

OP Recruitment Ltd

OP Recruitment Ltd

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

OP Recruitment Ltd is a domiciliary care service providing the regulated activity of personal care to people living in their own homes. The service currently supports one person with learning disabilities but also plans to provide care and support to older people including people who may be living with dementia.

Not everyone who use a domiciliary care service receive 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 relative of the person receiving care and support from OP Recruitment Ltd spoke positively about the care and support that the person received. Care and support was personalised to the person's individual needs. The person's privacy, dignity and independence was promoted.

Risks associated with the person's health, care and medical needs were identified and the registered manager and support staff 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 supported with eating a healthy and balanced diet where this was an assessed need. 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care provision was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives

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.

Why we inspected

This was a planned inspection. The service was registered with us on 07 June 2019 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 ●

OP Recruitment 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 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 23 September 2021 and ended on 1 October 2021. We visited the office location on 23 September 2021, spoke with the relative of the person receiving care and support on 24 September 2021, spoke with support staff on 27 September 2021 and gave inspection feedback to the registered manager on 1 October 2021.

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 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

During the inspection we reviewed one person's care plan, risk assessments and medicine administration records. We looked at two staff files in relation to recruitment, training and staff supervision. We also spoke with the registered manager and reviewed other records relating to the management of the service, including complaints records and management audits.

After the inspection

We spoke with the relative of the one person receiving personal care and support about their experience of the care provided. We also spoke with two support staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- The relative of one person spoke highly of the support staff and stated, "Yes, [person] feels safe. [Person] trusts them [staff]. That's really important to me as well."
- Policies and procedures in place gave clear direction and guidance to staff on how to safeguard people from the risk of abuse and the actions they would take to report their concerns.
- Support staff had received safeguarding and whistleblowing training and described what they had learnt and how they would recognise and report concerns. One staff member explained, "If I see something that is different from the usual, if I see any marks on the person's body, I would ask questions. Based on the nature of the concern I would report to my manager."
- Whilst the registered manager demonstrated a good understanding of the requirement to notify relevant safeguarding authorities where safeguarding concerns had been raised, there had been a safeguarding concern raised historically which had not been reported to CQC. The registered manager had to be prompted to report the concerns. The registered manager confirmed that going forward they would ensure all safeguarding concerns were reported to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks associated with the person health and social needs had been identified and assessed. Guidance and directions were recorded so that staff understood how to support the person to remain safe and free from harm. Assessed risks included risks associated with the environment, behaviours that challenge, specific health condition such as epilepsy and continence management.
- Risk assessments were reviewed every six months or sooner where changed was noted. Support staff knew the person they supported well and the potential risks that may place the person at risk of harm. A support staff told us, "I had to go through the care plan which gave me a clue on what to expect. The care plan also told us what to look out for things that can be dangerous and how to manage those situations."
- The relative we spoke to explained how the support staff were aware of the person's risks and said, "We need two carers when [person] goes out, carers understand and know the triggers."

Staffing and recruitment

- Recruitment policies and procedures followed 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. References requested to confirm staff past conduct were not always obtained from the

most recent employer. We highlighted this to the registered manager who gave assurance that going forward these would be appropriately explored with potential staff.

Using medicines safely

- At the time of this inspection the service was not supporting anyone with their medicines.
- However, policies and procedures were in place to support the safe management and administration of medicines, when this support was required.
- During the inspection we were shown records relating to medicines support that was provided to people previously using the service. This included completed Medicine Administration Records, care planning, and management oversight of this. No concerns were noted with records seen.
- Support staff had received the appropriate training and competencies assessed to be able to provide safe medicines support.

Preventing and controlling infection

- Policies and procedures were in place to support good infection control and prevention practices and included specific information and guidance in relation to COVID-19.
- The relative of the person receiving staff confirmed that the appropriate Personal Protective Equipment (PPE) was always used where required.
- Support staff had access to the required PPE including gloves, aprons and masks. Staff also participated in the organised testing regime to minimise the risk of transmission of COVID-19 to people.
- Support staff told us that information and guidance on infection control and the correct use of PPE was exchanged with them regularly including all relevant updates. One care staff told us, "Yes I had training on PPE, key important things were to have the vaccinations, washing hands, sanitising. Yes. we have supplies of PPE, yes we have the tests and we do these on a regular basis and we let [registered manager] know the test results."

Learning lessons when things go wrong

- At the time of this inspection there had been no recorded accidents or incidents. However, systems were in place to record all accidents and incidents. Information that would be required 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 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

- 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 wishes, needs and requirements and this was used to develop their care plan and risk assessments.

Staff support: induction, training, skills and experience

- Staff received the required training and support to effectively deliver care to people.
- Support staff told us and records confirmed that they had completed an induction programme when they started working with the service, followed by specialist and refresher training where required.
- The relative of the person receiving support from this service spoke positively about the staff and their skills and said, "Yes, they are trained and skilled. The carers are well trained."
- Support staff told us that they felt appropriately supported in their role and had received training, supervision and an annual appraisal. One staff member said, "I had induction training, different areas of care, physical training, had external training, specialist training. [Registered manager] has personally given me a lot of training, autistic training. I do feel supported in my role."

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

- People were supported to eat, drink and maintain a healthy diet 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 relative of the person told us that in the main they supported the person with all their meals. However, support staff knew how to support the person when required and used specific communication methods to engage the person when making meal choices. The relative told us, "Carers would help out with meals if I'm out or if I got stuck. I am confident they would do 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.
- The registered manager explained that they had worked very closely with an occupational therapist and speech and language therapist to support the specific needs of the person they currently supported.

- The person's care plan documented the involvement of healthcare professionals with guidance to staff on how to support people effectively.
- We saw that support staff maintained daily records of the person's health and well-being. This helped to ensure that the staff team with the relative 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. 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.

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.
- 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 to confirm 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.
- Support staff demonstrated a good understanding of the MCA and how they supported the person to make decisions taking into consideration their abilities. One staff member explained, "Mental capacity varies within different people. Some people have capacity and some people don't. If the person can't make decisions, they will have a representative to make decisions or its down to carers to make decisions on their behalf in their best interest."

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

- The relative of the person that received a package of care from OP Recruitment Ltd told us that, "We are very happy with the care" and that support staff were, "Caring and reliable." The relative also stated that, "[Person] is happy."
- Care plans were person centred and documented their wishes and choices on how they wanted to be supported This included information about specific cultural, religious or personal needs where appropriate.

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

- The relative of the person receiving support told us that both the person and they were always involved in every aspect of care and support provision. They went on to state that, "We are always planning and involved together. [Person] is very in control. The carers understand."
- The person's care plan was individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The registered manager and the support workers 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. One support staff explained, "Slowly but steady, we are getting to know [person], bit by bit. Making sure that we connect with [them]and what [they] are doing, [they] don't see us as a carer but see us as a buddy."

Respecting and promoting people's privacy, dignity and independence

- The person's relative stated that support staff were always respectful of the person's privacy and dignity and supported the person accordingly.
- We were given examples by the person's relative of how support staff worked with them to promote the person's independence. The relative explained, "My [relative] needs routine and structure. [Staff member] rings [person] before he arrives and so [person] will come down and open the door for the carers and let them in. This is something [they] have never done." One support staff stated, "We try to encourage [person] to make decisions."

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

- The person's care plan was person centred and focused on their care and social needs and how they wished to be supported.
- The care plan detailed what was important to the person, how to promote their independence, likes and dislikes and how to support them with their behaviours and anxiety.
- Support staff explained the importance of the care plan and the information it provided. One support staff said, "It [care plan] tells you everything you need to know about [person], likes dislikes, what [they] like to do, what we need to engage [them] in, [their] health conditions, risk assessments."
- Care plans were reviewed every six months or sooner in response to any change in needs.

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.

- The care plan included specific information about the person's communication needs and the various methods used to enable the person to express themselves. These included pictorial cards and sensory equipment.
- Support staff knew of the person's specific communication needs and how to use this to support good communication. One support staff told us, "With [person], we support by prompting, [they] know what [they] want, give [them] the opportunity to express [themselves], use the Picture Exchange Communication System (PECS) cards."

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 person's care plan detailed their interests and hobbies which guided staff to support the person to pursue their interests. One support staff said, "[Person's] activities are based on what [they] want to do. They have a selection of activities that we try to engage [them] with but it is mostly led by [them]."
- The relative of the person told us of plans to decorate the person's bedroom which had been initiated by the support staff with the person's input and involvement. The relative explained, "We are always talking about ideas. Decorating the bedroom was one idea. [Registered Manager] helped me to get that sorted out and get [person] involved in choosing colours and painting."

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.
- Where complaints had been made, the registered manager had a log in place which recorded the nature of the complaint and actions taken to resolve these.
- The relative we spoke with stated that they knew who to speak with and was confident their concerns would be dealt with appropriately. They told us, "Happy to raise concerns with [registered manager]. He understands and he knows what works."

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; 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 spoke passionately about the service they provided. They talked about the person they currently supported and wanting to ensure that the person achieved positive outcomes through their support. The registered manager explained, "My passion is care and I have worked in care for the last ten years. At the moment we are looking after one client and I want to ensure and maintain a good standard of services for [them]."
- The relative of the person also confirmed that communication with the registered manager and support team was very good. The relative stated, "I know where I am with them, they are always planning on doing new things with [person]. They are always communicating with and [person]."
- Support staff also told us that they felt well supported in their role and that the registered manager was always available to support, coach and respond to their queries. One support staff told us, "He [registered manager] is good, you can speak to him about your concerns, get hold of him at any time when needs be."
- 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 and support staff demonstrated a good understanding of their responsibilities when managing overall and day to day risks and the requirements around meeting the regulations.
- Support staff 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.

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

- The registered manager explained that he was quite involved with the one person they currently supported which enabled them to engage and involve the person and their relative on an almost daily basis. This was confirmed by the person's relative.

- The regular contact also meant that the registered manager was able to monitor the quality of care they were receiving and where improvements were required implement these immediately.
- In addition to this, the registered manager also asked the person and their relative to complete satisfaction surveys every three to six months where they were able to formalise their thoughts and feedback about the care and support they received. Within the most recently completed survey the relative had written on behalf of the person receiving care and stated, 'The carers always do their very best for me and give me as much support as I need.'
- The registered manager and support staff confirmed that regular ad-hoc meetings as well as formalised staff meetings were held. Minutes of meeting seen documented topics discussed which included team spirit, policies and procedures, engaging people and training.
- The service worked well with other agencies where required to support the person's care and wellbeing. This included a variety of healthcare professionals and the local authority.
- All involvement and engagement with a partnership agency was well documented in the person's care plan.