy with the care package and if any care needs require further support.
- Regular reviews ensured the views of family members were central to the care provided, and professionals working with the service told us "It is my personal and professional opinion that the service is well led and managed. The manager and senior staff are readily available to take part in any meetings and assessments for the service users that they support."
- Staff welcomed the inclusive management style operated by the service. We were told "[Registered

manager] will listen, reason and we all contribute." The management team communicated with staff through a range of methods including face to face, email and via messaging applications.

- The service operated a recognition award scheme for staff which celebrated their outstanding practice, and acts of kindness. Service users and their families were actively involved in choosing who received recognition, and service users and family members were regularly asked to present the staff with a certificate and small gift. The recognition scheme for staff was an excellent way to motivate staff, and to encourage outstanding practice.
- A regular newsletter kept staff and service users and their relatives, up to date with best practice as well as humorous stories and updates on the achievements of people they supported.
- We viewed the service's scrapbooks in which people were encouraged to add their own photos and achievements to ensure anyone visiting or registering to work with or for the service, appreciated and celebrated these achievements.
- We were told by relatives "I am very happy with them," and "They are supportive and provide a good service."
- As highlighted in this report, the service operated in an inclusive, engaging way, which focused on people's abilities and aspirations.

Continuous learning and improving care; Working in partnership with others

- The management team strived for continuous learning and improvement. The service worked as part of a wider organisation and we saw the involvement of the provider in quality assurance processes and information sharing.
- The service had an action plan they continuously updated and reviewed.
- Comments from health and social care professionals included "They definitely work in partnership, "and "Yes, [Name] is quick to respond to emails and organise staff to attend joint visits."
- The management team worked with a vast range of professionals involved in people's care and support including occupational therapists, dieticians, speech and language therapists, GPs and the local learning disability service.