

Right Choice Recruitment Solutions Ltd

# Right Choice Recruitment Solutions 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: Right Choice Recruitment Solutions Ltd provides personal care to people in their own homes. The type of support people received varied from regular visits to live-in care. At the time of our inspection the service was supporting four people.

People's experience of using this service: People received a highly personalised service. The management team were committed to providing a high-quality service and this aim was shared by the staff team. People told us the service responded promptly to any changes in their care needs or scheduled visits. Staff were matched with people and people were given time to get familiarised to new staff members. People told us their choices were respected and staff did not impose restrictions on them.

People told us they were treated with kindness and their independence was encouraged. Staff were caring in their approach and demonstrated an aim to get things right for people. Staff supported people to maintain relationships with those close to them and respected their privacy.

Risks to people's safety were continually assessed and measures implemented to keep them safe. Staff were aware of their responsibilities to safeguard people from potential abuse. Medicines were managed safely and regular checks of medicines practices were completed. Accidents and incidents were recorded and reviewed to ensure lessons were learned. People's healthcare needs were recorded and any concerns were acted upon promptly.

There was a focussed management team in place who ensured that staff understood the ethos and values of the service. Staff felt supported and valued in their roles. Quality assurance systems were robust and designed to ensure they would be effective in driving quality as the service grows.

Rating at last inspection: This was the first inspection of Right Choice Recruitment Solutions Ltd since their registration with the Care Quality Commission. Services are inspected within 12 months of being registered by CQC.

Why we inspected: This was a planned fully comprehensive inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Right Choice Recruitment Solutions 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** Right Choice Recruitment Solutions Ltd is a domiciliary care service and provides personal care to people living in their own homes.

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 site visit we wanted to ensure the registered manager was available. We visited the office location on 19 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the 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. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we visited one person who received support and their relatives. We also spoke with the registered manager, the wider management team and one staff member. We reviewed a range of

documents about people's care and how the service was managed. We looked at two care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed. Following the inspection, we received feedback from a person using the service and spoke with two additional staff members by telephone.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to safeguarding people from abuse.
- People told us they felt safe with the staff supporting them and had developed trusting relationships. One person told us, "I definitely feel safe. They're very loyal and I can speak to them about my problems."
- Staff had completed safeguarding training and were able to describe reporting procedures should they have concerns. One staff member told us, "I would tell my manager straight away and I know they would respond. It's something which is very important in our work. If I needed to I could report to safeguarding or to the CQC."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed and control measures implemented.
- Risk assessments were completed in areas including moving and handling, nutrition, pressure care, specific medical conditions, environment and security. Assessments were detailed and contained personalised information about the persons needs and wishes. For example, one person's risk assessments included details of how to support them with their mobility whilst ensuring they maintained as much independence as possible.
- Risk management plans were built into care plans to ensure staff received consistent information regarding people's needs.
- Where there was a risk that people's behaviour may impact on staff or others, detailed guidance was available regarding how the person should be supported manage this.
- The provider had developed a contingency plan which provided guidance as to how people would continue to receive their care in the event of unplanned events such as severe weather.
- Accidents and incidents were recorded and reviewed. Due to the size of the service there had been a low number of accidents and incidents. Despite this the provider continued to complete a monthly analysis to identify possible trends. This meant that systems were embedded into practice as the service grows.
- Care plans and related guidance was reviewed following accidents and incidents to reduce the risk of them happening again.

Staffing and recruitment

- There were sufficient staff to cover all care calls. The registered manager told us that the management team provided support to new clients to ensure they gained a good knowledge of their needs. People told us that staff arrived on time and stayed for the planned duration of the visit. One person responded, 'Yes they do (stay the allocated length of time), always ensuring I'm comfortable before leaving.'
- Robust recruitment processes were in place. Prospective staff completed an application form and had a face to face interview. Staff files contained references, evidence of the right to work in the UK and a

Disclosure and Barring Service check (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

#### Using medicines safely

- Safe systems were in place to manage people's medicines.
- Staff had received training in medicine management and their competencies were assessed.
- Medicines administration charts were in place and comprehensively completed.
- Where people were prescribed medicines to be taken as and when required (PRN) protocols were in place to guide their use.

#### Preventing and controlling infection

- Staff received training in infection control and were aware of the importance of maintaining hygiene standards.
- Staff had access to personal protective equipment such as gloves and aprons for use when supporting people with their personal care. One staff member told us, "If we are running low on anything we only have to call and they bring it to us that day."

# 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

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; Adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to their support starting to ensure they could be met.
- Where people were anxious about receiving care, the service had gradually built up their care package by starting with less hours and increasing to offering the full package of care. The registered manager told us they had found this approach useful in gaining people's trust and ensuring the right staff were matched with people.
- The registered manager told us a basic care plan was implemented following this initial assessment. People were then given regular opportunities to add to their care plan and staff added information as they got to know people better.
- Risks in people's home environments were assessed to promote people's safety in their home and ensure the correct adaptations and equipment were available.

Staff support: induction, training, skills and experience

- Staff received an induction into the service which included training and gaining an understanding of the organisations values. Staff told us they had felt welcomed to the organisation. One staff member said, "I've never felt so welcomed in a new job. They are really good people and they work like a family."
- Staff were given the opportunity to shadow more experienced staff members before supporting people. One relative told us, "(A staff member) did several shadow shifts to get to know (my family member) and go to see the physio to make sure they knew the routine." One staff member told us, "I shadowed overnight with (a staff member) before I worked on my own. (The staff member) showed me what to do and how (that person) liked things to be done."
- Staff completed training in areas including moving and handling, food hygiene, safeguarding and first aid. In addition, training was offered on people's specific needs and health conditions. A member of the management told us, "We have carers with a lot of experience but we still need to tailor the training specifically to the client group and their needs."
- Staff told us they had found the training provided was useful in their role. One staff member said, "They gave me all the training I needed and some specialist training for specific conditions. That's one of the things I like about how they do things. The training is specific for the client and it helps you understand how to do things and why." Another staff member told us, "We did some of the training on line but afterwards they sat and talked it through with us to make sure we actually understood it."
- Staff told us they received regular supervision and feedback on their work, and records confirmed this was the case. One staff member told us, "I have supervision with (registered manager) and they do spot checks all the time. They give me feedback and then I know what we are all trying to achieve together. They make me feel like I want to come to work."

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

- Where required, care plans were in place regarding people's nutritional requirements, preferences and dislikes.
- One person told us they enjoyed cooking and staff understood their preferences. They told us, "We do the cooking together. We have learnt to do different things together." They went on to tell us about a favourite recipe they had developed with staff.

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

- People were supported to access healthcare appointments on an on-going basis. Staff attended physiotherapy appointments with one person twice each week. They were then able to support the person with their exercise programme on a daily basis. Rotas were organised so staff members took it in turns to attend the appointments to ensure they were all fully up to date with the persons programme.
- Relatives told us that any health concerns were identified quickly by staff and that they communicated well. One relative told us, "They are very caring and attentive people. They have been to GP appointments with us."
- The service had developed good working relationships with health and social care professionals and had positive links with the Clinical Commissioning Group (CCG).

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. We checked whether the service was working within the principles of the MCA.
- People's legal rights were protected. People had signed consent forms to receive their care. Where appropriate, capacity assessments had been completed regarding specific decisions and people's best interests considered.
- People told us that staff respected their rights and gained their consent prior to delivering care. One person responded, "They listen when I speak and they say what they're about to do."
- Staff demonstrated an understanding of the principles of the MCA and how this impacted on their role. One staff member told us, "People are able to make their own choices and we must help with that rather than judge them. They have the right to make their own choices."

# 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

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

- People and their relatives told us staff were kind and caring. One person responded, "They treat clients as individuals not as commodities. They're patient, calm and understanding." One person told us, "They definitely care and we have a lot in common." One relative told us, "The whole package is caring. They definitely go above and beyond."
- Staff knew people well and understood their needs and preferences. Staff we spoke with were able to describe how people liked to spend their time, about their family, life history and other aspects of their daily routines which were important to them.
- Staff demonstrated an understanding of people's individual communication needs. One person responded, "They listen, which isn't very easy as my speech has become impeded over the years. They talk to me, not over me." Staff told us they supported one person to be involved in completing a diary in order to improve communication and as a memory aid. People's care plans contained detailed information about their individual communication needs.
- Staff had received training in equality and diversity and understood the importance of respecting people's lifestyle choices. One staff member told us, "We all have our thoughts and beliefs. We are here to support them to achieve, not to judge."
- People and their relatives were involved in decisions regarding their care. People and their relatives told us they were fully involved in the assessment and care planning process. One person told us, "I can say what I want to do and they will always help me. There are no restrictions." One family member told us, "We were all fully involved in the care plans and we regularly discuss how they are working. They understand the dynamics of how we all work together."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy and dignity was respected. One person responded, "[The staff] have always been respectful throughout."
- People were supported to maintain contact with those who were important to them. One person was supported to visit their family home each day. They told us the staff members were now seen as part of the family.
- Agreements were in place regarding how people's privacy and dignity would be maintained when they were receiving visitors to their home such as guests staying overnight.
- People were supported to maintain and develop their independence. One person had started to receive support when they moved into their own home. Feedback provided to the service reflected how important the support had been to them. They told us, "I feel less anxious now since moving in. I trust my care workers and I am happy that I can continue doing the same things I like."

- Care plans gave guidance to staff on how to support people in a way that promoted their independence. For example, supporting people with exercise routines to maximise their mobility, tasks the person enjoyed doing around their home and areas of personal care which people could manage themselves.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received personalised care from staff. One person told us, "We know each other. I don't like being stuck in one place so we go out a lot of the time."
- The management team told us they took time to ensure that people were matched with care staff who had the right skills and personalities and people told us this was the case. One person said, "We can have a laugh together. I've had a new member of staff and they arranged shadowing shifts to make sure we got on."
- Care plans contained detailed descriptions of the care people required and took into account their desired goals and how they could be supported to achieve them. Clear guidance was provided to staff on how to provide people's support.
- Care plans contained information on how people wanted to spend their time. One person we spoke with listed a number of activities and support groups they attended with staff. They told us that staff were flexible and there were no restrictions on how they spent their time or what time they came home. They told us staff had recently supported them to visit a friend in the evening and they had returned in the early hours of the morning. One staff member told us about another person who enjoyed watching a particular type of documentary when they couldn't sleep. The staff member said, "We've started watching them together and can talk about them now. We have a common interest."
- People told us the service responded positively to any requests or changes to their care. One person told us, "They are accommodating with changes in my care. I email to contact them and they respond as soon as they can which is usually promptly, especially if high importance. They always say let them know if I need anything."
- Regular reviews of people's care were completed and any changes or concerns acted upon. One person's care records contained minutes of reviews held with staff and their relatives. This gave a detailed overview of discussions and the changes made to accommodate requests.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave details of how complaints could be raised, how they would be dealt with and timescales for receiving a response.
- People and their relatives told us they would feel comfortable in raising any concerns and believed these would be responded to promptly. One relative told us, "Any minor concerns they're on top of it straight away."
- A complaints log showed that only one complaint had been received regarding what the complainant described as minor issues with cleanliness. Records showed this had been addressed with staff and regular spot checks had been completed to ensure standards were maintained.

End of life care and support

- At the time of this inspection no one receiving support from the service was receiving end of life care.

However, care planning and assessment processes were in place and would be used to support people when needed.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us they felt the service was managed well. One person responded, 'When I looked for an agency I was pleasantly surprised to hear how RCR look after their clients. I'm happy with the way they assist my needs.' One relative told us, "They're brilliant. I couldn't think of any better people to leave my son in their care."
- The service had clear aims and values. A member of the management team told us, "We aim to be an outstanding provider. To offer the highest standards of care and take the needs of our service users seriously. Those values are integral to what we do."
- Staff told us they understood the aims of the service and believed the management team ensured these were communicated and practiced. One staff member told us, "RCR are different from other agencies I have worked for. They ask about every detail and want to improve people's lives in what we do. They take everything so seriously." A second staff member told us, "They believe everyone should have the best care and they make you feel part of achieving that. We are all part of the team and driving the ship together."
- All members of the management team continued to work occasional shifts with people to ensure they were aware of people's needs and any changes in their support requirements.
- Records were clear and all documentation was securely stored.

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 management team were clear about their responsibilities. Requests for information were responded to within timescales and there was a clear understanding of the responsibilities of a registered person.
- Quality assurance processes had been implemented to monitor the service people received. Although the service was currently small, systems had been set up to ensure they would remain relevant as the service grows. A member of the management team told us, "We want to be seen as the go to provider and are aspiring for excellence. We have set everything up to grow with us. Through experience, we have invested in our systems."
- Regular spot checks were completed of the care people received. This checked that staff were carrying identification, the timings of care calls were in line with rotas, personal protective equipment was in use and that good hygiene levels were maintained. The spot check visits also included a discussion with people to check the staff member was suited to them.
- Audits were completed on a regular basis and included checks of care plans, medicines administration, accidents and incident reviews, accounts and communication systems. Where any concerns were

highlighted an action plan was implemented and completed. For example, a review of MAR charts highlighted the dates on the MAR and the medicines packs were not matching. This was rectified and guidance issued to staff on completing MAR charts correctly.

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

- People and their relatives were asked for their opinions on the quality of the service provided. Due to the size of the service this was currently being completed on an individual basis. Quality review forms were used to ask people's views on the care they received, how they staff supported them and the responses they received from the office. Feedback was currently only available from one person and was entirely positive.
- Staff told us they felt supported and valued in their roles in their roles. One staff member said, "The communication (from the management team) is very clear. There is a lot of respect for carers. They genuinely care about them." A second staff member said, "I love working for them. I know how much they appreciate me. Every day I receive a message asking how we are and how our day was, and if (person) is happy. They listen to us and respond quickly to what we say."
- The service had developed positive working relationships with external agencies such as health and social care professionals and support groups.