

Femack Training and Recruitment Consultancy
Ltd

Femack Training and Recruitment Consultancy Ltd

Inspection report

Unit 1&2 Water House, Parkside Works
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Date of inspection visit:
30 November 2022

Date of publication:
27 February 2023

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Femack Training and Recruitment Consultancy Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection six people were using the service.

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

We have made a recommendation about staff recruitment, safeguarding adults and records management.

People told us they were happy with the standard of care and support they received from staff. Risks to people had been identified, assessed and staff had guidance on how to minimise risks. There were systems in place to ensure medicines were managed safely and to report and record accidents and incidents. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

There were systems in place to monitor the quality of service, regular audits and unannounced checks were carried out on staff practices. People and their relatives' views about the service were sought regularly to drive improvements. The service worked in partnership with health and social care professionals to ensure people's needs were met. Staff were happy working at the service and felt supported by the registered manager.

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

Rating at last inspection

The last inspection rating for this service was good (published 14 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Femack Training and Recruitment Consultancy 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Femack Training and Recruitment Consultancy Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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. The

inspection activity started on 30 November 2022 and ended on 9 January 2023. We visited the location's office on 30 November 2022.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and one relative to gather their views about the service. We met and spoke to the registered manager and a director of the company. We also spoke with four care workers to seek their feedback about the service and the support they received in their role.

We reviewed a range of records including three people's care and risk management records. We reviewed six staff recruitment records. We also reviewed records used in managing the service for example, policies and procedures, staff rotas, surveys and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were enough staff to support people's needs. The service had carried out pre-employment checks including employment history, references, right to work in the United Kingdom (UK) and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- However, staff recruitment records were not always complete including staff employment histories. For example, two members of staff had employment histories covering a total period of five months each.
- We raised our concerns with the registered manager and following our inspection, they sent us updated application forms and staff Curriculum Vitae (CVs) which covered full educational and employment histories.

We recommend the provider consider current guidance on staff recruitment and take action to update their practice accordingly.

- We had mixed views from people and their relatives about the staffing arrangements in place. One person told us, "I get different staff because they don't follow the rota at all and staff don't always come on time." A relative told us, "Staff come on time and we have regular staff. If there is any delay, they will inform us."
- The service did not have an electronic call monitoring system because it was small. A staff rota we reviewed confirmed travel time was planned into rotas to ensure staff arrived on time. Staff confirmed they have enough time between calls and that if they had any delays due to travel, they would inform the office.

Assessing risk, safety monitoring and management identified, assessed and well-managed.

- Risks to people had been identified, assessed and had management plans in place.
- Risks were assessed in areas including nutrition and hydration, moving and handling, infection control, falls, health and safety and people's environment. Risk management records included guidance on how staff could prevent or mitigate individual risks occurring.
- Staff knew people well and their individual risks and care records documented the support staff provided to ensure people remained safe.
- Risks were reviewed regularly to ensure people's changing needs were identified and safely managed. Care records were updated to ensure care staff had access to up-to-date information they needed to safely care for people.

Systems and processes to safeguard people from the risk of abuse

- We were not consistently assured people were protected from the risk of abuse and neglect. Staff had

completed safeguarding training, but their knowledge did not consistently reflect the training they had received. For example, staff did not know the external organisations they could escalate concerns of abuse to and did not always know the types of abuse that exist.

We recommend the provider seeks and follows best practice guidance on safeguarding people from abuse.

- The provider had policies and procedures in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe using the service.
- Staff told us they would report any concerns of abuse to their line manager.
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegations of abuse.

Using medicines safely

- At the time of our inspection no one using the service required support with medicines administration. People and their relatives confirmed they did not need support with medicines management.
- However, the service had policies, procedures and systems in place to ensure people's medicines were safely managed should they require support with medicines administration.
- Staff had up to date training on medicines management to ensure they had the skills and knowledge to safely support people when required.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy and procedures in place which provided guidance to staff on how to minimise and prevent the spread of infections.
- Staff had access to personal protective equipment (PPE) such as face masks, aprons and gloves to help keep both people and themselves safe from the risk of infections.
- Staff completed training on infection prevention and control and COVID-19 to ensure they had the knowledge and skill to safely support people.

Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents and incidents. The provider had policies, procedures and a system in place to report, record and manage accidents and incidents.
- Staff demonstrated the importance of reporting and recording accidents and incidents. However, there had not been any accidents or incidents since our last inspection. The registered manager told us they would follow their policy where required.

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 our last inspection we rated this key question good. This key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who understood their responsibility to meet the requirements of the role and knew they had to notify CQC of any significant events that occur at their service.
- There were systems in place to assess and monitor the quality of the service. The registered manager was involved in the day to day delivery of the service and carried out regular unannounced checks on staff practices to ensure they adhered to best practice guidelines. Where issues were identified, such as with punctuality or staff not reading a care plan as required, these were addressed immediately.
- Despite this the registered manager did not identify the shortfalls we found including lack of information or gaps we found in staff recruitment records.

We recommend the provider consider current guidance on records management and take action to update their practice accordingly.

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 culture at the service was positive and the registered manager was actively involved in the day to day delivery of care. People and their relatives spoke positively about the care and support staff provided.
- Staff understood the importance of their role and the impact they had on people and their quality of life. A member of staff mentioned, "I feel good and satisfied in helping the people I support."
- Staff told us they were happy working at the service and felt supported by their manager. A member of staff commented, "If something is not right, I feel free to tell the manager anything."
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- People and their relatives views were gathered to improve the quality of the service. The service used surveys to gather feedback from people and their relatives.
- The registered manager also carried out regular checks on people to ensure they were happy with the service. Where people had raised concerns for example, one person was not happy they had a new care worker in place because their regular care worker was no longer working at the service; reassurance was

provided.

- Results of a survey carried out between August and October 2022 showed people were happy with the level of care and support.
- Staff views were sought through surveys and team meetings. The survey results were positive in which staff stated they were happy, they felt valued and supported. Staff meetings were also used to share information, receive training and gather staff views about the service. Staff confirmed they found these meetings useful and felt comfortable to provide feedback.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The registered manager liaised with various agencies including charitable organisations and health and social care professionals to ensure people received care and support that was effective and met their needs.