

Care Solutions Recruitment Agency Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Care Solutions Recruitment Agency Limited is a domiciliary care agency providing support to people in their own homes. In addition, Care Solutions Recruitment Agency Limited provides care staff to other services and delivers health and safety training courses. However, this part of the service is not regulated by the CQC.

This was our second inspection of Care Solutions Recruitment Agency Limited since they registered with the CQC on 15 May 2017. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was supporting one person with minimal personal care. Because of this we were unable to gather enough evidence to make a judgment and award a rating against the five key questions, 'Is the service safe?', 'Is the service effective?', 'Is the service caring?', 'Is the service responsive?' and 'Is the service well-led?'. Therefore, we were unable to provide an overall rating for the service.

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

People told us they were safe, and the care and support provided was tailored to their needs. They said they had regular staff who understood their needs and were flexible to support them when needed. People were protected from the risk of avoidable harm and were supported to receive their medicines where required. There were enough staff to support people's needs and the service followed safe recruitment practices. Staff were supported through an induction and training to ensure they had the skills to support people safely. Staff followed appropriate infection control practices to prevent the spread of infections.

People were supported to eat and drink sufficient amounts for their health and well-being. People were supported to access healthcare services and the service worked in partnership with health and social care professionals to plan and deliver an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind, caring, respected their privacy and dignity, and promoted their independence. They were also supported by staff that understood their health conditions, cultural backgrounds and diverse needs. People were involved in making decisions about their care and support needs and knew how to make a complaint if they were unhappy; however, they had not needed to complain about anything at the time of our inspection. The service had systems in place to assess and monitor the quality and safety of the service provided and this included feedback from people.

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

Rating at last inspection (and update)

At our last inspection the service was inspected but not rated (published 24 October 2018).

Why we inspected

This was a planned inspection based on the inability to rate the service at the previous 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? Inspected but not rated	Inspected but not rated
Is the service effective? Inspected but not rated	Inspected but not rated
Is the service caring? Inspected but not rated	Inspected but not rated
Is the service responsive? Inspected but not rated	Inspected but not rated
Is the service well-led? Inspected but not rated	Inspected but not rated

Care Solutions Recruitment Agency Ltd

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 on 19 September 2019 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 or 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection, we spoke with the registered manager and a director. The registered manager and a

care worker were responsible for supporting people; however, we were unable to speak with the care worker. We reviewed the care records for the one person using the service and a staff file. We also looked at records relating to the management of the service including policies and procedures.

After the inspection

We spoke with one person using the service to seek their views and experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has remained the same.

Using medicines safely

- People received support to manage their medicines safely. The provider had medicines policies and procedures in place which provided staff with guidance on the safe management of medicines
- Care plans included a list of people's medicines, dosage and frequency to ensure their needs were met safely.
- The person told us they could take their medicines independently, however, staff provided them with additional support when this was required.
- The support the person received from staff was recorded in their daily notes; which had been designed to capture this information. The registered manager told us they only prompt with medicines as the person had capacity to take their own medicines independently.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The person using the service told us they felt safe using the service.
- The service had a safeguarding policy in place which provided staff guidance on how to protect people from the risk of abuse and neglect.
- Staff had completed safeguarding adults training. The registered manager knew of the types of abuse that could occur. They told us they would report any concerns of abuse to the local authority and CQC.
- Since registering with CQC there had not been any safeguarding concerns raised.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. One person told us that staff knew them well and of things that were of potential risk to them. They told us staff understood their health conditions and were flexible to work with them and to ensure their safety.
- Risk assessments covered areas including medicines, manual handling and the person's home environment. Staff knew of potential risks and how to support people safely.

Staffing and recruitment

- There were enough staff available to support people's needs. One person told us they had regular staff who arrived on time and knew the level of support they required.
- The registered manager and a care worker were responsible for supporting the person's needs. The person required one staff to support them safely.
- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed. These checks included gaining two references, right to work in

the United Kingdom and criminal records checks.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy which provided guidance on the prevention of diseases. The registered manager told us they washed their hands regularly and used personal protective equipment (PPE) when supporting people. They knew how to dispose of waste appropriately. Records showed staff had completed infection control training.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accident or incidents since the service registered with CQC.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has remained the same.

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

- Before people started using the service, their needs were assessed by the registered manager to ensure they could be met.
- Assessments identified people's expected outcomes from using the service, the level of support they required and their preferred times for visits. Information from the assessment was used to develop individual care plans and risk management plans.
- Where required, health and social care professionals such as social workers were involved in these assessments to ensure people received the appropriate level of support they needed.

Staff support: induction, training, skills and experience

- Staff were supported through an induction and training relevant to people's needs. Staff had completed an induction, mandatory training and had shadowed the registered manager before they could work alone.
- At the time of this inspection, staff had not received any formal supervision because they were still new in post. The registered manager told us they were supported informally and had been routinely working closely with them.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing.
- Staff were responsible for supporting one person to prepare their meals. The registered manager explained that at each visit they asked the person what they would like to eat or drink and that they prepared their meals accordingly. The person told us the support they received with their eating and drinking was appropriate and meeting their needs.

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

- Staff supported people to access healthcare services when needed. People and their relatives were responsible for booking and attending health care appointments. However, where needed staff provided the required level of support.
- The service worked in partnership with health and social care professionals including GPs, Pharmacists, occupational therapists and social workers to plan and deliver an effective service. For example, the service was in contact with the person's GP to discuss the level of support required to safely manage their medicines.

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. We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of MCA and staff sought the person's consent before supporting them. The person using the service had capacity to make decisions about their care and support needs.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has remained the same.

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

- The person was supported by staff that were kind and caring towards them. The person told us that staff were "caring", "person centred" and "professional."
- Information about the person's life history was available in their care plan to help staff build caring relationships with them. Staff understood the person's cultural and diverse needs and supported them in a caring way; without discrimination.

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

- The person and their relative had been consulted about the care and support needs. The person told us they were involved in making decisions about the support they received and they could have open and honest discussions with the registered manager about how they should be supported.
- The registered manager told us they promote choice and the person's views and preferences were respected to ensure their needs were being met.

Respecting and promoting people's privacy, dignity and independence

- The person privacy and dignity was maintained and they did not feel discriminated against. The person told us staff respected them and maintained their privacy and dignity where required.
- The person's independence was promoted. Staff told us they promoted independence by encouraging the person to do things they could do for themselves.
- Staff understood the need to maintain confidentiality and told us sensitive conversations we had in private and information was shared on a need to know basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has remained the same.

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

- People's needs were met by the care and support in place. One person had a care plan which outlined their needs, medical conditions and the level of support they required. The person told us they were happy with the care and support provided by staff. They said the service was "flexible", "tailored" and "consistently" meeting their needs.
- Staff had built a positive relationship with the person and knew how to support them.
- Information in the person's care plan and daily records was consistent with information staff shared with us. We saw that the care plan was kept under review to ensure the person's needs were met.

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 communication needs had been assessed and met. One person's care plan included information for staff on how to communicate effectively with them. The registered manager told us the person understood information in the standard format and the person we spoke with confirmed this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which included guidance on how to make a complaint and what people could expect in response. One person told us if they were unhappy they would report to the registered manager, but they currently did not have anything to complain about.
- The service had not received any complaint since our last inspection in August 2018. The registered manager told us they would follow their complaints policy if they received any complaints, to ensure people's concerns were investigated and addressed.

End of life care and support

- At the time of this inspection, there was no requirement for end of life care and support. The registered manager told us where required, they would work with the person, their relatives and appropriate healthcare professionals to ensure people's end of life wishes were met.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has remained the same.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager demonstrated a commitment and willingness to provide meaningful, high quality, person-centred care which was inclusive to ensure people's needs and preferences were met.
- One person was complimentary about the management and of the service they recieved. They told us the registered manager referred them to other organisations where they could get additional support for their health and wellbeing.
- The registered manager shared a clear set of values which included communicating effectively, privacy and dignity and promoting choice and independence. They told us they upheld these values when supporting people.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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; Continuous learning and improving care

- There was a registered manager in post who understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since our last inspection in August 2019, there had not been any significant events that required the service to notify CQC.
- There were systems in place to assess and monitor the quality of the service. The service sought people's views on the service they received. One person had completed a service user questionnaire which showed they were satisfied with the level of care and support they received. The person told us their views were acted upon, and that, "The service changes things around to meet my needs."

Working in partnership with others

- The service was part of a training company and worked in partnership with the local authority and health and social care professionals to plan and deliver an effective service.