

I-Care Recruitment Services LTD

I-Care Recruitment Services

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

About the service

I-Care Recruitment Services is a domiciliary care agency and provides personal care and support to people living in their own homes. It provides a service to older adults, some of whom may be living with dementia. At the time of this inspection there was one person using the service.

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

The representative of the person receiving care and support from I-Care Recruitment Services spoke positively about the care and support that the person received.

Care and support was personalised to the person's individual needs.

Risks associated with the person's health, care and medical needs were identified and the registered manager and support assistant understood those risks and how to minimise them to keep the person safe.

The person was supported to maintain good health and had access to a variety of healthcare services.

The person was encouraged to eat healthy food for their wellbeing.

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.

The person's privacy, dignity and independence was promoted.

The care plan was person centred and gave comprehensive information about the person, their needs and how they wished to be supported.

The person's representative knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received.

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

Why we inspected

This was a planned inspection. The service was registered with us on 21 June 2018 and this was 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 ●

I-Care Recruitment Services

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 completed 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

This inspection was announced. 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

Before the inspection, we reviewed information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed one person's care plan, risk assessments and medicine administration records. We spoke with the representative of the one person receiving personal care and support about their experience of the care provided. We looked at six staff files in relation to recruitment, training and staff supervision. We also spoke with the registered manager and one support assistant and reviewed other records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The one person's representative we spoke with, told us that they believed the person receiving care and support was safe.
- Appropriate policies were in place which gave direction and guidance to staff on how to safeguard people from the risk of abuse and the steps to take to report their concerns.
- Where safeguarding concerns had been identified, the registered manager had notified the relevant safeguarding authorities.
- Staff had received safeguarding training and demonstrated a good understanding of the different types of abuse, how to recognise potential signs and the actions they would take to report their concerns. One staff member told us, "I have to make sure [person] is not at risk. I have to report anything to my manager."

Assessing risk, safety monitoring and management

- Risks to the person's health and care needs had been identified by the service. These included environmental risks, falls risks, behaviours that challenged and risks associated with specific health conditions such as urinary tract infections.
- Risks assessments had not been formally recorded and we brought this to the attention of the registered manager. However, we found that the registered manager and staff were aware of the person's identified risks and the steps to take to keep them safe and free from harm. The person's representative told us, "[Person] has a problem and is likely to fall. [Support assistant] is always very vigilant."
- Following the inspection feedback, the registered manager sent us completed risk assessments which gave detailed information about the identified risk, how this affected the person and the steps to take to minimise the risk.

Staffing and recruitment

- Systems implemented by the registered manager ensured that only those staff assessed as safe to work with vulnerable adults were recruited.
- Pre-employment checks completed included the completion of an application form, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity.
- We did note that a full employment history was not always obtained and gaps in employment were not always explored to gain information about the staff members previous experiences. We highlighted this to the registered manager who gave assurance that going forward these would be appropriately explored with potential staff.
- The service had recruited a pool of staff who were available to work once the service began to expand.

Using medicines safely

- Medicine policies in place supported the service to ensure people received their medicines safely and as prescribed.
- The care plan listed the support the person required with their medicines with a list of their medicines, the dosage and how and when they should be administered.
- Medicine administration records were complete and no gaps in recording were identified.
- Where the person had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was not available to care staff which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- We brought this to the attention of the registered manager who explained that care staff were always required to call them to inform them of when people required a PRN medicine and why before it was given.
- However, the registered manager assured us that PRN protocols would be put in place and sent us completed appropriate protocols following the inspection.
- Staff had received medicines training. The registered manager told us that formal competency assessments for staff were not completed as they were always regularly observed and monitored through spot checks. One support assistant confirmed this to be the case. However, going forward the registered manager confirmed they would formalise this process.
- Regular spot checks were carried out by the registered manager to ensure people were receiving their medicines safely and as prescribed.

Preventing and controlling infection

- The service had an infection control policy in place which gave direction to staff on how to follow infection control procedures to prevent the spread of infection.
- All staff had received training on infection control and had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The service clearly documented all accidents and incidents. Information recorded included details of the accident/incident, the immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-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 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

- The registered manager carried out an assessment of people's needs to determine whether the service could effectively meet their needs. The assessment involved the person, known relatives or representative and any involved health and social care professionals.
- Information collated including people's expected outcomes was used to develop their care plan and risk assessments.

Staff support: induction, training, skills and experience

- The representative of the person receiving care told us that they felt the staff member supporting the person was appropriately trained and skilled in their role.
- Staff that had been recruited by the service had completed an induction and training to support them to effectively deliver care and support to people. This included any refresher training where required.
- The registered manager explained that they focused only on recruiting potential staff who had known previous experience and qualifications in care. This gave the service assurances that potential staff knew how to support people safely and effectively.
- The one staff member we spoke with told us that they felt appropriately supported in their role and had received training and supervision. Staff had not received an annual appraisal of their work as they had not completed one year of employment with the service. However, forms were in place to support this process.

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

- People were supported to eat and drink where this was an assessed need.
- The care plan we looked at had recorded the person's preferences and support needs relating to meal and drinks provision.
- The representative of the person explained to us that the allocated support assistant supported them with all aspects of meal preparation and took into account their likes, dislikes and choices. The representative told us, "[Person] chooses what she wants to eat. She likes a full English breakfast and [support assistant] will cook it."

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

- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed or identified need.
- We saw records of referrals that the service had made to a variety of health care professionals which included social workers and occupational therapists. The service also supported the one person attend appointments where required.

- The representative of the person explained that their health care needs were appropriately met and that they were always kept updated about any concerns or developments. They told us, "Any concerns [support assistant] will always phone me. She is on the ball 24/7."
- The registered manager and the support assistant maintained regular records of the person's health and wellbeing. This meant that they could work together to ensure the person received effective care and support.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- The service had identified the need for consideration to be given towards an application to be made to the Court of Protection for the deprivation of liberty of the one person they supported. Their observations and assessments had been communicated to the relevant authorities and an application had been submitted to the Court of Protection. The service was awaiting an outcome.
- Processes were in place to obtain consent to care from people receiving a package of care. Where people lacked capacity to make specific decisions, the person's representative signed had confirmed their involvement in the care planning process on the person's behalf.
- Care planning processes and best interests decisions had been recorded within the person's care plan and involved representatives and health care professionals where required.
- The support assistant we spoke demonstrated a good understanding of the MCA and how they supported the person to make decisions taking into consideration their abilities. They explained, "I always encourage her and give her a chance. I must give her a choice to do what she wants to do."

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 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

- The representative of the one person the service supported was very complimentary of the care and support that they received. We were told, "She [support assistant] treats [person] like as if [person] was her mother. They have a laugh together. [Support assistant] gets on well with her."
- Care plans documented people's specific cultural and religious needs where appropriate.
- The registered manager had clear views and objectives in place to promote equality and diversity in every aspect of service delivery ensuring zero tolerance of any discriminatory practices. The registered manager stated, "Equal opportunity should be an integral part of what we do irrelevant of people's sexuality, backgrounds, we all have individual needs."

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

- The care plan for the one person receiving care and support documented their needs, preference, likes and dislikes on how they wished to be supported.
- We were informed by the representative of the one person that the person was always involved in all aspects of their care and said, "[Person] likes to be included and choose things she wants. It's entirely up to her."
- The registered manager and the support assistant that we spoke with knew the person they supported very well and were able to describe how care was tailor made to their needs and requirements.

Respecting and promoting people's privacy, dignity and independence

- The representative we spoke with told us that the person's privacy and dignity was always respected and that the support assistant understood this well. We were told that, "[Person] does have some control and likes to have some private time. [Support assistant] respects that."
- The support assistant explained the importance of supporting the person to promote and maintain their independence where possible and said, "[Person] is a very independent lady. If you give her a chance and encourage her, she likes to do things herself." The person's representative confirmed what the support assistant told us.

Is the service responsive?

Our findings

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

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

- Care plans were detailed, person centred and listed their likes, dislikes and preferences around how they wished to be supported.
- The registered manager explained that going forward they were keen to capture information about people's life history, relationships and things that were of importance to them so that the service could tailor the care and support in response to their needs. We were shown an example of this for a person who had previously received care from the service.
- The registered manager told us that care plans would be reviewed annually or sooner in response to any change in needs. However, we did note that for the person currently being supported by the service, the care plan had not always been updated following changes in need. The registered manager gave assurance that the care plan would be updated immediately.

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.

- Care planning processes included assessing people's needs around communication and documented their support needs in this area.
- The complaints policy was included as part of the service users guide and was given to people and their representative at the start of the service. The format was easy to read and included pictures to explain their complaints process.

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

- The service supported people with taking part in daily living activities and pursuing their interests where this was an identified need.
- The care plan for one person listed the person's interests and how they wanted to be supported to pursue their interests. Records completed by the support assistant documented that the person was supported to access the community as well as regular visits with her pets.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which gave clear direction on how to raise a complaint and how the service would deal with the complaint.
- The service had not received any formal complaints since its registration. One person's representative told

us, "If there is anything I am not happy about I will speak to [registered manager] but I have not had any problems."

End of life care and support

- The registered manager confirmed that to date they had not provided any end of life care.
- The registered manager explained that they would provide end of life care where required. However, the service would ensure that all staff had undertaken end of life training, to equip them with the appropriate skills and knowledge to respond and provide such specialist care effectively and sensitively.
- The registered manager told us that care planning would be comprehensive in this area and that the service would work together with the person, relatives or representatives of the person and any involved health care professionals to ensure people's end of life wishes were appropriately 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.

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; 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

- Comprehensive care planning ensured that people received person centred care. The service aimed to support people to achieve good outcomes. The registered manager told us, "It's about the person. It's about what they want and how they want the care."
- The registered manager had built an open and transparent relationship with the person they supported, their representative, staff and any involved health care professionals to support effective care delivery.
- The representative we spoke to confirmed that communication with the registered manager and support assistant was very good and told us, "She [registered manager] keeps in touch with me, any issues with medication she will tell me. Good communication!"
- The support assistant we spoke with was positive about the registered manager, the management of the service and felt supported in their role. They told us, "When I report any concerns she [registered manager] always responds and tells me what to do. I ring her late at night and she always answers the phone. She is a good manager."
- The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager knew their responsibilities around managing risk and their requirements around meeting the regulations.
- The support assistant we spoke with knew the management structure of the service and knew who to speak with if they had any concerns.
- The registered manager carried out periodic unannounced spot checks to monitor the quality of care and support people received. Checks looked at records, care delivery and medicines administration.
- Where issues were identified, the registered manager made sure that these were addressed immediately, and processes put in place to learn, develop, improve and prevent any future re-occurrences.
- The registered manager told us of plans to recruit a staff member who be responsible for quality assurance as the service expanded, so that quality of care could be continuously monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us and the representative of the person supported by the service confirmed

that they regularly visited the person to see how they were and get feedback about the quality of care that they were receiving.

- Regular contact enabled the service to obtain feedback from people and their relatives about the quality of care that they received and where issues were identified these could be addressed immediately.
- A formal quality assurance exercise was yet to be completed with the person in receipt of care and their representative. The registered manager told us that they would be asking the person and their representative to complete a satisfaction survey as part of the annual care review process.
- However, the representative of the person told us that the registered manager always asked them how everything was and if they were happy with the care that they received. The representative stated, "[Registered manager] will phone me and ask me how things are, how do I feel with [support assistant]. [Registered manager] does ask [person] herself how things are."
- The registered manager was yet to hold any staff meetings as there was only one staff member that was currently providing a regulated activity. The registered manager told us that they were regularly in contact with individual care staff to exchange information and guidance.
- The service worked well with other agencies to support people's care and wellbeing. This included a variety of healthcare professionals and the local authority.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.