

Health Care Recruiters Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Health care recruiters provides staff to support families to care for children and young people and adults with complex or life threatening needs in their own homes.

We last inspected this service in July 2016; at this inspection visit, we rated the service as 'Requires Improvement'. We identified concerns around the statement of purpose, need for consent, good governance and staffing.

This inspection took place across two dates, 30 March 2017 and 12 April 2017. This inspection was announced 24 hours' prior to the inspection. We did this as the service was small and we needed to be sure someone would be available to provide us with the information we required. At the time of our inspection, Health care recruiters provided services to four children.

There is currently no registered manager at the service. The previous registered manager de-registered in October 2016. There is a interim manager at the service. 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.

At the last inspection we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the service did not have a robust quality auditing system in place. During this inspection we reviewed the audit records and could not find documented evidence to show audits were being undertaken. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection carried out in July 2016 we found a breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received formal supervision. During this inspection we found that staff felt supported by the management and were able to make contact if they needed to. We have made a recommendation about this.

At the last inspection we found a breach of Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records for adults had no evidence of mental capacity assessments, or best interests decisions where needed. During this inspection we could not check if there had been an improvement, as the service did not provide any packages of care to adults.

At the last inspection we found a breach of Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose. This was because the statement of purpose did not reflect the registered services they provided. During this inspection we found statement of purpose had been re-written to reflect the current services provided.

We reviewed the staff rotas and spoke with staff during this inspection. Relatives told us that the service has a lack of contingency staff to cover the care packages, and that they do not have many staff to cover the package. We reviewed the staffing and there were no missed visits.

Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The level of detail in people's care plans was not consistent across the service; some parts had not been updated following changes in people's care, and support needs. We have made a recommendation about this.

Care records included detailed risk assessments, which provided staff with guidance on how the risks to people were minimised. Staff responsible for the administration of medicines had been trained to administer them safely.

Care plans showed that where appropriate the service had made referrals to health care professionals.

Systems were in place to reduce people being at risk of harm and potential abuse. We found suitable recruitment processes were carried out.

Staff were provided with detailed guidance in people's care plans regarding the support people required with their nutrition.

Relatives were positive and complimentary about the care their family member received. Relatives told us privacy and dignity was promoted and respected by the staff. Staff had a good understanding of protecting and respecting people's human rights.

People and their families told us they received personalised care which was responsive to their needs.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure.

The manager and staff had a good understanding of the principles underpinning providing care in people's own homes.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Following the inspection the manager provided us with an initial action plan in order to address the concerns we found and to make improvements to the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Care records included detailed risk assessments, which provided staff with guidance on how the risks to people were minimised.

Procedures were in place to safeguard people from the potential risk of abuse.

Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

We were told that the service has a lack of contingency staff to cover the care packages, and that they do not have many staff to cover the package. We reviewed the staffing and there were no missed visits.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff told us they felt supported by the management, however formal supervision was not always recorded

People had access to healthcare services to maintain their health.

The management team and staff had a good awareness of the legislative requirements in relation to gaining consent for people who might lack capacity.

People were cared for by staff that had received training and had the skills to meet their needs.

Is the service caring?

Good ●

The service was caring.

Relatives valued the relationships they had with staff and were positive about the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

The service was not consistently responsive.

The level of detail in people's care plans was not consistent.

Care plans were not always updated following changes in people's care and support needs.

Despite the shortfalls in the care records, families told us they received personalised care which was responsive to their needs.

Concerns had been raised regarding the management of complaints. However, in the main concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a lack of management oversight and leadership for staff providing community care.

People were not always positive about the management and culture of the service.

The provider had quality assurance systems in place. However, these systems were not always effectively documented and robust.

Requires Improvement ●

Health Care Recruiters Limited

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 visit took place across two dates 30 March 2017 and 12 April 2017 and it was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service we needed to be sure someone would be available.

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

Before this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from nurse professionals and service commissioners. Their feedback is included within this report. We also contacted Healthwatch for their views on the service.

During our inspection, we went to Health care recruiters office and spoke with the manager. We spoke with three care staff members. Due to the complexity of the needs of people supported by the service, it was not appropriate for us to visit people's homes. However, we spoke to three parents of children who used the service. This enabled us to determine if people received the care and support they needed. In addition, if any identified risks to people's health and wellbeing were being appropriately managed.

We closely examined the care records of four people who used the service. This process is called pathway tracking. It enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, six staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

Parents we spoke with told us they felt their children were safe supported by Health care recruiters care staff. One parent told us, "I feel [my relative] is really safe in the care of the staff, I have no concerns".

At the last inspection we made a recommendation for all staff to receive training in safeguarding and child protection which were relevant to their roles. During this inspection we looked at the staff training records which showed staff had received up to date safeguarding training.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff understood the providers' safeguarding of vulnerable people procedures. They were aware of their responsibilities to ensure people were protected from abuse. Staff members we spoke with demonstrated they knew about the procedures they should follow if they were concerned people may be at risk.

People were protected by robust procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. DBS checks help employers make safer recruitment decisions and help prevent unsuitable care workers from working with people.

We reviewed the staff rotas and spoke with staff during this inspection. Relatives told us that the service has a lack of contingency staff to cover the care packages, and that they do not have many staff to cover the package. One relative told us, "We should have at least five staff to cover the package but we only have two". Another told us, "We have no backup staff to cover all seven nights ".We reviewed the staffing and there were no missed visits. The manager told us they endeavoured to ensure people always received their visits and if they were short staffed, an on-call system was used.

Care records included detailed risk assessments, which provided staff with guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, we saw in one person's file a detailed moving and handling assessment with very clear guidance on how to safely move the person using the equipment provided. Other risks addressed included maintaining one person's oxygen saturation levels. Staff told us they had access to this information in people's care records and ensured they used them.

Staff responsible for the administration of medicines had been trained to administer them safely. Competency checks were carried out for staff members and recorded in their personnel files.

We reviewed medicines administration records and did not see any discrepancies in when medicines were administered. Parents told us if staff require any support they will ask for this.

There was a central record for accident and incidents to monitor for trends and patterns and the management had systems in place to allow for oversight of these. The documents we viewed were fully completed and had information relating to lessons learnt.

When providing care, the staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons, people we spoke with confirmed this.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received formal supervision. The lack of robust and regular supervision meant that the provider had not adequately supported staff to identify support and developmental needs and ensure they continued to provide safe care.

During this inspection we found that support was available for staff however supervision sessions were not always formally documented and evidenced.

Staff told us, "I do not get much in the way of formal support", "I am very well supported". And, "I feel supported by the manager, they always get in touch and I can ring the office if I need anything".

The competency of staff was assessed through observational supervisions. One member of staff told us, "We all support each other to ensure best practice and competency checks are done to see if I can do certain aspects of the role". Records confirmed these observations took place and demonstrated checks were being made to ensure care was being delivered in a safe, caring and compassionate way. However, there was no timetable in place to ensure continuity.

We recommend that the provider ensures that staff receive regular supervision sessions to support their practice.

We discussed this with the manager who told us they speak to staff regularly over the phone but this is not recorded. They told us of the difficulty in meeting with staff face to face due to the geography. The manager sent us an action plan documenting the improvements that would be made in this area.

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.

At the last inspection we found a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records for adults had no evidence of mental capacity assessments, or best interests decisions where needed.

During this inspection we could not ascertain if there had been an improvement, as the service did not provide any packages of care to adults. We did discuss the principles of the MCA with the manager who was

able to demonstrate a good understanding.

We looked at training provided to staff during this inspection. Relatives told us they felt that staff were able to do their jobs effectively. One person told us, "Staff are well trained and know what they are doing". One parent told us, "Some of the staff still need some training and this has been arranged this with the nurses".

Staff were positive about the training they had completed when they first started working with the service. Staff told us, "I had a good induction and did all the mandatory training; I was offered any other training that I needed to do the role". And, "I got to do shadow shifts and did not have to lone work until I felt comfortable to do so".

Staff were provided with detailed guidance in people's care plan's regarding the support people required with their nutrition. This included people's specific requirements, for example, 'All water must be sterile or cooled'. In addition peoples preferences were noted, for example, "Likes toast made with white bread". This demonstrated people were being supported with their specific dietary needs. People were given the opportunity to express their preferences in relation to what they would like to eat and drink.

Care plans showed that where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. A professional told us the staff contacted them (if required) for support. Care staff demonstrated knowledge of the additional support being provided to people by the community nursing care team. Staff understood how this related to the care they were providing to people.

Is the service caring?

Our findings

Relatives were positive and complimentary about the care they received. Parents we spoke with told us, "The staff are brilliant I can completely trust them with [my relative]"; "The staff are good, professionally they do their very best". And, "The staff are dedicated".

At the last inspection we made a recommendation that the service follow best practice in care planning. This was because we found no evidence of end of life care planning.

During this inspection we found the management team demonstrated a compassionate awareness, enthusiasm and understanding to end of life care. Care planning for end of life care had been shown to be considered but due to the service supporting only children the management discussed the barriers which can be in place around this issue.

Staff had a good knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. A relative told us, "The staff know [my relative] really well. They don't need to ask any questions they just know what they need to do".

People had regular carers who they had built a relationship with. One relative told us, "We have the same two staff that come to visit and they are great. They work really hard to keep [my relative] well".

Relatives told us privacy and dignity was promoted and respected by the staff. We spoke with staff members who were able to demonstrate a good understanding of how to protect people's privacy and dignity. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Staff had a good understanding of protecting and respecting people's human rights. Training had been undertaken around equality and diversity. We discussed this with staff; they described the importance of promoting each person's individuality. This information was also contained within individuals care plans.

Is the service responsive?

Our findings

Relatives told us they received personalised care which was responsive to their needs. A parent expressed how they were happy with the support they received and told us, "The staff are brilliant. They are flexible and respond well to any changes, they all know [my relative] very well".

Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The level of detail in people's care plans was not consistent across the service; some parts had not been updated following changes in people's care and support needs.

Parents told us that care plans did not always contain all the up to date information to care for their children. One parent told us, "The care plan we have at the moment isn't correct and needs some changes". Another told us, "The fluid balancing guidelines need changing on the care plan but we still haven't had it through from the office".

Where care plans were fully complete we found them person centred and included details throughout which reflected people's personal preferences and what was important to them. For example, an entry in one care plan documented that the person liked pampering and being massaged.

We recommend the provider follow best practice in care planning to ensure there is an accurate, complete and contemporaneous record in respect of each service user.

Parents told us their views were listened to and acted on by the care staff. They said they had opportunity to express how they felt about the care and support being provided. A representative from the service attended multidisciplinary meetings and any discussions around the care during these meetings were incorporated where needed into the individuals care plans.

People and family members were encouraged to raise any concerns or complaints. The service had a complaints procedure. Parents we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. A system for recording and managing complaints concerns was in place. We saw evidence of complaints being investigated and responded to. Information was available to demonstrate how those complaints had been reviewed and what actions were taken.

Although systems were in place for raising concerns relatives we spoke said they did not think their informal concerns were taken seriously and responded to. Feedback included, "When there are issues these are not always followed up, these have not been raised formally". And, "I don't think the manager sees the concerns as if they are concerning".

We spoke to professionals about the service and they told us the service responds well to any concerns they highlight and staff follow any advice given to them to improve the care.

We recommend the provider review the complaints policy to incorporate how they are responding to informal concerns.

Is the service well-led?

Our findings

Although relatives were complimentary about the care and support they received from the care staff, many of the people we spoke with told us they felt frustrated by the lack of organisation in the office. One relative commented, "The manager tries their best to help but needs a lot of prompting."

At the last inspection, we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the service did not have a robust quality auditing system in place. Spot checks to observe staff's competency had not been carried out on a regular basis.

At this inspection visit carried out in March and April 2017, we checked whether the service was well led. Evidence we found showed there continued to be a lack of management oversight. We could not find documented evidence to show care files had been audited, the issues which were highlighted during the inspection such as out of date documentation to guide staff to support people, would have been identified if suitable checks had been carried out.

We spoke to the manager who told us they did visit people at their homes to look at any issues but that they did not record this.

Care staff were clear regarding their roles and responsibilities. However, we still found a lack of accountability and responsibility within management. One professional told us they felt that the leadership at the service is not robust. They felt that there lacked clinical oversight and the provider continued to prioritise the unregulated side of the business.

Following the last inspection the service employed two new managers to the service; neither of these staff members completed the application process to be registered manager with the commission. 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.

We did see evidence the views of staff were taken on board. For example, when staff requested equipment they received it. People and their relatives told us they were sometimes asked for feedback although this was not formally captured. From the concerns raised directly with us during the inspection we were not assured that a robust approach was being taken which fully demonstrated people were empowered to voice their opinions and could be confident they would be listened to and appropriate actions would be taken to improve the service.

This amounted to a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because of the continued lack of oversight of documentation, the lack of information obtained to improve the service and the lack of robust leadership.

At the last inspection we found a breach of Regulation 12 Registration Regulations 2009 (Schedule 3)

Statement of purpose. This was because the statement of purpose did not reflect the registered services they provided. During this inspection we found statement of purpose had been re-written to reflect the current services provided.

The manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff which recognised and promoted the fact they were working in people's own homes. Communication was made with staff via phone and email they were happy with this.

Staff responses were mixed about the approachability of management. Staff told us, "I feel really well supported and the manager is approachable"; "The manager can be a bit blunt and to the point". And, "I have been very well supported. I can go to the manager with any issues that come up".

One professional told us they could speak to the manager and that the manager does handle complex packages and conflict really well.

The manager had informed the commission of notifiable events at the service by completing statutory notifications as required. They were aware of the Duty of Candour regulation. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

On our arrival at Health care recruiters we noted that the last inspection rating of 'Requires Improvement' was clearly displayed in the reception area and in the manager's office. This is a statutory requirement for all registered providers.

We found the management team receptive to feedback and keen to improve the service. The manager worked with us in a positive manner and provided all the information we requested. Following the inspection the manager provided us with an initial action plan in order to address the concerns we found and make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service provider had not implemented a robust system for assessing and monitoring the quality of service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f).</p>