First Stop Recruitment Services Limited

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Inspection report

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Date of inspection visit:
18 October 2018
20 November 2018
27 November 2018

Date of publication:
09 January 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

The inspection took place on 18 October, 20 and 27 November 2018 and was announced.

First Stop Recruitment Services Limited provides personal care to people in their own homes. At the time of inspection there was one person using the service.

There was a registered manager of the service who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected the service in February 2018. At that time the service had not recruited any staff and was only providing care and support to one person so we were unable to provide a rating. At this inspection a staff member had been recruited and there was still just one person using the service. The provider advised us that they were currently in the process of recruiting further staff in order to expand the service and take on more people.

There were systems and processes in place for the safe management of medicines. Staff understood how to protect people from abuse and report concerns to the appropriate authorities. Risks to people had been identified and staff knew what to do to keep people safe.

We made a recommendation that recording practices around risk assessment and management were strengthened.

There were sufficient numbers of staff employed to safely meet the needs of people who used the service. Appropriate systems were in place to ensure that staff were recruited safely.

New staff received an induction and training to support their competence however there were no formal mechanisms in place to provide structure around supervision. Nonetheless, staff told us they felt supported. The registered manager worked alongside staff providing informal supervision and guidance on a daily basis.

We made a recommendation about supervision practices.

People were supported to have enough to eat and drink and maintain their health and wellbeing.

The provider and staff had received training in the Mental Capacity Act 2005 and were aware of their responsibilities to ensure people were supported to make decisions and give their consent.

People's needs had been holistically assessed taking into account their needs and capabilities. People and their families were included in the assessment process and their views were recorded to ensure they received care and support in the way they wanted.

The provider and staff demonstrated the positive values of dignity, respect and person-centred practice which helped to promote a positive culture.

A complaints policy and procedure was in place to handle complaints appropriately when required.

Plans were in place to ensure that people's views would be sought and acted upon to drive improvements to the service.

The provider understood the requirements of their registration. They were committed to continuous learning and professional development to ensure best practice. Quality assurance audits had been prepared to measure the quality and safety of the service people received.

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.

Staff understood how to protect people from the risk of harm.

Safe recruitment processes were in place.

Is the service effective?

Good

The service was effective.

People's needs were holistically assessed.

The provider had the skills and experience to support people effectively.

Staff were able to support people at mealtimes if required.

Consent to care and treatment was sought and the provider was aware of the importance of including people in decision-making.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were listened to and received care and support how they wanted it.

Is the service responsive?

Good

The service was responsive.

People received a holistic assessment of their needs.

There were systems and processes in place to manage complaints.

Plans were in place to ensure people would be supported if they had end of life care needs.

Is the service well-led?

Good

The service was well led.

Systems and processes were in place to monitor the safety and quality of the service.

Feedback from people was sought and acted upon to drive improvements.

The provider demonstrated positive values to promote a positive culture.

First Stop Recruitment Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 took place on 18 October, 20 and 27 November 2018, was completed by one inspector and was announced. We gave the service 48 hours notice of the inspection visit because it is small and the manager is often out of the office providing care. We needed to be sure that they would be in.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications which provide information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager (who is also the registered provider) and one member of staff. The person who used the service was not able to speak with us so we spoke to their relative instead who provided feedback about the service. We looked at one person's care plan and one staff file containing information on their recruitment and training. We reviewed a number of other documents relating to the management of the service including policies and processes relating to aspects such as safeguarding, handling complaints, incidents and accidents and medicine management.

Good

Is the service safe?

Our findings

At the time of inspection there was one person receiving care and they were not able to tell us about their experience of using the service. Therefore, we spoke to their relative who told us told us that the person was receiving a safe service and they were very happy with the care and support the person received.

The person received regular support from two care staff, one of whom was the provider. This meant that the person received consistent care from staff who knew them well. The relative of the person told us that staff had never missed a visit and usually came on time. If staff were going to be late, the provider would ring the family to let them know.

Staff had been trained in safeguarding and understood how to protect people from the risk of abuse. There was a safeguarding policy in place and the provider was able to demonstrate that they were aware of their responsibilities to report any concerns to the local authority and the Care Quality Commission (CQC). We saw that systems and processes were in place to raise safeguarding concerns if necessary in accordance with their safeguarding policy.

Staff demonstrated a good awareness of risks to the person they supported and knew what to do to keep them safe. Risk assessments had been completed which identified individual risks to the person, however they lacked detail on how to manage the identified risks. At the time of inspection, there were only two staff providing care and support who both knew the person well, including how to keep them safe. This minimised the impact on the person due to the lack of detailed written guidance. However, should the service expand there was the potential for risk due to the absence of risk management plans for care staff to follow who may not be familiar with the needs of the people they would be supporting.

We recommend that the provider strengthen their systems and processes for recording information on risk and providing sufficient guidance for staff on how to manage risks in accordance with best practice principles.

At our previous inspection we were unable to comment on the provider's recruitment process as no staff had been recruited. At this inspection we found that staff had been recruited safely. This included obtaining satisfactory references and recording full employment history including exploring any gaps in employment. New staff had been checked using the Disclosure and Barring Service (DBS). The DBS provides information about people's background, including any convictions to help employers make safer recruitment decisions.

There had been no accidents or incidents to report but systems and processes were in place should the need arise. Reporting forms were included in people's care records along with a body map form for staff to record where any injuries had occurred.

At the time of inspection no-one was being supported to take their medicines. Nevertheless, appropriate systems and processes were in place for the safe management of people's medicines, should the need arise, in accordance with the provider's medicine management policy. At our previous inspection we found that

there were no protocols in place for 'as needed' (PRN) medicines. Medicine protocols provide guidance for staff regarding why, how much and how often people should be administered PRN. At this inspection we found that protocols had now been introduced in readiness should people require support with this aspect of their medicine management.

The provider had a policy in place for infection control and staff had received training in infection control and food hygiene. Uniforms and protective clothing such as gloves and aprons were available for staff to help control the spread of infection.

Good

Is the service effective?

Our findings

Systems and processes were in place to provide an effective service. Feedback from the relative of the person using the service was positive. They told us, "I am pleased with how they are caring for [family member]; they have tried really hard and have been excellent" and "We are hard to please but I would recommend this company to others ."

People's needs had been assessed holistically and systems and processes were in place for the provision of care and support that met the NICE quality standards for 'Home Care for Older People.'

New staff were provided with an induction to support their competence and understanding of their duties and responsibilities. If staff were new to care the provider planned to use the care certificate to induct them into the role. The care certificate represents a set of standards that reflect best practice when inducting staff into the care sector. The induction process included three practical sessions where new staff were introduced to people, then shadowed the provider to find out about people's needs before being observed providing care and support. Once staff met the required standard they were signed off by the provider as competent to work unsupervised.

The provider had undertaken training which was also provided to staff to equip them with the skills and knowledge to be competent in their role. The provider told us they were committed to providing good quality training which was face to face as past experience had taught them that this was a more effective way of ensuring staff had the practical skills required to provide quality care and support. They said, "I have learned that staff need to be inducted properly and the importance of quality face to face training. On line theoretical training is not good enough to provide care in practice; you need to be with staff on the ground and show them." Staff confirmed that the provider worked alongside them demonstrating the skills and competencies required to support people safely and effectively. Feedback we received indicated that the care provided was of a good quality. A relative told us, "They [care staff] really know what they are doing."

At the time of inspection there were no mechanisms in place to provide formal supervision and appraisals to staff. Supervisions and appraisals provide a means of supporting staff, monitoring their practice and identifying learning needs. However, the staff member we spoke with told us they felt well supported and had regular access to the provider for support and guidance. The provider told us they often worked alongside the staff, observing practice and providing informal supervision on a regular basis. Whilst this method of supervising staff was sufficient given that only one member of staff was employed, a more formal and structured process may be required if the service was to expand.

We recommend that the provider review their systems and processes to ensure an appropriate structure for the supervision and appraisal of staff is in place.

Where it was part of the agreed care and support plan the service supported people with eating and drinking. Where people had particular needs, this was recorded in their care plan, for example, where people required thickener in their drinks. Staff had been trained in food hygiene to provide safe support to people

at mealtimes.

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.

Staff understood the principles of the Mental Capacity Act (MCA) (2005) and knew how to support people to make their own choices. A staff member told us, "I will present people with choices, show them items and communicate in ways they can understand so that people can make their own decisions if possible."

People's healthcare needs had been recorded and staff were aware of the importance of monitoring people's health and wellbeing and reporting any concerns promptly to ensure people received any treatment they required. A relative told us, "When they [staff] thought [family member] might have a chest infection they told us straight away; staff always record any concerns in the daily notes and record any marks or bruises on a chart."

Good

Is the service caring?

Our findings

Feedback about the service was positive about the kind and caring nature of staff. A relative told us, "They [staff] are kind and caring; always say hello, always speak to [family member] to tell them what is going to happen. They always check [family member] is ok, speak to them kindly and calm any distress."

Staff listened to people and included them in how their care and support was delivered. Comments from relatives included; "They [staff] listen to what we say." and "They know [family member] really well; they are the best carers we have ever had."

Communication between the service and people and their relatives was good. A relative told us, "The service is really good at communicating; they always keep us informed of what is happening."

Staff received dignity training and understood how to protect people's dignity and privacy. Staff told us they ensured that doors and curtains were kept closed and people were kept covered when providing personal care. Comments we received confirmed that people's dignity and privacy was respected. A relative told us, "They [staff] are very good with privacy and dignity, there is screen in the house; they put it up to make sure [family member] has privacy."

We looked at how the service recognised equality and diversity and protected people's human rights. Care records had been designed to capture key information about people including any personal, cultural and religious beliefs. We saw that people who used the service could request a preference of gender of care worker to support them to feel comfortable and at ease with receiving care and support.

To strengthen its approach to equality, diversity and human rights, we recommend the provider consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Staff were aware of the importance of promoting people's independence. A staff member told us, "My training has taught me that if people are supported to be independent I should not do something they can do for themselves. I should only help when they cannot do something."

The provider kept a daily record of the care and support they provided. We looked at the daily notes and found they were written in a kind and sensitive way. The notes provided relatives of the person with a means of communication with the service and also reassurance that their family member had received the care and support they needed.

Good

Is the service responsive?

Our findings

Before people started using the service the provider met with them and their relatives, if appropriate, to assess people's needs and find out how they wanted their care and support provided. The assessment looked at the 'whole' person and considered their physical, psychological and social needs and identified their strengths and capabilities. The provider advised us that no-one had yet had a review of their care and support because they had not been using the service long enough. The plan was to complete reviews annually or sooner if something changed.

We looked at the care records of the person who used the service and found the provider had captured details of the person's likes, dislikes and preferred routines. This meant that there was sufficient guidance so that staff would be able to provide person-centred care. Person-centred care means care tailored to each individual. A relative told us that their family member received consistent care and support from staff who knew them well and provided care and support in the way the person wanted. They told us, "They [staff] don't ignore us and listen to our requests. Because the company is small we get a more personalised service. They know [family member] very well as they see them every day."

At the time of inspection there had been no complaints about the service. However, we saw that there were policies and procedures in place to manage complaints if required. Information on how to make a complaint was included in the person's care folder, which was kept in their home. Feedback from the relative of the person who used the service confirmed they knew how to make a complaint. They told us, " We tend to talk to [named provider] as we go along, if there's any little thing it gets dealt with straight away as we see them all the time."

The service was not currently supporting people with end of life care needs. The provider confirmed that end of life training had been provided for all staff and information would be kept in people's care records, if they so chose, detailing any preferences for end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the registered provider. They understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The provider had a business plan which set out their strategy for growth to ensure sustainability. Systems and processes were in place to monitor the safety and quality of the service. However, it was not possible to comment on their effectiveness as they were not yet being applied in practice given that only one person had recently begun using the service. The provider told us they planned to complete audits of medicine records and daily notes on a monthly basis to monitor that people were receiving the care and support that had been agreed.

Consideration had been given on how to obtain feedback from people who used the service to drive improvements. The provider was 'hands-on' providing care and support so was able to monitor people's satisfaction levels and deal with any concerns as they arose. This was confirmed by relatives who told us that they regularly saw and spoke with the provider who was good at addressing any issues as and when they occurred.

The provider promoted a positive culture within the service. They had a statement of purpose which set out the service's values which included treating people with dignity and respect, promoting independence and delivering a person-centred approach. We asked the provider how they ensured staff embraced these positive values. They told us, "I work alongside staff and lead by example, I teach my staff that everyone is important; that we are all different and remind staff to put themselves in people's shoes and ask, what would you do if it was your mother?"

The provider had identified various external agencies to help support them with their professional development. They had recently attended safeguarding and sensory impairment training with their local authority. In addition, they regularly attended 'skills for care' mentoring sessions and were a member of the Essex Care Association (ECA). The ECA provides registered managers with opportunities to share best practice and keep updated on social care legislation. This demonstrated a commitment from the provider to continuously improve and develop themselves and the service.