

AAA Recruitments Solution Ltd

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported 36 people.

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

Processes for recruitment need to be more robust to ensure all checks were completed. We have made a recommendation about this. We found staff were employed following checks completed.

People felt their care was safe and the support was reliable from the agency. Staff demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided. Staff managed medicines according to national guidelines. Staff followed infection prevention and control guidance and wore aprons and gloves when providing personal care to protect people against the risk of infection. Staff supported people using positive risk taking, supporting their independence.

People received a consistent standard of effective care from staff who were knowledgeable and skilled at providing care. The management team were committed to staff development. This had a positive impact on the quality of people's care. One relative told us, "The staff seem knowledgeable and competent which reassures us when they support [relative]." Staff training was provided with a programme of regular training to support them in their role. Staff worked effectively as a team and with health and social care professionals. People received support with their healthcare and nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, considerate and caring towards them. The management team asked people for their views about their care and respected the decisions they made. Staff protected people's privacy and dignity and promoted their independence.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service and improvements made when they were identified.

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

Rating at last inspection

The service was registered with us on 11/02/2021 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 ●

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started

on 17 May 2022 and ended on 17 May 2022. We visited the location's office on 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. In addition, we spoke with six members of staff, the registered manager, the provider and area manager. We looked at a range of records. This included two people's care records, four staff recruitment files, training records, medication records and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

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.

Staffing and recruitment

- Recruitment procedures were in place however they needed to be more robust to ensure all checks were done prior to employment. For example, a full employment history should be requested to ensure suitable staff were employed. Staff did confirm the recruitment process was thorough and checks had been obtained prior to starting work.

We recommend the service review their application for employment form to ensure all checks are requested and completed prior to employment. Since the inspection visit the service had implemented the changes in line with the guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe in their own homes.
- People we spoke with had no concerns about their safety. For example, one person said, "A very good agency with staff we know, with good support when we contact the office."

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

- The registered manager had identified and managed risks to people's safety. People's care records including risks linked to people's home environments and equipment were identified by the provider to keep people safe. Records confirmed these were reviewed when changes occurred.
- The registered manager had a system to review incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this. The management team checked medication administration was safe and acted on any discrepancies through their auditing systems they had in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider had processes to support people safely to the service.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.

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 and senior staff carried out a thorough assessment of people's needs before agreeing to provide their support and care. People were included in developing their plan of care and tasks required to support them. This was confirmed from talking with people. One person said, "They are very good and always discuss options and take my thoughts on what we need to help me."
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. The office had a specific training area for courses provided by their 'in-house' training staff. A staff member said, "Its excellent and very handy to be able to attend sessions on site."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training, moving and handling and safeguarding to meet people's needs. Staff said they felt well supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff provided support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person said, "They make me really nice meals."
- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 spoke to staff about their understanding of the MCA and were assured by their knowledge.

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. Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, compassion, patience and kindness. People spoke positively about the agency and the way they were supported. For example, comments included, "They are really polite always." Also, "My relative has complex needs and they have been brilliant so kind and patient." In addition, a relative said, "The staff always at the end ask if there is anything else they can do before they leave, they are so kind."
- Staff and people who used the service had developed good relationships. Staff knew about people's preferences and how best to support them and enable people to be as independent as possible. This was evident when we spoke with people.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people. One person said, "They take on board my opinions, that's what I like about this agency."
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. One staff member said, "Understanding people is so important so we get the right care for them."

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. 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

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their relatives.
- Information about people's social hobbies and interests were written in care records under a document 'All about me'. Staff told us they try and match staff to people who might have similar interests. This helped develop relationships and stimulate people who received a service. One person said, "We have the same carers and have built a nice relationship. They are like my grandchildren to me."

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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. People told us they had received this and would be confident to make any issues or concerns known to the office.
- People were encouraged to discuss any concerns or issues when contacted regularly by the management team.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. No formal complaints had been received by the agency.

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training. A staff member said, "We have cared for people on end of life care and have had good support from the management in terms of training and guidance."

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

- There was a positive culture throughout the service which focussed on providing people with high standards of support and care. Discussions with people confirmed this.
- Staff told us they felt supported and valued by the management team. One staff said, "We are a small team and looked after extremely well by the manager."
- The registered manager had the skills and knowledge to lead the service effectively, they were well respected by the staff team. A staff member said, "[Registered manager] supports us so well and continues to go out in the community to support people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had auditing systems to maintain ongoing oversight and continued development of the service. The management team had responsibility for an areas of quality assurance. Systems highlighted any potential issues and review dates so they could be responded to.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The management told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping relatives informed.
- The registered manager said they would offer an apology, where appropriate, in the event of any safety concern. All of this indicated the principles behind duty of candour were recognised within the culture of the agency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from surveys provided monthly. Comments written we looked at included, 'My love & gratitude for the care & support given to my relative in their final few weeks'. Also, 'No complaints a great service'.

- The registered manager had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence.

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses. We received positive responses from social workers in terms of support the agency provided for people.