

# SKL Professional Recruitment Agency Limited

## Bushey

### Inspection report

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13 October 2017

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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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 10 and 13 October 2017 and was unannounced. SKL Bushey is a domiciliary care agency providing care and support to people who lived in their own homes. At the time of our inspection 60 people were being supported by the service.

When we last inspected the service on 29 March 2017 we rated the service as overall requires improvement. At the last inspection we found that people had experienced late and missed visits. Staff had not always been supported consistently or received training in a timely way and the service was not effectively managed. Since the last inspection there had been changes in the management of the service and the service had moved to a new premises. Some improvements had been made however further improvements were required. We found the provider to be in breach of regulations 11, 12 and 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns. People had their individual risks assessed and where possible these were mitigated. However we found that risk assessments in people's care files did not always relate to the correct person as they had been copied from other risk assessments so the information provided may have increased the potential risk of harm to people. Staff were recruited through a process which was not always robust and information contained in staff recruitment files was inconsistent. Although there were enough staff employed to meet people's needs, they were not always deployed effectively to ensure they arrived at the expected time, and people reported staff were often late. People were supported to take their medicines safely and although records were kept these were inconsistent and required improvement.

Staff had received training in a range of topics and had the necessary skills to support people. However training records indicated that updates were not always provided on time and some were overdue. The registered manager told us the training had been completed but the record had not yet been updated. Staff received some support through individual supervision with their line managers but this needed to be developed to ensure it was consistent and effective.

People had been asked to consent to their care and treatment. However we found that people had not always had their capacity assessed where they either lacked capacity to make day to day decisions or people who capacity fluctuated.

Staff and the registered manager were aware of the principles of MCA but did not fully understand how this related to their work and the steps to follow to ensure people received care that was both in their best

interest and any restrictions were as least restrictive as possible. People were assisted to eat and drink sufficient amounts to maintain their health and wellbeing and were supported to access health care professionals when required.

People did not always receive personalised care from staff. We found that care plans were 'task' focused and lacked personalisation. The process for responding to changes was disjointed and required development to help the service be more proactive when dealing with changes and providing a flexible and person centred service. People said they did not always have the same staff in particular at the weekend. Staff did not always arrive at the expected time and people were not always advised if staff were running late. Where people required the assistance of two people staff did not always arrive at the same time.

People were able to raise complaints if they were unhappy with the service and these were investigated, however outcomes were not routinely recorded so we could not be assured that they had been resolved satisfactorily. People views were not actively sought in a consistent or methodical way and there was little evidence of anything changing as a result of feedback.

The service was not consistently well managed. There were some quality monitoring systems and processes in place. However some of the issues we found during the inspection had not been identified. Where issues had been identified the registered manager had failed to ensure that the improvements that were needed were successfully implemented to improve the service.

## 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 consistently safe.

Risk assessments did not always contain correct information as some related to other people.

Where there was a change in the level of risk it was not always clear when the change had happened as it was not properly documented.

People`s medicines were not always managed safely.

The recruitment process was not always consistently followed to ensure staff were of good character and suitable for their roles.

Staff recognised and knew how to respond to the risks of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People had not always had their capacity assessed. This included where people lacked capacity to make day to day decisions and for people whose capacity fluctuated.

Training update records had not been updated in a timely way to confirm the training had been completed

Staff supervision needed to be developed to ensure it was consistent and effective.

People had been asked to consent to their care and treatment.

People were assisted to eat and drink sufficient amounts to maintain their health and wellbeing and were supported to access health care professionals when required.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Staff did not always arrive at the expected time and people were

**Requires Improvement** ●

not always advised if staff were running late.

Where people required the assistance of two people staff did not always arrive at the same time.

People did not always receive a consistent service, in particular at the weekends.

Regular staff were kind and compassionate and were familiar with people's individual needs and preferences.

Staff had developed positive and meaningful relationships with people they supported regularly.

People's dignity was maintained in a respectful way.

People were involved in the planning and review of their care where this was possible.

### **Is the service responsive?**

The service was not consistently responsive.

People did not always receive personalised care from staff.

Care plans were 'task' focused and lacked personalisation.

The process for responding to changes was disjointed and required development to help the service be more proactive when dealing with changes and providing a flexible and person centred service.

People views were not actively sought in a consistent or methodical way and there was little evidence of changes as a result of feedback.

People were able to raise complaints if they were unhappy with the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well managed.

The quality assurance and governance systems used by the registered manager were not always effective in identifying areas for improvement.

The registered manager had failed to ensure that the service was effectively managed.

**Requires Improvement** ●

The registered manager was in the process of recruiting a new branch manager to help implement the improvements that were needed.

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# Bushey

## 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 met 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 under the Care Act 2014.

The inspection was carried out on 10 and 13 October 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return which is a form that the provider completes to tell us about what the service does well and any improvements they plan to make.

During the inspection we spoke with five people who were being supported by the service, two relatives and five staff members, the registered manager and provider. We received feedback the local authority commissioners.

We viewed care plans relating to six people who were being supported by the service and three staff recruitment files. We also looked at other documents including staff training and support arrangements, medication records and quality monitoring audits.

## Is the service safe?

### Our findings

The service was not consistently safe. Risk assessments did not always contain correct information as some related to other people. For example, one of the risk assessments we reviewed contained information which related to another person. The risk assessment stated 'he' when in fact the care file we were reviewing belonged to a woman who was being supported by the service. In addition, the same person's falls risk assessment was dated 21/07/2014 and this had not been updated when the moving and handling assessment dated 27/02/2017 was reviewed.

For another person, who had recently had a fall, there was no falls risk assessments in place and the generic risk assessment had not been updated following the fall. In the case of another person the care plan stated 'short term memory loss'. However there was no risk assessment in place in relation to this. There was also a moving and handling assessment in place dated 16/12/2016 but, again, this had not been reviewed to reflect the current position. We found that records relating to risks to people were not regularly reviewed or updated.

In one person's record we found there were no risk assessments in place for environment, drinking and eating i.e. choking risk, risk of falls. File audits failed to identify any of these issues. This meant that people were exposed to unnecessary risks. Where a change in the level of risk were identified it was not always clear when the change had happened as it was not properly documented. There was also not a clear process to inform care staff when there had been a change to the risk level. Staff told us they did not always read the risk assessments in particular if it was a service user they were familiar with.

This was a breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014 Risk assessments were inconsistent, had not been updated or reviewed regularly or following incidents. Some identified risks had not been assessed at all.

People`s medicines were not always managed safely. We found that although staff had been trained in the safe administration of medicines they did not always follow the correct process to document when they had supported people to take their medicines. In the case of one person we reviewed the medicine administration records (MAR) charts and found these were inconsistently completed. Staff had written their own version of the medicines being administered on the reverse of the MAR chart. Signatures were also inconsistently completed. There were 'crossings out' on the record. Although we were told by the registered manager that audits were completed when MAR charts were returned to the office. The audits had not picked up the issues we found at our inspection.

The recruitment process was not always consistently followed to ensure staff were of good character and suitable for their roles. We found that references were not provided in line with the provider's recruitment policy and procedure. DBS checks were completed or received after staff had commenced working. References had not always been verified and personal e-mail addresses were used. File audits had failed to identify these discrepancies.

For one staff member we found that neither of the referees named on the application form were the people who supplied the references. None of the references provided were endorsed with a company address and had not been verified or signed. The address for both people who provided the references were personal email addresses. There was also no evidence of a disclosure and barring check (DBS) check being carried out prior to the staff member commencing work. The rota evidenced that they were working before the references were received and also without a DBS check in place. In the case of another staff member we found that one reference was again from a personal email account, was not verified and had no official address recorded.

Staff did not always arrive at the expected time and people were not always informed of delays. We reviewed the rotas and saw that although staff were allocated travel time this was not always sufficient and staff ended up running late for visits. One person told us, "They are often late and in particular at the weekends". A staff member told us "They [office staff] often contact me to ask if I can squeeze in another visit but I say no because it puts me under pressure, they don't seem to have enough staff and a lot of people need two staff for each visit so this impacts on the work load". The registered manager told us they were actively trying to recruit more staff and they had problems with staffing levels in certain areas.

Staff recognised and knew how to respond to the risks of abuse. Staff had received training and knew how to both identify and report concerns. One staff member told us "Yes we have had training and I know that there are many types of abuse, even neglecting a person's needs is abuse". Another staff member told us "If I had any concerns I would call the office and report it or else go into the office as soon as I had finished my visits". People told us they felt safe being cared for by staff. One person told us "They are alright; they are a good bunch really, I don't have concerns about my safety otherwise I would tell them".

## Is the service effective?

### Our findings

The service was not consistently effective. People did not always receive effective care which was based on good practice.

People had not always had their capacity assessed where they either lacked capacity to make day to day decisions or they had fluctuations in their capacity. The registered manager told us they supported some people who lacked capacity to make day to day decisions. The registered manager told us that their family members had told them that the person 'lacked capacity' and that the person's social worker would complete mental capacity assessments. However we found that mental capacity assessments had not been completed for these people. We found that care records did not inform staff how to support a person who was unable to make day to day decisions. The registered manager told us, "In these situations we speak to the family and often they will speak to their relative and they do agree to accept the support". However this process for obtaining consent was not reliable and decisions may not be in the person's best interest. Where people did not have family involved staff were not provided with clear guidance about how to support the person if they declined care or support.

Staff told us they had received training in MCA and records confirmed this. However staff spoken with were unable to confidently describe the principles of MCA and how it related to their day to day work with people. One staff member told us, "MCA is when people have some mental health condition". Another staff member said, "I have had training but I am not sure what it means, I think it's something to do with people's memories". They were unable to tell us when people would have a capacity assessment or how they would obtain peoples consent or ensure the support they provided was in the person's best interest. This meant that support provided may not always been provided in accordance with peoples wishes or consent.

People had been asked to consent to their care and treatment. However the process for recording people's consent was inconsistent and in the case of two records we reviewed we saw that consent records had been signed by a family member with no evidence or explanation as to why the person had not been able to give consent themselves. In a further record we reviewed we found there were no MCA assessments completed or consent records with regard to personal care, photographs being taken or consent for medicines. This meant that we could not be assured that people were regularly asked for their consent and that their care and support was provided in accordance with their wishes. One person we spoke to told us, "They usually talk me through what they are doing. I suppose that is like giving consent because if I did not want them to help me I would say so". Another person told us, "Yes when my service first started I was asked to sign the records to say I agreed to the care they were going to provide for me".

This was a breach of regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014. Mental capacity assessments has not been completed, family members made decisions for people and it was not clear if this was in people's best interests. Records to evidence people's consent were inconsistent.

Staff had received training in a variety of topic relevant to their roles. However updates were not always provided on time and some were overdue. We spoke to the provider about this and they told us the records

have not been updated but staff have had the training. Staff spoken to were able to demonstrate that they had received training in core topics relevant to their role. One staff member said "We do have quite a bit of training but sometimes it is too fast paced, it's a lot to take in and I am not sure we always understand it all". Another staff member told us "I had training when I started working here and have done a few courses as well some of it is online, its ok I think it's relevant for my job".

Staff supervision needed to be developed to ensure it was consistent and effective. We saw that staff had attended individual meetings with their line manager. However it was not always effective in identifying areas for development. Supervision and team meetings were ad hoc and there was no plan so that care staff would know the frequency, duration and the reason they had supervision. We saw the minutes from the last staff meeting held on 26/05/2017. However no other record of staff meetings held prior to this one were available for review. Issues discussed included supervision sessions, field care supervisors role explained, out of hours cover and sickness.

There was no evidence of staff interaction or an opportunity to discuss service users, rotas, work load, travel or changes to rotas. All concerns which were brought to our attention during the inspection. One staff member told us, "I have met with the registered manager and we discussed everything. It was a while ago I can't remember when". Another staff member told us, "I don't really have supervision, if I need to discuss anything I go to the office and speak to the registered manager and we sort things out". However this approach was inconsistent and did not provide staff with a support structure that supported them to be effective in their roles.

People were assisted to eat and drink sufficient amounts to maintain their health and wellbeing when this was assessed as an area they needed support with. If care staff had any concerns about people's food or fluid intake this was reported to the office staff who would monitor this through the use of a food and fluid recording tool. Staff told us if they noticed any changes to peoples eating habits or notable weight loss or gain they would again escalate this to the registered manager.

People were supported to access health care professionals when required. However the registered manager told us that most of the people they supported lived with a family member who would arrange these types of appointments. Where people did not have a family member to assist with accessing healthcare appointments or attending appointments staff would assist them as required.

## Is the service caring?

### Our findings

The service was not consistently caring. We found that people gave us mixed views about the approach of the staff who supported them. One relative we spoke with told us, "They are alright I suppose. They do their best but we do not get to have the same staff for very long and they change. So [Name of relative] does not really get a chance to get to know them". A person told us "Some are better than others some say very little while others are quite chatty, some you get on with better than others". Another person told us, "I can't always understand what they are saying to me so communication is limited". Another person told us, "I do have all different people. During the week it's mostly [Name of staff member] but at the weekend I have different people and they don't know the routine and I get fed up explaining it to them".

Staff did not always arrive at the expected time and people were not always advised if staff were running late. People told us that staff regularly arrived late and it was always the same excuses for example; traffic, road works or they were delayed at a previous visit. One person told us, "I more or less expect them to be late, if they arrive on time it's a bonus. It is ok most of the time but can be annoying if I am going anywhere". A family member told us, "They are always running late, it is a bit annoying because [Name of relative] has to sit around and wait for them. They rarely let us know if they are running late".

Where people required the assistance of two people staff did not always arrive at the same time. One person told us "Sometimes they [Staff] arrive together it depends on what they are doing and if they get a lift because some care staff do not drive so they get dropped off and picked up it just depends, it varies from day to day". One staff member told us, "If one of us arrives first we are not supposed to start providing the care until the second staff arrives but sometimes you just get on and do what you can then we do the manoeuvre when the second staff arrives otherwise it would make you late for your next visit".

People did not always receive a consistent service, in particular at the weekends. People told us during the week they mostly had the same care staff or someone they knew. However at the weekends they had different staff. One person said, "It's all different people at the weekend. I suppose if they work all week they have to get some time off but I don't always get someone [staff] who has been before or maybe not for a long time so have to go through the routine with them and it gets tiring".

Care and support plans were generic and did not contain detailed information about the individual who was being supported. They were 'task' led and not person centred. The care plans we reviewed contained similar information which suggested they used a template to write the care plan. The registered manager told us that all care and support records were individual and should be written from scratch and should not be copied from other care plans.

People were cared for by staff who were kind and compassionate and knew them well and were familiar with their individual needs and preferences. People told us that their 'regular' staff were kind and caring. One person told us, "[Name of staff member] comes to me all the time and we get on really well. We talk about everything and have got to know each other well. [Name of staff member] knows my routine it works well". However another person told us, "Yes [Name of staff member] is really good and very kind, but when

they are off I can get someone who does not know my routine. Sometimes I struggle to understand them as they speak a different language and I am quite hard of hearing anyway".

People had developed positive and meaningful relationships with people they supported regularly. However this was an area where we received mixed feedback with people saying regular care staff worked well but when the office sent in 'cover' staff and they had lots of different care staff supporting them they did not have an opportunity to get to know them well.

People's dignity was maintained in a respectful way. People told us the staff respected their dignity. One person told us, "They always knock and would not come in until they were invited". Another person told us, "They always remember my dignity by covering me with a towel when they help me to get washed and dressed". Staff were able to demonstrate they knew how to respect people's dignity and maintain their privacy.

People were involved in the planning and review of their care where this was possible. One relative told us, "When [Name of relative] care first started the registered manager came from the office and we discussed everything. I have been asked if anything has changed when [Name of relative] has a care review so do feel able to contribute if I need to".

## Is the service responsive?

### Our findings

People did not always receive personalised care from staff. Care provided to people was task led and not personalised to the individual. The care plans that we reviewed all contained details of the tasks staff were to assist people with but they lacked details about how the person liked to be supported. Some parts of the care plan were not answered and other contained just a tick.

Care plans were 'task' focused and lacked personalisation. In one care record we found the information to be very sparse. For example the care plan was generic, contained only basic information and was not personalised. There was no other information contained in the file for us to review. In another care plan it stated that a care plan audit had been completed on 29/07/2017 but this audit had not reviewed the care plan but simply the index at the front of the file. It did not identify any changes. We discussed this with the registered manager who agreed that if a file was being audited it should clearly state what was included in the audit and whether the audit included a review of the care plan and risk assessments to check if they were up to date and still current.

The process for responding to changes was disjointed and required development to help the service be more proactive when dealing with changes and providing a flexible and person centred service. We spoke to a member of the office staff in relation to a change in a person's needs. The office staff told us, "[Name of person] had been refusing their medicines for five days". They told us they had referred this to the GP for advice and intervention. However we found the process was fragmented with some information included in a text message, another piece of information written in a diary and something else written in the persons on line daily notes. We discussed this with the registered manager who agreed the process for identifying changes or dealing with referrals needed to be reviewed and streamlined so that all staff were aware and followed the same procedure.

There was no formal process to inform staff about changes to people care or support. Staff spoken with told us, "If I noticed a change that I thought needed to be reported I would personally contact the office and I would record it in the daily log notes in the service user's home". However another staff member told us, "I would put a message in the daily notes so that other staff would be aware". A third staff member told us, "I don't always read the daily log notes especially for people I go to regularly". This suggested that there was no formal process to inform staff about changes to people's needs or risk levels.

People views were not actively sought in a consistent or methodical way and there was little evidence of anything changing as a result of feedback. Office staff, including the field care supervisor, completed 'spot check' visits where they attended a service user's home to observe work practice and to complete a short questionnaire to check if people were happy with the service. We noted that even where shortfalls had been identified such as staff not wearing their ID badge or not completing the daily records correctly the reviews we looked at all stated 'no action required'. For example, the staff member who did not wear ID or who did not complete the daily records correctly was not given any feedback or additional training so nothing changed or improved as a result of the spot check. In addition there was no action plan or response to the issues raised from people who used the service. One issue that had been identified recorded 'Courtesy call

to be made on 20/02/2017' but there was no record or evidence that this happened.

People were able to raise complaints if they were unhappy with the service. However three of the six files we reviewed did not contain details of the complaints policy. People we spoke with told us they did know how to make a complaint. We saw that several complaints had been made. However they had not always been investigated and resolved in accordance with the company's complaints procedure. For example one complaint related to attitude and behaviour of care staff. The complaint had not been addressed or resolved. The person had since left the service.

Another complaint record stated 'that carers are always in a hurry and that they felt rushed and that they are unreliable and the calls are always too close together'. The action recorded in relation to this complaint said the complaint substantiated but there was no evidence of how this was investigated or concluded or if any learning from this had changed practice.

## Is the service well-led?

### Our findings

The service was not consistently well led. Systems and processes had not been effectively established and implemented to ensure the service was well led and managed.

The quality assurance and governance systems used by the registered manager were not always effective in identifying areas for improvement. We saw that records were not consistently updated or reviewed. For example we saw recruitment records lacked a consistent approach and were of poor quality. People's care plans and risk assessments were basic and generic and did not properly inform staff how best to support people safely. Changes were not communicated through any formal process and were reliant on effective communication from those involved in people's care. The concerns we identified had not been picked up through the audits and quality assurance systems in place at the service.

The registered manager had failed to ensure that the service was effectively managed. For example people who required the assistance of two staff did not always receive two staff at the same time so their care was disjointed and fragmented. When people complained, although complaints were investigated, there was no evidence of learning or of any measures being put in place to reduce the risk of a recurrence in the future.

There had been recent change in the overall management of the service and we found that the registered manager had in the past relied on the office staff and branch manager to complete tasks relevant to their roles. However we found that the registered manager was not effective in the overall supervision and management of the staff or service. For example they had not checked that specific tasks had been completed following delegation such as staff having regular supervision and access to support. Records were not being reviewed and updated and checks to the quality of information recorded were not completed. The quality assurance systems were poorly implemented, inconsistent and ineffective.

This was a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014. Quality assurance systems were ineffective and had not identified the issues we found on inspection. Systems in place were not used effectively, staff not supported appropriately.

We spoke to the registered manager who told us, "I know it's my responsibility ultimately but when you employ staff to carry out a role you trust that they will do their job. Unfortunately I now know this is not the case and need to implement improvements that are sustainable".

A survey had been distributed to people who used the service and stakeholders. However the results had not been analysed at the time of the inspection. This meant that we could not be assured that people's views were acted upon or that any improvements were made as a result.

There was an electronic call monitoring system in place. The registered manager told us that there had been no 'missed' visits. However people spoken with told us that staff were late very frequently and on occasion arrived too late to assist them as they had already been assisted by family members. Additionally the electronic call monitoring reports did not always identify this because of poor compliance by staff. Where staff failed to log in or out of visits a manual record of the planned time was input by office staff. Timesheets were also in

use where people did not have a phone.

The registered manager was open and transparent in their dealing with us and the inspection process. They told us they were in the process of recruiting a new branch manager to help implement the improvements that were needed. An action plan had been submitted and they had engaged the services of a specialist consultant to assist with implementing and embedding the improvements that were required.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Mental capacity assessments has not been completed, family members made decisions for people and it was not clear if this was in people's best interests. Records to evidence people's consent were inconsistent.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were inconsistent, had not been updated or reviewed regularly or following incidents. Some identified risks had not been assessed at all.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were ineffective and had not identified the issues we found on inspection. Systems in place were not used effectively, staff not supported appropriately.</p>