

Hayes Staff Recruitment Limited

Hayes Staff Recruitment Limited (Hayes Branch)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 February 2016 and was announced.

At the last inspection on 12 November 2013 we found the service was meeting the regulations we looked at.

Hayes Staff Recruitment Limited is a home care agency that provides personal care and support to children and adults with learning disabilities, physical disabilities and mental health needs. The majority of people have their care funded by the London Boroughs of Ealing and Hillingdon.

At the time of our inspection the agency provided approximately 1150 hours of support on a weekly basis to 108 people out of which 36 were receiving personal care.

There was not a registered manager in post and the previous registered manager left the service in October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A manager had been appointed since December 2015 and they told us they were in the process of applying to be registered.

People's medicines were not always managed safely because the administration was not always recorded correctly.

People's mental capacity and ability to make decisions was not recorded in their care plans and there were no records showing that people consented to their treatment or that care decisions had been made in their best interest.

The service's quality assurance systems were not always effective and consequently the service delivered was affected.

People had risks to their health and wellbeing assessed and managed.

Staff received medicines training and a medicine policy was available to staff for guidance.

All of the people using the service had an environmental risk assessment completed that consisted of general information on risks to people's health and wellbeing.

The service had a rota system in place to ensure that all staff members knew who they were assigned to visit and that all staff planned absences were covered.

People were protected from harm and abuse. Staff received safeguarding training and they were aware of

safeguarding policies and procedures.

The management team carried out prompt and detailed investigations into all safeguarding concerns, accidents, incidents and complaints raised by the people using the service, their relatives, staff and external professionals.

The service had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

Relatives told us they were happy with the care received from the service and that staff had sufficient skills and knowledge to ensure the best support for people they cared for.

Staff received a detailed induction prior to starting their role as a care worker.

Staff members completed a range of training and there were systems in place to ensure all staff training was up to date.

People's health and wellbeing was monitored on a daily basis and staff alerted the agency and other professionals if someone's health needs changed.

People had their dietary needs monitored and staff had guidance to ensure they supported people with food intake in a safe way.

People told us they were treated with dignity and respect by the staff who supported them.

People and their relatives said they felt involved in making decisions about their care and that it was reviewed on a regular basis.

The service had a complaints procedure in place and all complaints were dealt with in a timely manner.

The service had their own satisfaction survey that was completed by the people who used the service and their relatives on a yearly basis.

Staff members told us the service was well led, there was a culture of open communication and they could ask the management team for support if needed.

The service worked in close partnership with local authority and external health professionals and there was evidence of ongoing communication between both parties.

There were up to date policies and procedures available for staff guidance.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely. People received their medicines, however there were gaps in recording of its administration.

People had risks to their health and wellbeing assessed.

Staff received safeguarding training and people were protected from harm and abuse.

The service had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's mental capacity and ability to make decisions was not reflected in their care plans and there was a risk that daily care decisions would not be made in their best interest.

The service had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

Staff received appropriate induction and training and were able to meet people's needs.

Staff received monthly supervision to attempt to ensure the best possible support would be provided.

People's dietary needs were assessed and relevant guidance available for staff who supported them.

Is the service caring?

Good ●

The service was caring.

People were treated with care, compassion and respect by staff.

People and their relatives were involved in care planning and reviewing.

Staff respected people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People had their care planned and their key care needs were documented, however, care plans did not reflect people's personal wishes and preferences.

People and their relatives told us they were happy with the support they received and that staff were able to meet their needs.

The provider had their own satisfaction survey that they asked people and their relatives to complete on a yearly basis.

The provider had a complaints procedure in place and dealt with complaints in a professional and timely manner.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was no registered manager in post.

The service's quality assurance systems were not always effective and consequently the service delivery was affected.

There was an open, transparent, positive and inclusive culture within the service.

The management team carried out prompt and detailed investigations into all concerns raised by the people using the service, their relatives, staff and external professionals. And actions were taken to avoid similar situations in the future.

Requires Improvement ●

Hayes Staff Recruitment Limited (Hayes Branch)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

The last inspection took place on 12 November 2013 when there were no breaches of Regulation.

The inspection team consisted of two inspectors one of which was a bank inspector.

Before the inspection we gathered information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information about the service such as service satisfaction questionnaires that are sent to people using the service and their relatives prior to our visit and from notifications the service is required to submit to the Care Quality Commission.

During the inspection visit we met the service manager who had been in post since December 2015 and we spoke with a deputy service manager, a member of the administration team and six care workers.

A majority of people using the service had a learning disability and we were not able to speak with them on

the phone, however we contacted seven family members to ask about their relative's experience of the service.

We looked at the care records for three people who used the service, the staff recruitment and support records for six members of staff, the provider's record of complaints and compliments, and the provider's records of audits and quality monitoring.

Is the service safe?

Our findings

People's medicines were not always managed safely because the administration was not always recorded correctly. We looked at the Medicines Administration Records (MAR) for three people using the service and we saw that they were not completed as required. One person's medicine dosage and frequency of administration was pre-recorded on the MAR, however, the initial guidance was crossed out and another dosage and frequency was added. Therefore, it was unclear whether the medicine was administered as prescribed. One type of medicine prescribed for a second person was recorded on a document called "daily medication check", however, it was not recorded on the relevant MAR sheet.

People who were in receipt of PRN (medicines on request) did not always have a PRN protocol in place stating why the medicine was prescribed and when it should be administered. Additionally, where PRN medicines were given, there was no record to state why the staff had administered this. Therefore the provider could not always guarantee that people had received their medicines safely and as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the service manager about our findings. They said they were in the process of reviewing medicines requirements and recording of medicine administration for all people using the service. We saw the same information being recorded in the Provider's Information Return (PIR) submitted to us prior to our visit.

Staff received medicines training and a medicines policy was available to staff to use as guidance.

Risks to people's health, safety and welfare had been assessed and management plans were in place however they varied in the level of detail they contained, were not always up to date or were inconsistent with other information about people in their files. We looked at risk assessments for three people using the service. All of them had an environmental risk assessment completed that consisted of general information on risks to people's health and wellbeing. We saw evidence of good practice related to assessing risk to people's health and wellbeing. One person who had epilepsy had an epilepsy plan in place giving a detailed description of how this may present and what staff should do in case of a seizure. A second person, who was wheelchair bound, had a manual handling risk assessment in place consisting of a detailed description of what staff should do when moving them from the wheelchair.

The service had a rota system in place to ensure that all staff members knew who they were assigned to visit that week and that all staff planned absences were covered. The service manager told us and staff confirmed the document was emailed to them on a weekly basis.

People were protected from harm and abuse. Staff received safeguarding training. We spoke with seven staff members who were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. Staff told us safeguarding concerns were dealt with immediately as they arose by

the manager and they were recorded on daily care reports. Safeguarding matters were also discussed with staff in their one to one supervision. We saw supervision records and daily care reports confirming the discussions were taking place. The service manager showed us a safeguarding folder that consisted of safeguarding documents for previously raised safeguarding cases. The documents included a written account of the safeguarding event, relevant correspondence and a list of actions taken to address the concern. The Safeguarding policy was available for staff guidance.

The service had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. The provider had introduced an aptitude test, which was an initial screening questionnaire to establish the exact level of an applicant's experience in Social Care. Suitable candidates were then invited to complete an application form and attend a formal interview. We looked in personal files for six staff members and we saw that all required recruitment paperwork was in place. These included an application form, references and employment gaps declaration for those employees who did not have five years of recent employment history. There was a separate folder consisting of up to date Disclosure and Barring Service DBS certificates. All six staff members' records had up to date criminal checks done.

Is the service effective?

Our findings

People's mental capacity and ability to make decisions was discussed during their initial assessments and additional information was gathered from the referral form sent by the local authority. However, the findings were not recorded in people's care plans and staff did not have access to it. Where people were unable to consent there was no record showing that care had been planned in their best interest by the agency, commissioners and the person's representative. Consequently, there was a risk that decisions related to people's everyday care were not made in their best interest or with their consent.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty training (DoL). They understood the principles of the MCA and were able to give us examples of how to implement it. One staff member told us "it is about leading people in the right directions and allowing them to make their own decisions."

Relatives told us they were happy with the care received from the service. They said "The carer at the moment is brilliant" and "They (staff) are able to talk to my relative and care for them very well".

The service manager told us and the staff confirmed they received a detailed induction prior to starting their role as a care worker. The induction consisted of eLearning and classroom training that included such courses as principles of care and confidentiality, moving and handling, medicines administration, Mental Capacity Act 2005, safeguarding and person centred care. Additionally new carers were required to complete up to 20 hours of shadowing of their more experienced colleagues. We looked into files for six staff members and we saw records of completed training and shadowing hours.

The service had a system in place to ensure all staff members had completed courses the provider considered mandatory. A member of the admin team was responsible for regularly checking and reminding staff if they were due to refresh their training. We looked in the staff files and we saw that all training courses were up to date and repeated on a yearly basis. We also observed a staff member completing one of the courses on the computer available at the office. The service manager told us and staff confirmed that additional, specialist training was available for staff to help them care for people with specific needs. We saw evidence of such training being provided. One staff member had a certificate of attendance for epilepsy, rectal diazepam and buccal midazolam training in their file.

Staff received effective support in the form of regular one to one supervision, practice observation and yearly appraisals of their practice. Six staff members we spoke with told us they could also contact the office at any time to request additional support if needed. One staff member said they currently had more frequent supervision because they had not previously worked in a community setting and they benefitted from this additional support. We saw supervision records, observation sheets and yearly appraisal records in staff files. Additionally, the deputy manager provided a supervision audit with clear information on when one to one meetings were due.

The staff told us they monitored people's health on a daily basis and alerted the agency and other relevant people if someone's health needs changed. One member of the staff team gave us an example of informing the manager about a person's health conditions because the office did not know about this. As a result, the person's care plans were updated and other staff were informed about the changes made.

People dietary needs were monitored. We saw in one person's file that they were receiving their food via a transgastric jejunal tube. A transgastric jejunal tube is designed for paediatric and adult patients requiring simultaneous jejunal feeding and gastric decompression. We found detailed instructions for staff on how to use it safely and what to do in case the tube got disconnected. We spoke with a staff member who was able to describe the instructions and possible risks related to using the tube. A second person was at risk of dehydration and we saw that their level of fluid intake was regularly recorded.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support they received from the service. One person said "They' (staff) are really good – they always ask if there's anything else they can do" and "The carers are excellent, very gentle, very caring".

The service's own feedback from and CQC's service satisfaction questionnaire for people who used the service and their relatives showed very positive comments. Nearly 100% of people taking part in both surveys said they had confidence in staff and they had a good relationship with people using the service. We also looked at the records of compliments submitted to the service. They included notes from families of people who used the service as well as from external professionals. One entry stated "Please thank (staff member) for having (our relative) this weekend. They thoroughly enjoyed themselves" and "Just wanted to say massive thank you to you and the team for looking after my (relative) over the last couple of weeks. Appreciate everyday help and efforts".

We looked at daily care notes, daily reports and different types of correspondence between the service and the people and their family members that showed people's wellbeing and welfare were at the forefront of the service's actions. They included a description of the activities people undertook during the visit (i.e. going for a walk or playing games) and what their mood was. The service manager informed us that all staff members were required to submit a care report at the end of each visit. Where the reports consisted of any information of concern this would be highlighted and immediately discussed with relevant persons i.e. relatives, external professionals and staff members. We looked at recent care reports and we saw some records being highlighted in a different colour to bring them to the attention of the manager.

People told us they were treated with dignity and respect. Staff told us they would ensure that personal care was given in private with only staff present. One staff member told us it was important to ensure people's privacy in their homes as well as in the community. They said if a person needed to use a public lavatory they would wait outside, however, in very close proximity to the door to ensure they could respond quickly in case people needed their assistance.

Is the service responsive?

Our findings

We looked at care plans for three people using the service and we saw that they were holistic and they contained information on people's key care needs (i.e. dietary requirements, mobility levels, and behavioural challenges). However, care plans consisted of incomplete information on people's emotional, spiritual and religious needs and their personal wishes and preferences. In one person's care plan the assessor recorded religious requirements of the person's parents rather than theirs. The majority of the people using the service had a learning disability, however, the service did not offer alternative accessible versions of care plans such as those using easy read or pictorial information which some people may have found easier to understand.

Relatives told us they were happy with the support they received and that staff were able to meet their needs. They said they felt involved in making decisions about their care. Care plans included care management recommendations that offered staff detailed instructions on how to best support people they cared for. One relative told us "They're pretty good at all the documentation and follow up". The service manager stated and relatives confirmed that they were taking part in regular periodical care plan reviews. We saw that all care plans we looked at were signed by the people or their relatives where appropriate.

The service had a complaints procedure in place that was available in a document called "service user's guide" that was given to people using the service at the start of their treatment with the service. Staff and family members were aware of the process and were able to identify what they could do in case of any concern or complaint.

We looked in the service's complaint and compliments folder. All complaints we looked at were dealt with promptly and consisted of detailed information on what the issue was, how it was dealt with and what actions were taken to avoid the situation happening again in the future. Relatives told us they were happy with the way the service dealt with any complaints and concerns they had in the past. One person said "We had one carer once who we weren't happy with because of the way she spoke to (my child) but the agency were very responsive and replaced them immediately when we informed them". A second person said, following the complaint "They were very professional, they followed all the right procedures and acted immediately and correctly".

The service had their own satisfaction survey that they asked people and their relatives to complete on a yearly basis.

We recommend that the provider seek advice and guidance, on documentation to ensure staff know what matters to people and that people are receiving care that is centred on them as an individual.

Is the service well-led?

Our findings

There was no registered manager in post at the service. The last registered manager left in October 2015. The service had recruited a new service manager who was in post since December 2015 and they told us they were in the process of applying to be formally registered with Care Quality Commission.

The service had various audit systems in place to ensure good quality of the service delivery, however, they were not always effective. We looked at the medicines and care plans audits and we saw that they did not contain any information on what exactly was audited and if any actions were taken where necessary. During our inspection, we identified areas of improvement in both mentioned areas, which suggested that the service did not have adequate quality assurance systems to monitor and ensure continuous good practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Registration) Regulations 2014

We also saw evidence of effective auditing taking place such as the audits in relation to supervision and training. This ensured staff received regular support from management and that their training was fully up-to-date.

Staff members told us the service was well-led. They said the management team promoted open and transparent communication and they could always speak to them and ask for additional support if needed. One person said "If I have a problem I can talk to them (management team) and it gets sorted. I am happy with the outcome". Additionally a deputy manager ensured that all staff members received regular formal support in the form of a one to one supervision and yearly appraisal as well as observations of their practice. Five out of six staff members we spoke with said they were aware of different changes taking place within the service. For example, they knew the previous manager was leaving and they were introduced to the new one shortly after their arrival. Additionally, they said they were promptly contacted by phone or email about different aspects of their work at the service such as changes to the rota, outstanding trainings or changes to care package of people the cared for.

Hayes Staff Recruitment worked in close partnership with local authority and external health professionals. We saw records of continuous communication between the service and social workers, occupational therapists and the safeguarding team which shared important information and kept people who used the service safe from potential harm and abuse. A majority of community professionals that responded to our service satisfaction questioners said that the service asked them what they thought about the service and acted on what they said. All of the participants stated that the service tried to continuously improve the quality of care and support they provided for people.

The management team carried out prompt and detailed investigations into all raised safeguarding concerns, accidents and incidents and complaints raised by the people using the service, their relatives, staff and external professionals. The investigations resulted in identification of necessary actions to avoid the situation in the future and improvement plans that were then fed back to the people and their families.

The service had a folder of policies and procedures that staff were aware of and had access to. These had been regularly reviewed and updated and the most recent reviews of policies and procedures had taken place in October 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person did not always ensure service users had consented to their care and treatment.</p> <p>Regulation 11</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person did not operate effective systems to assess, monitor and improve the quality of the service.</p> |

