

Principles Recruitment Care Agency Limited

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Inspection report

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Date of inspection visit:
31 October 2019
05 November 2019

Date of publication:
28 November 2019

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

About the service

Principles Recruitment Care Agency is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 10 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives spoke positively about the quality of care and support they received from Principles Recruitment Care Agency. They told us staff were kind and caring and they felt safe when staff provided support to them.

Staff understood their responsibility to protect people from abuse and harm. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Safe procedures were in place to make sure people received their medicines as prescribed and to manage people's individual health risks.

There were enough staff available to ensure people's care and support needs were met. The registered manager worked alongside staff and delivered care. They told us they tried to accommodate people's requests for additional care and visit times where possible. People told us staff arrived on time and stayed for the full amount of time and were informed if staff were running late.

Staff had been safely recruited and had received regular training and supervision to effectively meet people's needs. The timeliness of staff induction and the consistency of recording previous staff employment checks was being reviewed to ensure people were supported by trained and suitable staff. Staff supported people to have enough to eat and drink and assisted them to access healthcare services and professionals when they needed.

People were treated with respect by staff who showed them compassion and understanding. Relatives praised the staff and told us they also received emotional support from the managers and staff. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People's care plan reflected their support requirements, preferences and levels of independence. Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew how to complain and were confident the registered manager would address their concerns. An independent consultant had been employed to assist the registered manager in monitoring the service through a range of quality checks and audits. They also gained feedback from people who used the service, their relatives and carried out spot checks on staff care practices. Actions were taken and improvements were made when needed.

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

Why we inspected

This service was registered with us on 21/06/2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Principles Recruitment Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 October 2019 and ended on 5th November 2019. We visited the office location on 31 October and 5 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a company director and two care staff. We also spoke with an independent consultant who supported the provider to manage and monitor the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff from the service. When asked about their safety, one person said, "Definitely, I feel very safe when they [staff] visit me. I have no concerns at all." Safe and transparent procedures were in place if people required support with any financial transactions.
- The provider issued people with safeguarding booklets to help them understand the different types of abuse and how to report any concerns through provided by the provider.
- Staff had a good understanding of safeguarding policies and procedures. They were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed such as risk of falls.
- People's care records provided staff with the control measures required to minimise their risks and the actions they required to take if people's needs changed. For one person, information on their daily catheter care, the signs of catheter related issues and actions to be taken were recorded to guide staff.
- Information about people's fire and environmental risks were known by staff. Robust lone working assessments and missing person profiles were being implemented to support the safety of people and the staff who supported them.

Staffing and recruitment

- People were supported by sufficient numbers of staff. The provider planned to slowly expand the service and was recruiting new staff to ensure people's care requirements would be consistently met. An electronic system was being implemented which would be more effective in the management of people's visits and staff schedules.
- People told us staff arrived on time and stayed for the correct amount of time. The registered manager explained that where possible the service aimed to accommodate people's requests for changes in their visit times or additional visits. A contingency plan was produced during the inspection which identified how those people at high risk would be supported in an emergency such as during adverse weather conditions.
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to support people in their homes. Staff confirmed that they were asked about their employment history during their recruitment process, however the registered manager had not always they had recorded these discussions. The registered manager acknowledged that improvement was needed in this area and assured us that all checks had been completed in line with guidance and the provider's recruitment policy.

Using medicines safely

- People who needed help to take prescribed medicines were supported by staff who had received training and had been assessed as competent in the safe management of medicines.
- The management of people's medicines were clearly recorded to direct staff on their responsibilities in supporting people with their medicines in conjunction with people and their relatives. Staff kept clear records of any medicines they administered which were regularly checked and audited by the managers to identify any errors.
- The provider's medicines policy directed staff in the administration of 'as required' medicines (PRN), homely medicines and if people refused their medicines. The registered manager told us they would revisit the policy with staff to ensure they fully understood their role when supporting people with their medicines.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff understood the importance of hand washing and maintaining high standards of cleanliness to prevent cross infection.
- The provider made sure staff had access to personal protective equipment such as disposable gloves and aprons to prevent cross infection and observed staff hygiene practices during spot checks. People confirmed staff used the protective equipment when supporting them with personal hygiene tasks.

Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. Actions taken and changes in the provider's procedures were shared with staff to help prevent further occurrences.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure they could be met. Information from people, their relatives and the funding authority were used to inform people's care plans and support requirements. People's support needs were regularly reviewed and updated in partnership with them as their needs changed.
- The provider ensured that the service remained current in their care practices. For example, evidence-based assessment tools were used to assess people's moving and handling and tissue viability.

Staff support: induction, training, skills and experience

- People received care from staff who had been trained to support people who required personal care. The skills and knowledge of staff were regularly checked through observations and spot checks of their care practices.
- All new staff completed an induction period and training to understand the provider's policies and people's support requirements. The timeliness of their training and the implementation of the care certificate for new staff was being addressed by the registered manager. However, the risk of people receiving inappropriate care by new staff was minimised as all new staff worked alongside the registered manager and other experienced staff to understand people's specific support requirements.
- Staff felt well supported in their role. Records showed, and staff confirmed that they received regular supervision. The registered manager was aware of their responsibility to appraise and review the work practices and personal development objectives of staff annually.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, staff supported people with their meal preparations. People were involved in their meal planning and choices. Cultural and religious food preferences were met where required.
- Staff were aware of the importance of preparing people's meals in line with their preferences and dietary requirements as recommended by health care professionals. Staff encouraged people to eat a healthy diet such as low sugar and low-fat meals and drinks.

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

- Staff knew people well and assisted them to monitor their well-being and health conditions. They sought professional advice promptly and appropriately such as from GP's and district nurses if they were concerned about people's welfare. People were helped to access healthcare services as needed.
- Health care professionals provided positive feedback about the service and confirmed their

recommendation were implemented and monitored by staff. One health care professional wrote to us and said "[Name] is fantastic at being able to see an issue and contact me to resolve the matter. She and the agency act quickly and responsively when things are asked of them."

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent before delivering any care or treatment such as supporting people with their personal hygiene or assistance with dressing and personal grooming. These practices were confirmed by people. One person said, "Oh yes, the carers always ask me if I want any help, they never assume that I do."
- Where people had memory problems or their capacity fluctuated, staff worked with people and families, legal representatives and professionals to agree decisions in their best interest. The provider was working with an independent consultant to ensure there was recorded evidence that staff had obtained the lawful consent of people who may lack mental capacity by using the principles of the MCA.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People praised the caring nature of staff. They used words such as 'amazing', 'understanding' and 'lovely' to describe the staff who supported them. One person said, "The carers are very nice people." Another person said, "They are all very nice carers. I enjoy their company." Relatives of people also expressed this view and told us staff also provided them with emotional and practical support. Relatives said comments such as "Principle's staff are as good as gold" and "They are very very helpful and will always go out of their way to help me."
- The service had a person-centred culture which focused on the needs of individuals and their support network. People's care plans included information about their diverse backgrounds, likes and dislikes and staff were knowledgeable about these. Health care professionals told us that people had informed them that they thought the staff were kind and caring.
- The registered manager also provided care and led by example. Staff and people complimented the registered manager's approach. The registered manager told us they expected staff to deliver high quality care and maintain good standards of care at all times.
- Staff provided examples of when they had gone beyond their role and supported people in an emergency such as assisting people with electrical and heating problems. Staff supported one person with a blocked sink and another person to clean their carpets. One person told us the additional support they had received from staff had helped to reduce their worries. They said, "The carers are very thoughtful."
- Staff told us they had formed close relationships with people and their relatives. Staff had supported people to live the final days of their life at home and ensured they remained comfortable during their visits. Staff had attended people's funerals and paid their respects to people and their relatives.

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

- People confirmed that staff supported them at all times with dignity and respect. One person said, "I can honestly say the carers are very respectful. They are very polite and professional but friendly at the same time." Staff provided people with privacy such as offering them time alone in the bathroom and closing doors and curtains when supporting them with personal care.
- People's abilities, goals, plan of care and desired outcomes were documented in their care plan. People told us they were supported by staff to maintain their levels of independence and regain their confidence and strength. Staff paid attention to people's personal appearance which promoted their dignity and well-being such as supporting people with their hair and make-up.
- Staff used their knowledge and local contacts to advocate for people such as contacting health care professionals to arrange equipment to help them maintain their independence for as long as possible

Respecting and promoting people's privacy, dignity and independence

- People were consulted about their care requirements. They were supported by regular staff members who helped people to maintain their preferred routines.
- People were informed of the staff who would be supporting them. The registered manager explained that the new electronic system would allow them to send visit schedules to people in advance.
- Information about the service was shared with people. Each person received a 'service users' guide' which included information about the complaint's procedure and office contact details should they need to raise a query or complaint.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support requirements were initially assessed to ensure the service could meet their needs and preferred visit times.
- Records of people's care needs included background information about the person's social history, preferences, levels of independence and the support people required. Records included people's preferences relating to the protected characteristics (Equality Act 2010) culture and spiritual needs.
- The staff we spoke with understood people's needs and preferences and told us people's care plans provided them with the information they needed to support people.
- People's care was regularly reviewed to ensure they consistently received the correct level of care and to also ensure that their care records contained accurate information about their care requirements to direct staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans identified their communication needs and how staff should support them to minimise their sensory loss such as ensuring people wore their glasses which were clean.
- Information, such as the provider's service user guide and safeguarding and complaints procedures was available in other formats, such as larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We were told that people would be supported with social and cultural activities and interests if requested. Staff supported people to maintain relationships with family members and friends, if this was their choice.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and raise concerns with the service. They said they found the registered manager and company directors approachable and were all satisfied that any concerns would be dealt with promptly by the management team.
- People's complaints had been logged and investigated promptly in line with the providers complaints policy. The outcome of the investigations had been fed back to the complainant and actions had been taken to improve the service. The registered manager and company director shared the complaints and any

learning with staff to ensure improvements were made

- The registered manager told us they received feedback from people when they supported them with their personal care. As part of their quality monitoring of the service, an independent consultant also contacted people to understand their experiences of the service provided and manage any concerns.

End of life care and support

- The registered manager explained that they were passionate about supporting people at the end of their life and had attended end of life training to better understand people's end of life needs. End of life policies, and processes were in place to guide staff. Links had been formed with palliative care specialists to assist people to remain comfortable and pain free.
- The registered manager and staff told us they had previously supported people's wishes to stay living in their own home during the final stages of their life. They told us they had recently supported one person at the end of their life according to their wishes and preferences. Their care plan provided staff with information of actions they should take if the person became unwell such as contacting the district nurse.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Principles Recruitment Care Agency registered with CQC in June 2018 to deliver personal care and is a family run business. The registered manager and company director both managed the service and delivered care to people in the community. They had a good understanding of their responsibility and legal requirements to run a safe service for people.
- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred and inclusive service.
- Everyone spoke positively about the service they received. They praised the staff and managers and told us they were confident that the service was managed well. One person said, "They [staff] are great. I would certainly recommend them to anyone." People and their relatives were confident the registered manager would always act in their best interests and any issues they raised would be dealt with.
- The registered manager and company director planned to implement more efficient systems such as a staff rostering system and electronic care planning and review staff training as part of their action plan. This would assist them in monitoring the service as it expanded.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal regulatory and duty of candour obligations
- The duty of candour requires organisations to be open and honest when things go wrong.
- Staff told us the registered manager and the other managers were supportive and often worked alongside them or were on call. This gave the managers an opportunity to observe staff practices and address people's worries or concerns and take immediate action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had employed an independent consultant to scrutinise the quality of care being delivered. They carried out various quality checks such as medicines audits and spot checks on staff. This assisted the registered manager in ensuring people received safe and effective care by staff who were trained in their role.
- The registered manager and company director were keen to receive feedback from people and staff about the service they ran. People were asked to share their views about the service through satisfaction surveys,

care review meetings and during spot checks of staff to ensure people received safe care from staff who were compassionate and caring.

Continuous learning and improving care

- The registered manager and staff team demonstrated a willingness to learn and improve the service. There was an open approach to investigate and learn from errors, incidents and complaints.

Working in partnership with others

- The registered manager worked with commissioners of care, health and social care professionals and other stakeholders. They had formed links with other services and health care professionals in the local area to ensure the quality of care provided to people was consistently good. Feedback from professionals showed the service had worked in partnership with them to ensure the best outcomes for people.
- The provider also was attentive to the needs of the wider community. For example, they donated money towards the local schools anti-bullying campaign and magazine.