

Conquest Recruitment Ltd

Conquest Recruitment

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?

Good ●

Summary of findings

Overall summary

This announced inspection of Conquest Recruitment took place on the 10 February 2016. At our last inspection on 22 February 2014 the service met the regulations inspected.

Conquest Recruitment is a domiciliary care service for people in living in their own homes. It supports people with their personal care. It also undertakes other services that include assisting people with cleaning and shopping tasks. It is run by Conquest Recruitment Ltd. At the time of the inspection the service was supporting seven people with their personal care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 were treated with respect and staff engaged with people and their relatives in a friendly and courteous manner. Staff understood the importance of protecting people's privacy and dignity.

People were encouraged and supported to be fully involved in decisions about their care. People received personalised care. People's care plans contained the information staff needed to provide people with the care and support they needed in the way that they wanted

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support.

People knew who to contact if they had a concern and the office contact details were included in the information they received about the service.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Care workers told us they enjoyed their job and received the support they needed to carry out their roles and responsibilities. Staff gave positive feedback about the management of the service. They told us the registered manager was approachable and fully supported and engaged with them to ensure people were provided with good quality care.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives. People told us and we saw from their records they were fully involved in making decisions about their care and support.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for

people.

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 and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with support to ensure their dietary needs were met.

The service respected people's choices and views. Consent to care was sought from people.

Is the service caring?

Good ●

The service was caring. People told us that staff were kind and provided them with the care and support they needed. Staff respected people and involved people in decisions about their care.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their individual needs.

Feedback was sought from people who used the service.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service, relatives and staff informed us the registered manager was approachable, listened to them and kept them informed about the service and of any changes.

The registered manager provided staff with support. Staff were complimentary about the support they received.

There were processes in place to monitor and improve the quality of the service.

Conquest Recruitment

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.

The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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. The PIR was discussed with the registered manager during the inspection.

Some people using the service were able to tell us about what they thought about the service. Others were less able to describe their experience of the service so to gain further understanding of people's experience of the service we spoke with people's relatives. During the inspection we spoke with the registered manager and another senior member of staff. Following the inspection we spoke with a person using the service, six relatives of a people using the service, a team leader, three care workers and two social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included; care files of four people using the service, four staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us that the staff who visited them cared for them well and they felt safe when receiving the service. Comments from people and their relatives included "I feel safe with the carer," "I am sure [person] using the service is safe, they get the care they need," and "We have no worries."

People were supported by staff who knew how to keep them safe. There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Care workers were able to describe different kinds of abuse and were aware of whistleblowing procedures. They felt confident in initiating these procedures. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by her. Care workers knew about the need for abuse to be reported to appropriate agencies that included the local authority safeguarding team, police and CQC.

Staff told us if there was an incident or accident they would contact the registered manager as soon as possible. The registered manager informed us that there had not been any incidents or accidents but if there were appropriate action would be taken to respond to them and to minimise the risk of further occurrence.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The registered manager told us that they tried to ensure that people received the care they needed from regular staff so they were familiar with people's needs and there was consistency of care. People we spoke with and their relatives confirmed this and were positive about receiving care from a regular care worker. People told us they were informed when their regular care worker was not available and another care worker would be providing the care.

People told us staff were generally on time and always informed them when they were going to be late. People said that there had been no missed calls and staff stayed for the agreed length of time. Staff told us there were enough staff to meet the needs of people, cover staff sickness and annual leave and ensure people's safety.

The risks to people's safety had been appropriately managed by the registered manager and staff. People's care plans contained information about how staff should support them to keep them safe. Care plan records showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people's home environment, and individual personalised risk assessments that included risk of falls, poor hygiene and leaving the kettle and water taps on.

We looked at recruitment records for staff and found that relevant checks had been completed before staff worked unsupervised at the service. The four staff records we looked at showed appropriate recruitment

and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. We saw that one member of staff's application form had not included their employment history. The registered manager told us that this had been discussed during the process of recruitment and she would make sure it was added to the form. Other staff records showed that the current application form had been amended to include information about a candidate's previous employment.

The registered manager and team leader informed us that currently there were no people using the service who required assistance from staff with medicines. They told us and training records showed that staff received training in the management and medicines administration. There was also a medicines policy in place which included information and guidance for staff to follow to make sure that medicines were managed and administered safely.

Care workers told us that they had access to protective clothing including disposable gloves and aprons. A team leader told us that when she carried out 'spot checks' of staff providing people with care she checked that care workers were wearing appropriate protective clothing.

Is the service effective?

Our findings

People using the service told us they received the care and support they wanted and needed. Relatives of people informed us they found all the staff to be competent and felt they knew people well. Comments from relatives included, "Staff seem to know what they are doing, [person using the service] gets the care they need," "They [staff] understand [Person's] needs," and "It's a good service."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us when they started working they had received a comprehensive induction over a period of two weeks, which included gaining information about the organisation, policies, training and shadowing a more experienced member of staff so they knew what was expected of them when carrying out their role in providing people with the care they needed. The registered manager told us that new care staff would complete the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers as well as the current induction programme.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, basic first aid, health and safety, fire safety, food safety and Mental Capacity Act 2005/Deprivation of Liberty Safeguards [DoLS]. The registered manager told us that staff learning and training was also based upon people's specific needs. She provided as with an example of specific information and support being provided to care staff to make sure they understood a person's diabetes. The registered manager informed us that care staff had experience of supporting people with dementia care needs and that dementia was discussed with staff during one-to one staff supervision meetings. She told us she planned to develop the dementia training provided to staff. Records showed one member of care staff had completed a qualification in dementia awareness. Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates showed that care staff had completed a range of relevant qualifications. Staff confirmed they had access to training opportunities and personal development was encouraged.

Staff told us they enjoyed their jobs and felt well supported by the registered manager. The registered manager informed us and records showed staff received regular supervision to provide them with the support they needed to carry out their duties in providing people with the care that they needed. During the supervision meetings records showed that staff had the opportunity to discuss training and development needs as well as any other relevant issues to enable them to improve their care practices. Records showed that in 2015 staff had received an appraisal of their performance.

The registered manager and team leader told us that spot checks of staff working in people's homes were carried out to check that people were receiving a good quality service. They told us that the spot checks visits were unannounced and included checks of staff practice as well as an opportunity to gain feedback about the service from people. Care workers and people using the service confirmed these checks took place. However, there were no records that showed the areas of the service that were checked during the spot checks. The registered manager informed us she would develop a form to show a record of the areas

that were assessed during these visits.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had an understanding of the MCA and their responsibilities regarding this. They knew that every adult has the right to make their own decisions if they have the capacity to do so.

People we spoke with told us they were always asked for their consent before being provided with assistance with their care. The registered manager told us that she had regularly discussed consent with staff. Staff provided us with examples of how they obtained people's consent before providing their care and support. A care worker told us "I always ask the person for their consent before I help them with anything."

Most people using the service had relatives who assisted them with arranging the health appointments they needed. People's health and mobility needs were documented in their plan of care and included information about health care professionals who were to be contacted should the person's health deteriorate. Care workers we spoke with told us they would document and report any changes in people's health and welfare. Staff knew they needed to contact appropriate health services including emergency services if people became unwell. The registered manager provided us with an example of a care worker calling an ambulance when they observed a significant decline in a person's condition.

People were supported to eat appropriate food and drink that met their needs. We found people's nutritional needs and preferences were recorded in their care plan. Guidance was available for staff to follow to meet people's individual dietary needs, such as encouraging a person to eat low fat foods. Care workers we spoke with told us how they provided people with the assistance they needed with their meals. A care worker told us "I always make sure [Person] has a drink before I leave." Another care worker said "I never assume that [Person] wants a particular drink, I ask what they want to drink such as tea or coffee." Records showed that a person using the service had been particularly happy with the way a care worker made their cup of coffee each morning.

Is the service caring?

Our findings

People told us staff who looked after them were kind and provided them with the care they needed. One person using the service told us, "Staff are lovely. They know what I want and like. They are very good." A person's relative told us "I am happy and relaxed now that [person using the service] has this care."

Care workers we spoke with knew people using the service well. They told us about people's individual preferences and needs. Care workers told us they involved people in the decisions about their care and support needs. A care worker told us they always provided people with choice to do with their personal care needs such as offering the person a bath or shower and never assumed what the person wanted. People's care plans included information about the person's life and past experiences. Staff we spoke with knew about people's backgrounds, and their likes and dislikes. Care workers told us they spoke with people and people's relatives about the background, interests and preferences of people who used the service. Care workers told us "I speak to people to get to know them, it is nice talking with them," and "I love the work, I like looking after people."

People and people's relatives told us people's privacy and dignity were respected by staff. A person using the service told us "They [care workers] respect my privacy and are kind." A care worker told us that the importance of respecting people's dignity and privacy was included in their induction programme and raised by the registered manager regularly. They told us that a senior member of staff had reminded them when working in a person's home it was important to close the bathroom door when supporting the person with their personal care needs even if at the time there was no one else in the home. Staff we spoke with were aware of respecting people's confidentiality and knew not to speak about people other than to staff and others involved in the person's care.

People told us they had been involved in making decisions about their care and support and felt that staff listened to them. A person using the service told us that care workers always involved them in a range of decisions which included what they wanted to wear and what they wanted to do. People's care plans showed and a person using the service confirmed that people had been asked whether they preferred a male or female care worker and their preference had been accommodated.

People's care records outlined people's religion and their cultural needs. Staff we spoke with were aware of people's backgrounds, and were respectful of people's religions and cultures. They provided us with examples of how these needs were respected and supported. This included ensuring that a person received the support that they needed with their personal care prior to the person carrying out religious observances. The registered manager told us that she had ensured staff had access to disposable shoe covers as some people due to preferences or cultural/religious needs did want staff wearing their shoes uncovered in their home. The registered manager told us that she spoke with staff about equality and diversity during staff meetings and induction. She provided us with examples of matching people using the service with care workers who spoke the same language as them. A person's relative confirmed that a person using the service received care from a care worker who spoke the person's first language. The relative spoke about how positive this was for the person's well-being and communication needs.

People were also supported to maintain social networks and relationships with those important to them. The registered manager and care staff told us about the importance of working with and involving [with the person's agreement] people's family members and those important to them in people's care.

Is the service responsive?

Our findings

The registered manager told us that before a person received a service from the agency information about the person's needs was obtained from the local authority unless the person was funding their own personal care. The registered manager said that she carried out an initial assessment of each person's needs with the person [and if applicable their relatives] to determine if the service was able to meet the person's needs and to make sure the person was satisfied with service offered by the agency. A person using the service and people's relatives who we spoke with confirmed they had been asked a range of questions about people's needs and preferences. A person using the service told us "[Registered manager] visited me and asked me lots of questions about myself and the care I needed."

People's care and support had been individually planned to meet each person's specific needs and preferences. This was supported by the comprehensive initial assessment and care planning process that identified where people needed support and guidance from staff. People told us that they had their own personal copy of their care plan information. Care workers we spoke with told us that people's care plans were accessible and read by them. The care plans we looked at showed they were personalised and contained detailed information about each person's health, support and care needs and what was important to them. A person using the service told us "I feel in control of my care." A relative of a person provided us with an example of the positive response they received from the service when they had requested that care workers arrived at a certain time to enable the person using the service to attend a regular appointment.

People's care plans were up to date included information that was relevant to people's individual needs and preferences. Records showed people's care plans had been updated when their needs had changed. Care plans included details about how people wanted their care to be delivered. This information enabled staff to provide the care and support that people needed in a person centred way. For example a person's care plan included 'My name is [Person], I will need help daily as follows-'. It then detailed the person's step by step preferred routine and included specific information about the personal care they needed. A person using the service told us and records showed they were involved in their care, knew about their care plan and had participated in its review. Care plan records showed that some people and their relatives had been involved in the development and review of people's care plans. A relative told us "We are involved in the [Person's] care and in reviewing it." However, it was not clear from some care records that every person using the service had the opportunity to discuss their care and to sign their care plan and risk assessments. The registered manager told us that she would make sure that care plan records showed that people's care had been discussed with them and would record the reason why some people were unable to sign their care records.

Staff told us the registered manager kept them informed of any changes to the service and people's care. Care workers told us they felt able to make suggestions about improving aspects of people's care and the service. They told us they felt listened to and were encouraged to speak to the registered manager and other senior staff about any issues to do with the service and to report any changes they had noticed in people's needs, such as changes in a person's skin condition. We saw records that had been completed by care

workers during their visits to people's homes. These records detailed the tasks and care they had carried out.

Where people had activities outside of their homes the support people were provided with was in accordance with their needs and preferences. The registered manager provided us with an example of staff assisting a person with their transport arrangements for an excursion. People told us they received the care and support they needed from regular care workers who they knew well. They told us that having the same staff to provide their care and support was very important to them as it ensured continuity of care by staff who understood the person's needs. People and their relatives spoke of people having a good relationship with the regular care worker. They told us the care workers contacted them if they were running late, and stayed the correct length of time. A person told us "[Care worker] comes on time and always rings me if they are going to be late."

The service sought feedback from people who used the service by visiting people, asking for their feedback and by contacting people by phone and email. People had the opportunity to complete feedback surveys which included questions about the care people received, whether care staff were respectful and arrived on time. We saw that findings from the surveys were reviewed and used to implement changes within the service to improve the support provided to others.

The service had a complaints policy, which included a process to record and respond to complaints. Details of how to make a complaint were included in the information about the service that was provided to each person using the service. People and their relatives knew who to contact if they had a concern or complaint. Staff knew how to respond to and report a complaint. Information about complaints was included in the staff handbook. At the time of the inspection no complaints were recorded. The registered manager told us there had been no complaints. People and their relatives commented "I know how to contact the agency if I have any concerns," and "I can call the office if I need to."

Is the service well-led?

Our findings

People using the service told us they felt the service was well managed and the registered manager and other senior staff were caring, open and approachable. There was a clear management structure. People told us they would not hesitate to contact the registered manager if they needed to discuss or raise issues to do with the service. One person told us, "I know how to call the manager. I haven't needed to as everything is ok, [registered manager] is a very nice lady." Relatives of people told us "[Person using the service] is very happy with the service. They get the same carer, the carer speaks the same language," "The manager is very approachable and has rung me a couple of times to ask how things are," "If I have questions they get back to me quickly," "I would recommend the agency," and "Things are going well, [Person] is very happy."

Written compliments about the service from people using the service and their relatives included "Thank you [registered manager] my [person using the service] is very happy, you are an angel," "Generally the people [care workers] that come are very good. I would like to mention this as carers [care workers] do not often get the recognition for their work," and "[Care worker] is very nice I like her very much, she does everything very nice."

During our inspection we spoke with the registered manager and it was clear she knew the people using the service and their relatives well and worked closely with the staff team to ensure people received the care and support they needed and wanted. We found examples of when the registered manager had worked hard to provide people with support from a care worker who spoke their language.

Team meetings and staff supervision meetings, provided staff with the opportunity to receive information about the service, be told about any changes and to discuss and raise any concerns or comments they had. Records showed a range of topics including safeguarding people, DoLS, infection control, time keeping, and daily records to do with the service and best practice had been discussed during these meetings. The registered manager told us that she also kept in touch with staff by text messaging, email and by phone. A care worker told us that the "Management were very good. They listen."

We saw that notes from telephone calls to people using the service and their relatives were kept and this feedback was addressed appropriately. A relative of a person using the service told us "We have the opportunity to provide feedback and are listened to." Compliments about the service were also recorded.

Policies and procedures service we looked at were up to date. Staff knew about the policies and how to access them when this was required. They told us that some policies had been discussed with them during their induction. Summaries of some policies were recorded in the staff handbook that was provided to each member of staff when they started work.

The service had an up to date business plan which included a range of goals to develop and improve the service. However, it did not include information about what steps had been taken by the service to achieve those objectives. The registered manager told us she would review, improve and develop the business plan.

There were quality assurance systems in place to monitor and drive quality improvements. Checks of staff training, care plans, staff records, staff recruitment, and medicines management had recently been carried out. Records and care plans were up-to-date and detailed people's current care and support needs. The registered manager told us that following a review of people's care plans she was in the process of developing electronic care plans as an addition to hand written documents to improve access to the information by senior staff and to enable care plans to be updated easily.

The service also received audits from external organisations including a recent check carried out by a local authority. We saw from records that the registered manager had addressed the issues found from that audit and in doing so had made improvements to the service. Social care professionals spoke in a positive manner about the service.