Raynet Recruitment Agency Ltd

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Inspection report

Unit B2
Seedbed Centre, Davidson Way
Romford
Essex
RM7 0AZ

Tel: 01708727369
Website: www.raynetrecruitment.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

This announced inspection took place on 27 November 2017. This was the first inspection since the service registered.

This service is a domiciliary care agency that provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of our visit there were five people using the service from several London boroughs.

On the day of our visit, there was a registered manager in place. 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 told us they felt safe. Staff demonstrated working knowledge of the safeguarding processes and how to raise a concern. There were appropriate policies and systems in place including staff attending safeguarding training in order to ensure people were protected from harm.

Medicines were managed safely by staff that had been assessed as competent. Staff demonstrated an understanding of the infection control principles and guidelines in place to prevent the spread of infection.

We saw an effective risk management and accident management process in place that ensured staff learnt from past incidents in order to improve practice.

People told us they were treated with dignity and respect by staff that were polite and kind. They thought they were enough staff to meet their needs. They were aware of the complaints process and felt that any concerns raised would be taken seriously and resolved.

There were robust recruitment practices in place which ensured only staff that were suitable to work in a health and social care environment were employed. Staff were supported to develop their skills and knowledge by means of regular training, a comprehensive induction, regular supervision and staff meetings. They were aware of the Mental Capacity Act 2005 and how they applied it in practice.

Care plans were person scented and outlined people's personal preferences and wishes. They were renewed regularly together with people and those that mattered to them.

People were supported to maintain a balanced diet that met their needs. They were enabled to access healthcare services in order to maintain their health.

People and their relatives thought the service was well managed. There were effective quality assurance systems in place to ensure the quality of care delivered was monitored and improved.

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 told us they felt safe. Staff had undergone the necessary training and were able to explain the steps they would take to protect people from harm.

Medicines were managed safely by staff that had been assessed as competent.

Appropriate risk assessments were in place to manage any identified risks. Infection control policies were followed in order to prevent the spread of infection.

There were safe recruitment practices in place. The service ensured there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective. People told us they were supported by staff who understood them.

There was an effective assessment process before people started to use the service and this was reviewed as and when people's conditions changed.

Staff were supported by means of a comprehensive induction, supervision, training and regular team meetings.

Is the service caring?

Good

The service was caring. People told us staff were respectful and caring.

People were treated with dignity and respect. Staff addressed people by their preferred names and knew their individual preferences.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care was plans were person centred and outlined people's goals aspirations as well as their physical

social and emotional needs.

People's care was regularly reviewed with them and those that are important to them.

People and their relatives told us they were able to raise complaints and that these would be investigated and dealt with.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff told us the registered manager was approachable and listened to their concerns.

There were effective systems in place to monitor the quality of the service and ensure feedback was sought from people their relatives and staff.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 27 November 2017 to see the registered manager and office staff and to review care records and policies and procedures.

The inspection was completed by one inspector. Before the inspection we gathered information from notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority and Healthwatch to receive feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed three people's care plans and six staff files which included training and supervision records. We reviewed staff meeting minutes, medicine audits and two medicine administration records.

After the inspection we spoke with two people over the phone and received written feedback from two relatives and three care staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and were satisfied with the care they received. One person told us, "I feel safe, nothing has ever happened." Another person commented, "I trust [staff] completely, they make me feel comfortable as they are easy going." A relative told us, "[Person] tells me they are safe. I have had no cause for alarm."

Staff we spoke with understood the signs of abuse and appropriate actions they would take to deal with any allegations. One staff member said, "I would report any concerns to [registered manager]. They would inform social services, CQC and the police." Another member of staff responded, "We had safeguarding training and were told to report any allegation of abuse and document in daily records as well as report it as an incident. I would definitely report any abuse I have witnessed or been informed of." We saw there had been one safeguarding investigation since the service registered. This was still on-going and had followed the appropriate procedure. Systems were in place to ensure that any allegations of abuse were dealt with to keep people safe. There was an up-to-date policy and procedure in place. This was referred to by staff and guided them on how to act and deal with any allegations of abuse.

Staff confirmed they were aware of the whistleblowing procedure (procedure to report any concerns or bad practice) and were confident any concerns they raised would be acted upon and dealt with appropriately by the registered manager. One staff said, "If I have any concerns I tell the manager. [Manager] listens." They were aware of the accident and incident reporting and monitoring processes in place. All incidents and accidents were logged and discussions were made with staff as to how to minimise repeat occurrences. We saw evidence of actions taken within daily records and incidents of steps taken to reduce the risk of the same incidents happening again. This included identifying and minimising any triggers that were causing certain behaviour related incidents for one person.

People and their relatives told us they were very happy with the support people received with their medicines. We checked Medication Administration Records (MARs) for the month of November 2017 and found unexplained gaps on three separate occasions for one person. We asked the registered manager about this and they called in the staff member concerned to discuss why they had not completed the MAR in full. We also saw evidence that medicine records were audited monthly and any discrepancies were highlighted. The registered manager assured us that the errors we found would have been picked up by the end of month audit. Training records and staff responses all confirmed they had received the relevant medicine training and that the registered manager had completed competency checks of their practice. This ensured people were supported by a well-trained and monitored staff team to take their medicines safely.

People told us they felt safe and that there were enabled to manage risk. One person said, Yes I can go out with staff and we take a break when I feel tired." Risks to people's personal safety had been assessed and plans were in place to minimise these risks within their home and out in the community. Staff were aware of the risks assessments in place and told us how they managed them. For example one staff told us, "[person] doesn't like swallowing so we have to give them one tablet at a time explaining what the tablet is and give them lots of time to swallow." We viewed risk assessments and found appropriate plans had been put in

place. These showed what action staff had to take to minimise risks such as falls, choking and reduced mobility.

People told us there were sufficient staff to meet their needs. One person told us, "There is always someone around when I need them." We reviewed rotas and found staff were allocated to the same people on most occasions. This ensured continuity of care and enabled staff to build a rapport with people. People were matched with staff who had the necessary training to enable them to meet people's needs

There were safe recruitment systems in place to ensure that only staff that had undergone the necessary checks were employed. Files contained, proof of identity, qualifications, two references and Disclosure and Barring Service (DBS) checks to ensure staff employed were suitable to work in a health and social care environment. One staff told us, "I could not start work until my references and DBS had come back clear." We saw an up to date recruitment and disciplinary policy in place which was followed by staff and the registered manager.

People were protected from the risk of infection because appropriate guidance was followed. One relative said, "They try to keep everything clean." Staff were aware of the infection control procedures and informed us they had access to personal protective equipment (PPE) and used it before direct care. We saw evidence that staff had attended infection control training and food hygiene training to ensure they understood how to prevent the spread of infection.

Good

Is the service effective?

Our findings

People told us staff knew them well. One person said, "They are very helpful to me." A relative told us, "They have worked very well with [person]." Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice. Staff told us and training records showed the support and training staff were given in order to better understand people they supported.

Staff told us they were happy with the training provided. One staff member told us, "We get training for everything. I am more than happy with the training I get. As it helps me do my job." We also saw training records to evidence that staff had attended the necessary training to enable them to deliver care safely. Training was a mixture of classroom based, online and practical training. It included several aspects of care such as infection control, first aid, dignity, dementia care and food hygiene. For topics such as medicines there were competency assessments in place to ensure staff had the necessary skills and knowledge.

People and staff confirmed that shadowing took place before staff were allowed to deliver care on their own. One person said, "I remember two of them came at one time as the other was new and was being shown the ropes." Staff completed a comprehensive induction when they first started which included shadowing a senior member of staff until they were confident and aware of people's needs. One staff member told us, "I had a couple of days of shadowing which helped me get to know the person well." Although there was an appraisal policy to ensure staff continued professional development and had set goals for the year, there had been no appraisals. This was because none of the staff has been working for over a year. We found evidence that regular staff meetings and supervision and spot checks to ensure staff were delivering care according to people's preferences. Staff told us supervision and spot checks were useful and used as a tool to reflect on and improve their practice.

People were aware that assessments had been made. We reviewed assessments and found them to be comprehensive with individual expected outcomes. For new packages we found staff reported any changes to the registered manager and care plans were adjusted in the first few weeks to make sure they were suited to peoples current support needs. Where applicable, appropriate referrals to external services had been made to ensure people's needs were met.

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.

We checked whether the service was working within the principles of the MCA. Staff were aware of capacity and that it could fluctuate and had to be for specific decisions. They told us they always offered people choices and waited for people's approval before giving support. One staff told us, "We ask everyone for their opinion or what they would like to do. If they can't respond verbally we look at body language or show them options." We found that capacity assessments were in place to evidence if people had capacity to make

decisions. However two out the three assessments did not have a separate assessment for each decision. We spoke to the registered manager about this and they said they would rectify this. We recommend best practice guidance is sought and implemented.

People were supported to choose and maintain a balanced diet that met their individual cultural and religious preferences. One person said, "I choose what I want to eat. Staff help me prepare it." Staff told us they always asked before preparing people's meals to ensure they prepared them according to their individual preferences. Daily logs confirmed what people had chosen to eat and also captured if they had eaten enough. Where persistent refusal to eat or insufficient quantities were eaten appropriate referrals were made to ensure people did not become malnourished. We also saw risk assessments in place to monitor nutrition and skin integrity and evidence of liaison with dietitian and GP.

People were supported to maintain their health. One person said, "They take me to see the doctor when I am not well." Staff and the registered manager told us and we saw in records reviewed that once any issue that affected their health and wellbeing was identified appropriate action was taken to ensure the appropriate health care professional was involved. Any advice given was incorporated in the new care plans.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "They are very good to me." A relative confirmed, "The staff are very good. We only hear of good reports each time we ask how things are going." The registered manager and staff confirmed that they had received the necessary skills and support to enable them to support people effectively. For example a staff, member was a dignity champion and another a dementia friend. Both could explain how these work based titles had been gained by getting more information and knowledge and sharing it with others during staff meetings and discussions about peoples care and support needs.

People were treated with dignity and respect. They told us staff listened to them and responded to any changes to visit times or scheduled programs when required. One person said, "They [staff] listen to what I want." Another said, "They are all very respectful." Staff told us they respected people's wishes and treated each person as an individual. They told us and we saw within records how they asked and respected the little things that people wanted. These included knowing how people liked their tea, what name they preferred to be addressed by and their hobbies and interests. Care plans also noted peoples cultural, and religious preferences and how these were incorporated in their daily or weekly routines.

People were encouraged to maintain their independence. One relative told us, "They do help without taking away a degree of independence." Staff told us how they encouraged people to do as much as they could for themselves. They gave examples and we saw evidence within daily logs of staff encouraging people at risk of self neglect to have personal care daily at a time and pace that suited them. We saw evidence that people were encouraged to cut up their meals if they could and to do simple household tasks such as sorting laundry or loading the washing machine.

People received information about their care and support options, including information about their likely outcomes. One person said, "We sit and discuss what I need a. everything is written in the "book"." Staff were able to demonstrate how they communicated effectively with people who had sensory impairments. Care plans outlined this and highlighted where people required extra time to process information. Staff said they took time to explain information to people when they could not understand letters or any other information.

The service ensured people had appropriate information about the service. This was available in a service user guide and within people's care records so that they could access contact details of all people involved in delivering support in one place. The registered manager and staff gave information to people and their families, about other organisations in cases where they needed specific advice and support or advocacy about finances and specific health condition. One relative commented, "They have been very supportive and have helped us access information and support about [person's condition. We saw where health care professionals and an independent advocate had been engaged to help with a person's financial matters.

Good

Is the service responsive?

Our findings

People and their families were involved in developing their support plans. They were empowered to make choices and have as much control and independence as possible. We saw evidence of regular meetings with people and their relatives in order to discuss how their care package was going. These care plan review meetings were always followed up by updating relevant support plans and risk assessments. One person told us, "I have a booklet with all my information. They do ask if there is anything I want to change."

Care plans identified people's needs including needs on the grounds of, religious beliefs, age, gender, disability and sexual orientation and their choices and preferences. They focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. They included allergies, preferred names and personal care preferences. Staff were aware of the contents of care plans and told us how they were involved in ensuring care plans remained up to date. One staff member said, "We let the manager know if anything changes for the better or in some cases for worse and we document all the changes then decide how and if the care plan needs to be amended." Where appropriate, Hospital Passports were in place to ensure an outline of peoples medical history and support needs could be seen at a glance in the case of a hospital admission. Care plans were reviewed every six months or as soon as people's needs changed.

Care records showed that people were encouraged to maintain relationships that mattered to them. The registered manager and staff gave an example which we verified by reading the person's records. They had encouraged a person to regain contact with their family and this had uplifted the individual's mood. Records also showed improved outcomes for the person such as them now going outside for walks a hobby they had not done for a while. The above helped people maintain social links and reduce the risk of social isolation. Staff told us, "Sometimes people just want to talk, we just listen and encourage them to talk about their memories, their past whatever they are comfortable talking about." We also saw memory books that had been created by the service which were compilations of all the outdoor and community activities people had taken part in as part of their personal social inclusion plans. This were used to interact with people and show their relatives and social workers the progress they were making.

The service supported people to meet their communication needs. This was completed as part of the communication care plan which identified, recorded specific ways in which the individuals, information and communication needs were met especially for people with a disability or sensory loss. Where adaptations were made or alternative means of communications were required these were tried and used to suit peoples preferences. Staff said they would point use pictures or write things down depending on how the person was on the day they visited.

People, their family, friends felt confident that if they complained, they would be taken seriously. One relative told us, "Any issue we have raised, has been quickly resolved." A person commented, "My [relative] talks to the manager if there are any issues." They thought the complaint would be reviewed fairly and responded to in a timely manner. We looked at complaints logs and found they were investigated and completed in a timely manner. We saw an instance where staff had been changed in order to suit a person's

needs.

At the time of inspection there were no people receiving end of life care support. Staff and the registered manager told us that they would receive support from other members of the multidisciplinary team such as district nurses and Macmillan nurses to facilitate end of life care according to people's preference. One staff member told us, "If someone decides they want to pass away in their own home. We would work with their doctors and nurses to help them fulfil their last wish." There was a brief section within the assessment where end of life care preferences could be outlined so people's wishes were known and respected.

Good

Is the service well-led?

Our findings

People, their relatives and staff, when asked whether they thought the service was well managed responded positively. One person said, "It is a very good service." A relative also confirmed, "They have been quite good so far. Very professional and quick to rectify any issues." Staff told us the registered manager was organised and they were happy to work at the service.

There was a registered manager in post at the time of the inspection. They had notified us as required by law of any serious injuries, events and safeguarding as confirmed within the records we reviewed.

Staff were aware of their roles and responsibilities and told us they always had access to a senior person via an on call phone number. They thought there was an open and honest culture which enabled staff to own up and learn from any mistakes and incidents. One staff said, "I can speak out about anything. [Manager] encourages this and listens." We saw examples of how management had taken on board suggestions made by staff to improve people's quality of life such as encouraging people to try and continue some hobbies they used to enjoy such as art. People and their relatives also confirmed that the registered manager was approachable and always open to their opinions. One relative said, "Yes, I would say they are open and listen to suggestions."

Staff meeting minutes showed people were at the centre of all discussions as there was always a discussion about how people's care could be improved. For example there had been a discussion about getting specialist review for a person whose mental health was deteriorating and we saw evidence that a review had been completed a few weeks after the meeting had taken place. There was also a "topic of the month" on the meeting agenda to ensure staff were up to date on issues such as dementia care and infection control. Staff told us they found the topic of the month useful as it kept them up to date with the latest practice. Minutes also showed new staff were welcomed and that discussions about any upcoming training and potential people starting to use the service were held.

Throughout the inspection we asked the registered manager for several documents relating to how the service was managed. These were stored securely and made available in a timely manner. The records were up to date, clearly labelled and organised making it easier and quicker to access the documents we required. Policies were also up to date, clear and accessible for staff. One staff told us, "We discuss policies at meetings. I read through them on induction and can access them at the office." There was a "Policy of the month scheme" which was used to ensure staff refreshed their minds on the contents of the policy of the month. The registered manager told us they had a staff member responsible for ensuring everything was up to date. Staff also confirmed that they had recently discussed the safeguarding policy and that management a kept them up to date. One staff said, "We have meetings, texts, phone calls to let us know if anything has happened or changed. I can ring the office if ever I need anything."

People their relatives and staff had the opportunity to feedback about the quality of care delivered. We reviewed written feedback from people and their relatives and found they were happy with their current care package and the staff that supported them. One person's feedback read, "Very happy with all the support I

receive." We also saw audits of documentation, health and safety and medicines, management that were completed. There were clear actions and recommendations following audits to improve practice. For example documentation had been reviewed to make it more user friendly since the service started. The recent staff satisfaction survey showed staff were happy with the management, the recognition they got and were satisfied with their current job.

The registered manager also made monitoring visits and monitoring calls to ensure that people were happy with the service they received. People and their relatives confirmed that they received regular phone calls and visits to check if they were satisfied with service. We reviewed these and found any feedback was rectified immediately. This included changing timings of visits, or changing staff if people were not completed satisfied with certain staff.