CareQuality Commission

Loyalcare Recruitment Agency Limited

Loyalcare Recruitment Agency

Inspection report

15 Hartscroft
Linton Glade
Croydon
Surrey
CR0 9LA

Tel: 02086514139
Website: www.loyalcare.co.uk

Date of inspection visit:
06 October 2016
07 October 2016

Date of publication:
23 December 2016

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 6 and 7 October 2016. The provider was given 48 hours' notice of the inspection because the service provides domiciliary care and we needed to be sure the registered manager was available. This was the first inspection of the service.

Loyalcare Recruitment Agency is a care agency that provides care and support to five adults, with varying needs, in their homes.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and secure with this service. Staff had attended safeguarding training and understood their responsibilities. Risk assessments reflected people's needs and supported staff to provide safe and appropriate care and support. There were sufficient numbers of suitable staff to meet people's needs. Staff went through an appropriate recruitment process before being employed. People's medicines were administered safely.

Staff received regular training and management support. Training included an induction process for new members of staff and refresher training for existing staff. Training, management supervisions and appraisals took place periodically. Staff had completed Mental Capacity Act training and the service was working within the principles of the Act. People who were able to do so consented to their care and support.

People and relatives told us staff were caring and treated them with dignity and respect. The service supported people to express their views and to be involved in planning their care and support. Staff respected people's dignity and privacy and encouraged people to be as independent as they wanted to be. Staff encouraged and enabled people to make choices and respected people's preferences.

The service was responsive to people's needs. People's needs were assessed before the service started providing care and support. Care and support plans were person centred and identified needs, goals and preferences. The service encouraged feedback from people and their representatives about their experiences of the service. The service had an appropriate system for dealing with complaints.

People, relatives and staff spoke positively about the registered manager. There were systems to obtain feedback from staff which included staff meetings. Any accidents or incidents were reviewed by the registered manager to identify and implement any learning or improvements. There were systems and processes to monitor and assess the quality of service provided. Records were accurate, up to date, accessible and fit for purpose.

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. Staff understood their safeguarding responsibilities. Risk assessments were completed to ensure people using the service and staff were safe. There were sufficient numbers of suitable staff to meet people's needs. Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and supported. People consented to care and support and the service respected the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and supported with their preferences and independence.

Is the service responsive?

Good

The service was responsive. Care and support was responsive to people's needs. There were systems to obtain people's feedback including a complaints process.

Is the service well-led?

Good

The service was well-led. Staff were encouraged to provide feedback about the service. Systems were in place to monitor, assess and improve service provision.

CareQuality Commission

Loyalcare Recruitment Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 October 2016.

The provider was given 48 hours' notice of the inspection because the service provides care and support to a small number of people and we needed to be sure the registered manager would be available to speak with us.

The inspection was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service.

During the inspection we spoke with the registered manager and the office manager. We looked at four records about people's care and support. We reviewed records about staff, policies and procedures, meetings and service audits.

After the inspection we spoke with three people using the service or their representatives, three members of staff and four adult social care professionals.

Good

Is the service safe?

Our findings

Policies and procedures for safeguarding vulnerable adults supported staff with clear directions and guidance about safeguarding procedures. The guidance included flow charts to make the policies and processes easier to understand. Staff told us they had attended relevant training and understood their responsibilities to protect people from the risk of abuse or harm. One person using the service told us, "I feel very safe…if I had any problems I would contact the manager."

Care was planned and delivered in a way that minimised the risks to people using the service and staff. Risk assessments were completed for people about various aspects of their everyday lives that reflected their needs. These were specific to each person and included areas such as falls, nutrition and hydration, medicines, disorientation, finances, moving and handling, outings. These identified risks to staff and provided guidance on the actions required to minimise them. There were further risk assessments for homeworkers and for the environment where care was delivered and any equipment used.

There were sufficient staff to provide safe and effective care for people. Staff rotas were prepared in advance and the provider assured us they only took on new clients when they had staff in place. Staff lived in the vicinity of people they provided care for which reduced travelling time and decreased the likelihood of late and missed calls. The registered manager delivered care which meant they were regularly in touch with people using the service and observed other members of staff whilst working with them. The provider was in the process of building up a pool of bank staff to enable the service to expand when appropriate. The provider could also call on the services of two relatives with nursing backgrounds as a contingency plan in the event of unforeseen circumstances.

The service operated an appropriate recruitment system to ensure only suitable people were employed. Staff were required to submit to checks by the Disclosure and Barring Service. These checks identify people who are barred from working with children and vulnerable adults and any previous criminal convictions. Records showed people were required to provide identification, references and a work history before they were employed.

We found medicines were managed safely. Staff completed relevant training to ensure they were competent to administer medicines. Medicines policies and procedure were in place to support staff. Most people or their relatives took on the responsibilities for managing medicines. Where staff supported people with medicines they completed medicines administration records (MARs). We looked at a random selection of MARs and found they had been completed correctly. One person told us, "I do my own [medicines] but they [staff] always check to see that I have taken them." One member of staff explained there were times when they had to give pro re nata medicines (commonly known as 'PRN' or 'when needed'). They told us there were clear protocols in place that provided guidance about the circumstances when it should be given.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. New staff completed an induction process and completed regular training relevant to their roles. Those members of staff who had not worked in care or had no formal qualifications were required to complete the Care Certificate which clearly identifies the learning outcomes, competences and standards of care expected from care workers.

We saw a training matrix which identified courses the service considered to be mandatory for their staff and included training such as safeguarding, moving and handling, basic life support, infection control, medicines and health and safety. We also saw training certificates in staff files. Staff told us, "They provide a lot of training for us," and, "We have regular training, practical and online." Staff were also supported with one to one and group supervisions with the registered manager including observations when providing care. This enabled the registered manager and staff to discuss ideas about the service and any training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found the provider and staff had completed relevant training to ensure an understanding of their responsibilities. Care plans clearly showed people's consent to care and support and where appropriate mental capacity assessments had been completed. In the files we saw these had been completed by the authorities funding the care package. The registered manager demonstrated a good knowledge of the MCA.

People were supported to have a healthy diet as outlined in the care package and care plans. Where appropriate, people's care plans contained an assessment of nutrition and hydration needs. For example, one person was provided with hot meals which they chose each day from food purchased by family members. Staff recorded what was being eaten and the amount of liquids being consumed. Sandwiches and drinks were also prepared in case the person wanted something to eat or drink when staff were not there.

People were supported with their health needs and were referred to healthcare professionals when necessary. Each person's care plans contained a health assessment to ensure the service could meet their needs. Contact details of relevant healthcare professionals were readily available to staff and advice could be obtained from the registered manager who is a registered nurse. The registered manager showed me an

example of where they had contacted a person's GP to request a referral to specialist healthcare services.

Good

Is the service caring?

Our findings

People using the service told us staff were caring. One person said, "I am very happy, the staff are very caring. I'm very satisfied." A relative of one person said, "I can't fault them. Whatever [name of relative] needs they are there. I have no worries, I just can't fault them. If it's out of 10 I'd give them 10." One member of staff said, "We have to remember we are coming into someone's house to provide care."

We found people and their relatives were supported to express their views and be involved in planning the care and support provided. We saw evidence of consent in care plans. We noted entries in records of people's views about their support needs. People using the service and relatives confirmed they were involved through daily contact with care workers and periodic reviews of their care. The manager visited people using the service to check care was being delivered appropriately and to ensure people were happy with the service being delivered. One person told us, "[The registered manager] came in the other night." A relative said, "If I need anything I just call [the registered manager] and they are there."

People were assigned a member of staff as a key worker after their needs had been assessed and care and support had been agreed. From that point the keyworker was involved in all aspects of care planning and reviews. The keyworker provided people with a named member of staff who would work closely with them and develop a greater awareness of their needs and requirements. In addition, they made sure people's daily needs were met by supporting people in areas such as making enquiries about utilities, shopping, making appointments and providing support not specified in care plans.

People were encouraged to maintain as much independence as far as they were capable and wished to do so. One person was regularly taken out during the daytime to use local amenities such as making purchases at shops, window shopping, having coffee out with staff. This enabled them to experience regular day to day activities that would not be possible without the support of the care workers. A relative told us, "It gives me a much needed break and lets me do things I need to do or want to do."

We found staff respected people's privacy and dignity. We asked them how they did so. Each one recognised the importance of privacy and dignity and told us: "It is part of everything we do", "I must knock before entering their room. I always close the bathroom door when I am assisting them", "We make sure she is covered, we close the bathroom door and we shut the bedroom curtains. I don't think anybody could see but we close them anyway" "It is how you speak to people, speak with respect as you would like it."

Staff enabled people to make choices and encouraged them to do so. One member of staff told us, "Their choices are very important. I let them choose their food, clothes, it's whatever they want." This was reiterated by other members of staff. We looked at various records and saw they reflected people's preferences. Daily records recorded the choices people made during visits. One person clearly stated they did not want any visits after 6.00pm. Another person did not mind the sex of the care worker providing support. It was quite evident in our conversations with staff, the registered manager and throughout care records that the service respected people's preferences and choices.

Good

Is the service responsive?

Our findings

People were assessed before the service began to deliver care and support. This was to ensure the service was able to meet their needs. We were told by the registered manager of a recent assessment where the service had refused to take on a person's care and support because they could not meet the person's needs. Assessments were thorough and the service made use of assessments tools (such as those for assessing daily living needs) to ensure they identified people's needs. For the first two weeks the registered manager personally delivered care and support to ensure all needs had been identified and to develop a comprehensive care plan to support staff to meet those needs.

We found people received care that was responsive to their needs. Staff were knowledgeable about the needs of people they supported. They were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. We looked at a random selection of care records. They were person centred, used person centred language and identified people's needs, goals and preferences and how they were expected to be delivered. This detailed information about people provided guidance that supported staff to deliver safe and appropriate care and support.

We examined care plans and saw they reflected people's needs and preferences. They addressed a range of social and healthcare needs including pain, healthcare, medicines, moving and handling, personal care, continence, skin integrity, sleep, socialisation, cognition, spiritual and so forth. Each care plan addressed a range of needs specific to each person. We also noted the service was responsive to changes in people's needs. The registered manager had renegotiated the hours allocated to one person so that they were increased to enable the service to meet changes in their needs. The registered manager had also helped people to be seen by specialist healthcare professionals by writing to their GPs and requesting a referral. People's preferences were mentioned throughout care records including the daily records completed by staff delivering care and support. This respect for people's preferences was confirmed in our conversations with people, relatives and staff.

Staff supported people with activities in line with their care plans. Activities were important for people because they enhanced their lives and reduced the likelihood of any social isolation or distancing. For example, one person was taken to a centre for a hot meal six days a week. The person had a lot of friends at the centre and depending on how they felt they stayed and talked with friends or watched other people playing Bridge. Another person was regularly taken out in the local area for coffee or to do some shopping. Indoors, staff chatted with people or listened to talking books. The extent of activities was dictated by the care package agreed with the funding authority.

The service encouraged and supported people to provide feedback about their experiences of the service. People told us there was regular contact with the service. The registered manager visited people using the service regularly to ensure there were no problems and make sure people were happy with the care being provided. In addition to these regular checks, the service sent out annual surveys to people using the service and relatives to obtain feedback about the quality of service provided. We saw the results of feedback and it

was all positive.

The service had systems and processes in place to deal with complaints. We examined the policies and processes which reflected current good practice for dealing with complaints. The staff were able to answer questions about what they would do if somebody complained. People told us they would go straight to the manager if they had any concerns. We looked at the service user guide, given to people when they first started using the service, which explained how to make a complaint.

Good

Is the service well-led?

Our findings

The registered manager was appropriately registered with CQC and had a lengthy background in hospital and community services as a registered nurse. People using the service, relatives and staff spoke positively about the registered manager. One member of staff said, "She is a very good manager."

We found the service fostered good working relationships with partner agencies. In addition to recommending referrals to specialist healthcare professionals through the GP, adult social care professionals spoke positively about the registered manager being involved and approachable.

The service was open and transparent and encouraged feedback and ideas from staff. Staff told us staff meetings took place on a regular basis. They felt they could raise any concerns or ideas about improvements with the registered manager. We discussed the need to actively seek feedback from stakeholders with the registered manager and they told us they requested it at every opportunity but the response, especially from health and social care professionals, was poor. They told us they looked at any feedback as potential information that might be used to improve the quality of service provision.

Accidents and incidents were recorded along with any initial actions taken and were reviewed by the registered manager. Further actions were recorded and any lessons that could be learnt, in relation to the individual or the service, were considered.

Checks, reviews and audits were completed periodically to assess and monitor the quality of the service. For example, the registered manager carried out spot checks to ensure staff were delivering care safely and appropriately. At the same time this provided an opportunity to speak to people using the service and obtain feedback. In relation to spot checks, the service completed a spot check analysis every three months or after any incidents. These included analysis of time and attendance records, care plans, tasks and medicines to identify areas for improvement. We saw care and support plans were periodically reviewed or in response to specific incidents or changes in people's needs.

There were regular audits of support plans and an annual care audit. We also saw a personnel audit. The service continually reviewed business performance which included areas such as reviews of complaints, incidents, recruitment and retention of staff, supervisions and appraisals and training. Where appropriate action plans were generated to address issues. We saw the action plan generated in relation to recruiting staff.

Management meetings took place weekly, monthly, quarterly and annually with ad hoc meetings when deemed necessary and these generated action plans to improve service provision. For example, the geographical location of people using the service resulted in a satellite office that was close to people and staff. The service was registering the office at the time of the inspection.

We found that records were legible, accurate, up to date and readily accessible. Where required records

were stored securely and access was controlled to ensure they were only seen by people entitled to do so. In relation to people using the service records were accurate, complete and contemporaneous. Records were appropriate for the management of the regulated activity and in relation to staff employed to carry it out.