

Link Medical Staffing Solutions Ltd

Link Medical Staffing Solutions Ltd Haverhill Branch

Inspection report

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20 July 2021
09 September 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Link Medical Care Staffing Solutions Ltd Haverhill Branch is a domiciliary care service providing support to people in their own homes. 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. At the time of our visit there were 11 people in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

At our previous inspection we found some systems for checking the quality and safety of the service were not in place putting people at risk of harm. At that inspection this was a breach of the Regulations. At this inspection improvements were still needed to make quality assurance systems more effective, and the provider remained in breach.

The provider did not have an effective system to monitor and assess the quality and safety of the service people received. We found failings in the service's infection prevention systems which increased the risk of the transmission of COVID-19, and placed people at increased risk.

People were supported by a staff team who were not always safely recruited, whilst there were improvements overall to the providers recruitment processes, this needed to be applied consistently.

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

Rating at last inspection and update

This service was rated Requires Improvement at the last inspection published on 15 January 2020

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

We undertook this focused inspection in response to a concern and to follow up on the previous breach of Regulation 12 [Safe Care and Treatment] to check the provider had followed their action plan and to confirm if they now met legal requirements. A decision was made for us to inspect and examine those risks.

This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12, safe care and treatment and Regulation 17 good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Link Medical Staffing Solutions Ltd Haverhill Branch

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 undertaken by two inspectors and an Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with the Care Quality Commission. They were also the provider of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They have been referred to as 'the provider' throughout the report. A service manager had also been recruited to oversee the day to day management of the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to ensure the provider and office staff were available to speak with us and assist us with the inspection. Inspection activity started on 20 July 2021 and ended on 8 September 2021 once we had made telephone calls and spoken with people and relatives. We visited the office location at Link Medical Care Staffing

Solutions on 20 July 2021 to meet with the provider and office staff; and to review care records and policies and procedures.

What we did before the inspection

Before the inspection visit to the provider's office, we reviewed the information we held about the service. This included any notifications the provider was required to send us by law and any information we had received from members of the public about the quality of care being provided. 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.

During the inspection-

We spoke with three people and four relatives about their experience of the care provided. During our visit to the office we spoke with the provider and the office member of staff. We had further email correspondence and a telephone call with another four members of staff. We reviewed a range of records. This included people's care records and medicine records. We looked at four care workers members recruitment and training records. We also looked at a variety of records relating to the management of the service including how the provider monitored the quality of care people received.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with healthcare professionals who have contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Concerns were found about the safe management of infection control at this inspection and the provider remained in breach of regulation 12.

Preventing and controlling infection

- We were not assured that the provider was keeping people safe from COVID-19 transmission. This is because it is government guidance for care workers was to take a COVID-19 test weekly. Whilst the service kept some records of which care workers had taken tests and when, these records were not of the Polymerase Chain Reaction (PCR) testing for COVID-19 in accordance with government guidelines.
- The provider did not take every measure to ensure that the risk of infection from COVID-19 was minimised. When we visited, we were not asked to complete any COVID 19 screening questionnaire.
- People and their relatives told us that care workers followed good infection control practices when they visited however we found that the use of PPE was not always within current guidance as care workers and office care workers were wearing fabric masks as opposed to disposable single use masks in line with best practice. Government guidance states that, 'a fluid-repellent surgical mask is single use and should be disposed of at the end of each homecare visit and a new fluid-repellent surgical mask applied when entering a different [person's] house'.

Staffing and recruitment

- Of the seven people and relatives that we spoke with, six described either receiving late calls or missed calls. One person commented to us, "The timing is not good, and I would say they are mostly late. If I need the toilet or the like and they are late or early, it really is most awkward very embarrassing." Another person said, "I have asked for a certain time or thereabouts, but it's just got later and later." One person's relative told us, "When I was away, they were late, and they arrived so late [family member] was on their own for too long and that is not safe."
- At the last inspection we found improvements to the care workers safe recruitment processes. These improvements were following a warning notice we issued in 2019. At this inspection, whilst records showed most recruitment was safe, we did find one care worker, who had left the company and returned months later had not had further pre-employment checks completed. The provider had also not implemented risk assessments in the absence of effective recruitment processes.
- The provider told us that roadworks in the town and surrounding areas had caused challenges with timekeeping for staff and that they were keeping people updated of any issues or lateness.

Using medicines safely

- Since our last inspection the provider had invested in an online medication management system which they found had given them enhanced oversight of the safe management of medicines.
- People received their medicines safely; we made some suggestions regarding further clarity within the administration instructions for care workers which the provider actioned.
- Care workers were trained to administer people's medicines and spot checks and competency assessments were completed of their safety to undertake this task.
- People's medicines records included guidance to care workers about 'when required' medicines. This guidance included the specific circumstances in which 'when required' medicines should be administered such as how many doses in a 24-hour period.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Care workers were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals. One person said, "I get on well with them [care worker] all and it does vary who comes but I get on with them all and feel safe with them all in my home."
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

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

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided care workers with a clear description of any risks and guidance on the support people needed.
- A healthcare professional told us that they had no concerns about the way risks were managed and mitigated against.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Of the six people using the service or their relatives that we spoke with, four told us that the service was not always well-led.
- People and relatives had mixed views about the management of the service and most people told us they would not recommend the service because of their experiences of dealing with the office and management. One person told us, "The billing has been hopeless, and they simply weren't coming, and it got very, very confusing and I was really worried." Another person told us, "They [Link Medical Care Staffing Solutions Ltd Haverhill Branch] are just not up to speed, they need to pull their socks up; it is not well run, and I could not recommend them." A relative commented, "If I'm not happy I call the [Local Authority] as there's a better response from them than the office at Link Medical."
- We received mixed feedback from care workers about their experiences of working for Link Medical Care Staffing Solutions Ltd Haverhill Branch, with some care workers reporting feeling that there was a lack of support from the office care workers and the provider. One care worker said, "The service is not well led, and 'management' are not approachable." There were also care workers who were positive about their experiences working for the provider. Another care worker commented, "I believe [provider] is a great team leader and is very supportive."
- People and their relatives told us of missed and late care calls. The provider used an electronic system to monitor care calls and this also showed there had been some variance in the consistent delivery of scheduled care hours.
- Whilst there were some improvements in the safe management of medicines, not all systems in place had been fully embedded and there were still some inconsistencies. Recruitment processes required improvement to be consistently safe and infection control practice needed to be improved.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy with the support they received from their regular care workers, which met their needs.

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

- There were missed opportunities to seek people's feedback and learn from it. Most people and their relatives told us that they felt staff providing support to them listened to their views and opinions. The provider sent us two examples of a feedback questionnaire being completed, however, both reflected a lack of opportunities to provide formal feedback. There was also no evidence provided of how this feedback was used in order to shape and improve the culture of the service. One person said, "We have never received a questionnaire [asking for feedback]. I don't think we are kept informed about any changes really. It is usually us who have to ring to find out what's going on."
- Following our inspection, the provider told us about the options in place for care workers to communicate any concerns or feedback. This included dropping suggestions through the letterbox at the office or via text and telephone calls.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure proper and safe infection prevention and control.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor, assess and improve the quality and safety of the service had not been effective at identifying where improvement was needed.

The enforcement action we took:

Warning Notice